



COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

MEETING OF THE COLLEGE COUNCIL

2020.04

DATE: DECEMBER 11, 2020

TIME: 9:00AM - 2:00PM

LOCATION: VIRTUAL MEETING

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
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COUNCIL MEETING AGENDA

2020.04

DECEMBER 11, 2020

9:00 AM to 2:00PM

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
.00	CALL TO ORDER			
.01	APPROVAL OF AGENDA & MINUTES			
.01A	Review & Approval of Agenda	Decision	2	
.01B	Declarations of Conflicts of Interest	Discussion	--	
.01C	Review & Approval of Minutes - Council Meeting 2020.03 September 25, 2020	Decision	4	
.01D	Review of Action List	Discussion	9	
.02	CONSENT AGENDA ITEMS Information			
.02A	Committee Reports	--	--	--
	(1) President and Executive Committee Report		10	
	(2) Discipline Committee		11	
	(3) Quality Assurance Committee		12	
	(4) Client Relations Committee		15	
	(5) Fitness to Practice Committee		16	
	(6) Finance & Audit Committee Report		17	
	(7) Jurisprudence and Ethics Examination Report		21	
	(8) Barbara Wand Seminar Report		23	
.02B	Staff Presentations		25	
.03	POLICY ISSUES			
.03A	CFTA and Communication of a Diagnosis	Decision	26	M1
.03B	College Performance Management Framework	Information	30	M7
.04	BUSINESS ISSUES			
.04A	Registrar & Executive Director's Report	Information	84	M9
.04B	Registration Committee Quarterly Report	Information	87	M9
	a. Supervision Resource Manual Working Group Update	Oral Report	--	--
.04C	Inquiries, Complaints and Reports Committee Quarterly Report	Information	90	M9
.04D	Integrated Risk Management Report	Information	94	M9
.04E	Directors of Clinical Training Programs Meeting Oral Report	Information	--	--
.05	STRATEGIC ISSUES			
.05A	Strategic Direction Implementation: Chart Update	Discussion	96	All
.06	OTHER BUSINESS			
.06A	Set Election Date for Districts 5 (GTA East), 6 (GTA West), Psychological Associate - Non-Voting	Decision	--	--

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
	<ul style="list-style-type: none"> Proposed Date March 31, 2021 			
.06B	Next Council Meeting: <ul style="list-style-type: none"> March 19, 2021 	Information	--	--
.06C	Proposed Council Meeting: <ul style="list-style-type: none"> June 11 or June 18, 2021 	Decision	--	--
.07	ADJOURNMENT			

*In accomplishing our Mission, the College promotes excellence in the practice of psychology by:

M1 - *Enforcing standards fairly and effectively through: Developing, establishing and maintaining standards of qualifications for individuals seeking registration,*

M2 - *Enforcing standards fairly and effectively through: Developing, establishing and maintaining standards of practice and professional ethics for all members,*

M3 - *Enforcing standards fairly and effectively through: Developing, establishing and maintaining standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among members;*

M4 - *Communicating clearly and effectively with stakeholders, particularly applicants, members and the public;*

M5 - *Supporting and assisting members to meet high standards;*

M6 - *Responding to changing needs in new and emerging practice areas;*

M7 - *Collaborating in shaping the regulatory environment;*

M8 - *Acting in a responsibly transparent manner; and,*

M9 - *Advancing the Council's governance practices.*

1

COUNCIL MEETING

2020.03

2

3

4 **September 25, 2020**

5

6 **PRESENT:**7 **Michael Grand**, Ph.D., C.Psych., President8 **Denise Milovan**, Ph.D., C.Psych., Vice-President9 **Paula Conforti**, Dip.C.S., C.Psych.Assoc.10 **Janice Currie**, Ph.D., C.Psych.11 **Graeme Goebelle**, Public Member12 **Emad Hussain**, Public Member13 **Joyce Isbitsky**, Ph.D., C.Psych.14 **Marilyn Keyes**, Ph.D., C.Psych.15 **Nadia Mocan**, Public Member16 **Melanie Morrow**, M.A., C.Psych.Assoc.17 **Adirenne Perry**, Ph.D., C.Psych.18 **Marjory Phillips**, Ph.D., C.Psych.19 **Philip Ricciardi**, Ph.D., C.Psych.20 **Paul Stopciati**, Public Member21 **Nancy Tkachuk**, Public Member22 **Wanda Towers**, Ph.D., C.Psych23 **Scott Warnock**, Public Member24 **Jessy Zita**, Public Member

25

26 **GUESTS:**27 **Doug Ross**, Ministry of Health

28

29 **STAFF:**30 **Rick Morris**, Ph.D., C.Psych., Registrar & Executive Director31 **Barry Gang**, MBA, Dip.C.S., C.Psych.Assoc., Deputy Registrar/Director, Professional Affairs32 **Lesia Mackanyn**, Director, Registration33 **Zimra Yetnikoff**, Director, Investigations & Hearings34 **Stephanie Morton**, Manager, Corporate Services35 **Caitlin O'Kelly**, Assistant to the Registrar, Recorder

36

37 **2020.02.00 CALL TO ORDER**

38

39 The President called the meeting to order at 9:00AM and welcomed two new public members recently
40 appoint to the College Council, Mr. Scott Warnock and Ms. Nadia Mocan.

41

42 **2020.01.01 APPROVAL OF THE AGENDA AND MINUTES**

43

44 **.01A APPROVAL OF AGENDA**

45 The following changes were made to the agenda:

- 46 • The Registrar & Executive Director's Report moved from the Consent Agenda to .03A1

47

48 **It was MOVED Goebelle**

49 **That the agenda for the Council Meeting be approved as amended.**

CARRIED

50

51 **.01B DECLARATIONS OF CONFLICTS OF INTEREST**

52 Dr. Riccardi recused himself from the discussion on item .03B Requests to Remove Public Register
53 Information.

54

55 **.01C MINUTES FROM THE COUNCIL MEETING 2020.02 JUNE 12, 2020**

56

57 **It was MOVED Currie**

58 **That the minutes from the Council Meeting 2020.02 of June 12, 2020 be approved as presented.**

59 **CARRIED**

60

61 **.01D REVIEW OF ACTION LIST**

62 The Council reviewed the Action List from the minutes of the previous meeting and noted items that were
63 completed, outstanding or on the agenda at this meeting.

64

65 **2020.01.02 CONSENT AGENDA**

66 The Consent Agenda was received.

67

68 **2020.01.03 POLICY ISSUES**

69

70 **.03A1 REGISTRAR & EXECUTIVE DIRECTOR'S REPORT**

71 This item was moved from the consent agenda for discussion. The Registrar reported on the progress of
72 the renovations currently taking place at the College offices.

73

74 **.03A SUNSETTING OF THE NOMINATIONS AND LEADERSHIP DEVELOPMENT COMMITTEE**

75 The Registrar provided Council with a Briefing Note describing the background of the non-statutory
76 Nominations and Leadership Development Committee and the recommendation that its role be merged
77 with that of the Executive Committee. The Executive Committee undertook this role over the past year,
78 as a pilot, and reported that the process for Committee appointments went well.

79

80 **It was MOVED Conforti**

81 **That the functions of the Nominations and Leadership Development Committee (NLDC) be merged with**
82 **those of the Executive Committee and the NLDC be dissolved and that *Policy II 9(i) Nominations and***
83 ***Leadership Development Committee: Terms of Reference/Role* be rescinded. **CARRIED****

84

85 **Action Item Staff**

86 To update *Policy II-1(i) Executive Committee: Terms Reference/Role* and rescind *Policy II 9(i) Nominations*
87 *and Leadership Development Committee: Terms of Reference/Role* in the College's *Policies and Procedures*
88 *Manual*.

89

90 **.03B REQUESTS TO REMOVE PUBLIC REGISTER INFORMATION**

91 The Registrar provided Council with a Briefing Note describing proposed *Policy II - 3(vi) – Requests for*
 92 *Removal of Information from the Public Register*. Amendments made to the *Regulated Health Professions*
 93 *Act, 1991* require the College to post more information on the Public Register including Cautions and
 94 Specified Continuing Education or Remediation Program (SCERPS). The legislation also gives the Registrar
 95 the authority to remove publicly posted information if it is deemed to be obsolete or irrelevant. The
 96 purpose of the proposed policy is to inform members and the public of the factors the Registrar will
 97 consider in deciding if information should be removed. In response to a question, the Registrar clarified
 98 that removal of information will be the exception; the default is for information to remain on the Public
 99 Register.

100
 101 **It was MOVED Goebelle**

102 **That *Policy II - 3(vi) – Requests for Removal of Information from the Public Register* be approved and**
 103 **the Registrar report to the Executive Committee on the use of this policy.**

104 **CARRIED**

105
 106 **Action Item Staff**

107 To include *Policy II - 3(vi) – Requests for Removal of Information from the Public Register* in the College's
 108 *Policies and Procedures Manual*.

109
 110 **.03C SUPPORT FOR INDIVIDUALS WHO HAVE ALLEGED SEXUAL ABUSE AND MISCONDUCT**

111 The Director, Investigations and Hearings provided Council with a Briefing Note describing the creation of
 112 a support service for individuals who have alleged sexual abuse or misconduct by a member of the College.
 113 The support service is designed to assist them in their involvement in the College's complaints and
 114 discipline processes. Access to the support program will be offered as soon as a individual makes an
 115 allegation. It was clarified that this is a support person, not an advocate or therapist.

116
 117 **It was MOVED Hussain**

118 **That the College establish a support service for individuals who have alleged sexual abuse or sexual**
 119 **misconduct by a member of the College to assist them in their involvement in the College's complaints**
 120 **and discipline processes.**

121 **CARRIED**

122 **Action Item Staff**

123 To implement the creation of a support service for individuals who have alleged sexual abuse or sexual
 124 misconduct by a member.

125
 126 **.03D SUPERVISION RESOURCE MANUAL WORKING GROUP**

127 The Registrar provided Council with a Briefing Note outlining the need for, scope of work and budgetary
 128 implication for the creation of a Working Group to review and draft revisions to the College's *Supervision*
 129 *Resource Manual* to ensure alignment with the *Standards of Professional Practice, 2017*.

130
 131 **It was MOVED Phillips**

132 **That a Supervision Resource Manual Working Group be created to draft revisions to the current College**
 133 **Supervision Resource Manual (2009) to ensure it aligns with the *Standards of Professional Conduct,***
 134 **2017 and best practices in Supervision.**

135 **CARRIED**

136 **.03E Jurisprudence and Ethics Examination – MOVING TO AN ONLINE FORMAT**

137 The Registrar provided Council with a Briefing Note outlining the action taken by the Executive Committee
 138 to transition the Jurisprudence and Ethics Examination to an online format from the current paper and
 139 pencil administration. Due to the time sensitive nature of this matter, it was necessary for the Executive
 140 Committee to make this decision on behalf of the College Council at a special meeting held on August 17,
 141 2020.

142

143 **.03F TELEPSYCHOLOGY BY OUT OF PROVINCE PRACTITIONERS DURING COVID-19 – UPDATE**

144 The Registrar provided Council with a Briefing Note outlining the actions taken by the Executive
 145 Committee to expand the provision which enable out of province practitioners to provide telepsychology
 146 services into the province during the COVID-19 pandemic. Due to the time sensitive nature of this matter,
 147 it was necessary for the Executive Committee to make this decision on behalf of the College Council at a
 148 special meeting held on August 7, 2020. The Executive Committee will discuss the need for the
 149 continuation of these provisions at their quarterly meetings.

150

151 **2020.01.04 BUSINESS ISSUES**

152

153 **.04A REGISTRATION COMMITTEE QUARTERLY REPORT**

154 The Council reviewed the first quarter report from the Registration Committee.

155

156 **.04B INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE QUARTERLY REPORT**

157 The Council reviewed the first quarter report from the Inquiries, Complaints and Reports Committee.

158

159 **.04C ANNUAL REPORTS**

160 The Council reviewed the Annual Reports for 2019-2020.

161

162 **It was MOVED Perry**

163 **That the Annual Reports for 2019-2020 be approved.**

CARRIED

164

165 **.04D AUDIT 2019 – 2020**

166 Presentation of Audited Financial Statements by Ms. Deric Chan from Hilborn LLP.

167

168 The President welcomed Mr. Deric Chan, Auditor with Hilborn LLP, to the Council meeting and invited him
 169 to present the Audited Financial Statements for the year ending May 31, 2020. The Finance and Audit
 170 Committee and the Executive Committee had reviewed the draft Audited Financial Statements with Ms.
 171 Liana Bell of Hilborn LLP at their meeting on August 28, 2020. Mr. Chan discussed the following documents
 172 that had been provided to Council:

173 - Audit Findings Report

174 - Draft Audited Financial Statements

175

176 Mr. Chan congratulated the College on a clean audit. He noted that the College is in a healthy financial
 177 position with several Reserve Funds available for contingencies.

178

179 Mr. Chan commented that the College staff and management were well prepared for the audit and
 180 cooperated fully. He noted that the College has appropriate internal controls and that all accounting
 181 estimates were appropriate and reasonable. There were no unusual transactions and or any
 182 disagreements with management.

183

184 **It was MOVED Goebelle**
185 **That the Audited Financial Statements for the fiscal year ending May 31, 2020 be accepted. CARRIED**
186

187 **It was MOVED Stopciati**
188 **That the firm of Hilborn LLP be appointed as Auditors for the College for the year 2020-2021. CARRIED**
189

190 **2020.01.05 STRATEGIC ISSUES**

191
192 **.05A STRATEGIC DIRECTION IMPLEMENTATION UPDATE**

193 The Registrar provided the Council with the updated *Strategic Direction Implementation Table*. Items
194 added since the Council Meeting of June 12, 2020 were shown in **Bold**.
195

196 **2020.01.06 OTHER BUSINESS**

197
198 **.06A NEXT COUNCIL MEETINGS:**

- 199 ○ December 11, 2020
 - 200 ○ March 18 – 19, 2021
- 201

202 **2020.01.07 ADJOURNMENT**

203 There being no further business,
204

205 **It was MOVED Stopciati**
206 **That the Council Meeting be adjourned. CARRIED**
207

208 The Council Meeting was adjourned at 11:40AM.
209
210
211

212
213 Michael Grand, Ph.D., C.Psych., President
214
215
216

217
218 Denise Milovan, Ph.D., C.Psych., Vice-President
219

220 **Minutes approved at the Council Meeting on December 11, 2020**

ACTION LIST

2020.04.01D

COUNCIL MEETING 2020.03 SEPTEMBER 25, 2020

Item:	Responsibility:	Action:	Status:
2019.03.03C	College	To pursue amendments to O.Reg. 74/15 - Registration under the <i>Psychology Act, 1991</i> to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates.	In Process
2020.02.04E	Registrar	Work with Committee Chair and staff liaison to plan and implement the Discipline Committee audit for 2020-2021.	In Process
2020.03.03A	Staff	To update <i>Policy II-1(i) Executive Committee: Terms Reference/Role</i> and rescind <i>Policy II 9(i) Nominations and Leadership Development Committee: Terms of Reference/Role</i> in the College's <i>Policies and Procedures Manual</i> .	Completed
2020.03.03B	Staff	To include <i>Policy II - 3(vi) – Requests for Removal of Information from the Public Register</i> in the College's <i>Policies and Procedures Manual</i> .	Completed
2020.03.03C	Staff	To implement the creation of a support services for individuals who have alleged sexual abuse or sexual misconduct by a member.	Completed To begin January 2021

REPORT TO COUNCIL

2020.04.02A(1)

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

EXECUTIVE COMMITTEE

COMMITTEE MEMBERS:

Michael Grand, Chair, Professional Member of Council
Paula Conforti, Professional Member of Council
Graeme Goebelle, Public Member of Council
Denise Milovan, Professional Member of Council
Paul Stopciati, Public Member of Council
Wanda Towers, Professional Member of Council

STAFF

Rick Morris, Registrar & Executive Director
Barry Gang, Deputy Registrar & Director of Professional Affairs
Caitlin O'Kelly, Assistant to the Registrar

MEETINGS

The Executive Committee met on the following date:

- November 7, 2020

ITEMS SENT TO COUNCIL FOR DECISION

The Executive Committee is bringing the following item forward for Council consideration:

- Canadian Free Trade Agreement (CFTA) and Communication of a Diagnosis (page 23 of the Council Package)

FOR INFORMATION

The Executive Committee discussed following items:

- Quarterly Review of Continuing the Provisions for Telepsychology Services for Out-of-Province Practitioners during COVID-19
- Committee Appointments
 - Mr. Scott Warnock, Public Member of Council was appointed to the Discipline Committee and the Inquiries, Complaints and Reports Committee
 - Ms. Nadia Mocan, Public Member of Council was appointed to the Discipline Committee and the Registration Committee

SUBMITTED BY

Michael Grand, Ph.D., C. Psych., Chair

REPORT TO COUNCIL

2020.04.02A(2)

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

DISCIPLINE COMMITTEE

COMMITTEE MEMBERS:

Janice Currie, Council Member, Chair
 Marilyn Keyes, Council Member, Vice-Chair
 Paula Conforti, Council Member
 Lynette Eulette, College Member
 Robert Gauthier, College Member
 Graeme Goebelle, Public Member
 Michael Grand, Council Member
 Jan Heney, College Member
 Anthony Hopley, College Member
 Emad Hussain, Public Member (to Nov 29, 2020)
 Joyce Isbitsky, Council Member
 Sandra Jackson, College Member
 Nina Josefowitz, College Member
 Maggie Mamen, College Member

Denise Milovan, Council Member
 Nadia Mocan, Public Member
 Melanie Morrow, College Member
 Mary Ann Mountain, College Member
 Adrienne Perry, Council Member
 Marjory Phillips, Council Member
 Donna Reist, College Member
 Cory Richman, Public Member (to Sept 13, 2020)
 Paul Stopciati, Public Member
 Wanda Towers, Council Member
 Nancy Tkachuck, Public Member
 Scott Warnock, Public Member
 Jessy Zita, Public Member

STAFF SUPPORT:

Zimra Yetnikoff, Director, Investigations & Hearings
 H  l  ne Th  berge, Senior Administrative Assistant

REFERRALS TO DISCIPLINE

There were no referrals to Discipline in the second quarter.

HEARINGS

1. **Dr. Erick Roat:** https://members.cpo.on.ca/public_register/show/21355

At a Hearing held on November 25, 2020 the Discipline Panel decided to reinstate Dr. Roat's Certificate of Registration. The Panel's decision with reasons will be posted as soon as it is available.

ONGOING MATTERS

1. **Dr. Martin Rovers:** https://members.cpo.on.ca/public_register/show/3067

A referral was made to the Discipline Committee on June 29, 2020. A Pre-Hearing Conference for this matter is scheduled for December 7, 2020.

2. **Dr. Darren Schmidt:** https://members.cpo.on.ca/public_register/show/21702

A referral was made to the Discipline Committee on July 14, 2020. This matter is currently at the pre-hearing conference stage.

SUBMITTED BY

Janice Currie, Ph.D., C.Psych., Chair

REPORT TO COUNCIL

2020.04.02A(3)

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

QUALITY ASSURANCE COMMITTEE

COMMITTEE MEMBERS

Michael Minden, Chair, College Member
 Marilyn Keyes, Vice-Chair, Council Member
 Katherine Green, College Member
 David Howard, College Member
 Joyce Isbitsky, Council Member
 Lynn Laverdière-Ranger, College Member
 Cory Richman, Public Member (term expired September 13, 2020)
 Nancy Tkachuk, Public Member
 Jessy Zita, Public Member

STAFF

Barry Gang, Deputy Registrar & Director of Professional Affairs
 Julie Hahn, Quality Assurance Coordinator
 Madeleine Lee, Administrative Assistant

COMMITTEE ACTIVITY

The full Committee held one meeting and a panel of the Committee held one meeting during the second quarter (September 1 - November 30) of the fiscal year 2020-2021.

At a meeting on October 6th, the full Committee participated in a Committee orientation and also considered 16 cases. At a meeting of a panel of the Committee on November 18, 2020, the panel considered an additional 22 cases.

QUALITY ASSURANCE CASES

SELF-ASSESSMENT

The Committee continues to follow up with 33 members who did not declare completion of the Self-Assessment Guide by the extended deadline. Due to COVID-19, the deadline was extended to August 30. These individuals were asked to submit their completed Self-Assessment Guides to the Committee. To date, 26 members have submitted completed Guides. One member has been granted an extension on compassionate grounds. The remaining six members have been referred for Peer Assisted Reviews, as required by the Regulation, given their apparent failure to participate in the self-assessment process.

The Committee has, to date, reviewed 15 of the completed Guides. In eight of these matters, the members appeared to have satisfied the Self-Assessment requirements.

The Committee gave feedback to four members about an apparent lack of adequate planning for continuing professional development during the 2020-2022 period. The Committee sought additional information from three members before disposing of the matters.

PEER ASSISTED REVIEW (PAR)**Overview**

Reviews carried over from previous years	40
Referred due to failure to comply with Self-Assessment requirements	6
Selected by random selection Fall 2020	5
Selected by stratified random selection Fall 2020	35
Total reviews planned for 2020/2021	86

	Q2	YTD
Completed Peer Assisted Reviews	3	5
Reviews Pending Scheduling		81

All five of the reviews conducted to date this year were completed via technology due to the COVID-19 pandemic. In three of the five Peer Assisted Review reports reviewed by the Committee, the members were seen to have completed the process successfully. In the other two cases, the members were provided with remedial messages. In one case, the Committee reminded the member of their responsibility for the security and maintenance of records pertaining to clients treated by supervisees. In the other case, the member was reminded of their commitment to the Reviewers that they would adhere in future to the prohibition on photocopying proprietary test materials without publishers' permission.

CONTINUING PROFESSIONAL DEVELOPMENT AUDITS**Overview**

Referred due to failure to declare completion of requirements	26
Random Selection	17
Audits carried over from previous years	2
Total Audits Planned for 2020-2021	50

Five members have been granted brief deferrals to submit their Declarations due to exceptional personal circumstances; adjustments to the numbers above will be made after these extended deadlines have passed to enable the Committee to meet its target of total 50 Audits in 2020-2021.

Audits Completed	Q2	YTD
Take No Further Action	4	4
Remedial Feedback	1	1
Total Audits Completed by Committee	5	5
Audits Outstanding for 2020-2021		40

In the remedial feedback provided it was noted that, while the member had far exceeded the maximum overall number of credits required, they had not met the requirements of the program when considering category maximums. The member was advised to be more mindful of category maximums in tabulating eligible CPD credits in the future.

ASSESSOR TRAINING

PAR reviewer training was provided by College staff to prospective assessors by webinar on November 19th and 23rd.

SUBMITTED BY

Michael Minden, Ph.D., C.Psych., Chair

REPORT TO COUNCIL

2020.04.02A(4)

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

CLIENT RELATIONS COMMITTEE

COMMITTEE MEMBERS

Kofi Belfon, Chair, College Member
 Janice Currie, Vice-Chair, Council Member
 Rosemary Barnes, College Member
 Emad Hussain, Public Member
 Melanie Morrow, College Member
 Adrienne Perry, College Member
 Jessy Zita, Public Member

STAFF

Barry Gang, Deputy Registrar & Director of Professional Affairs
 Julie Hahn, Practice Advisor & Quality Assurance Coordinator
 Madeleine Lee, Administrative Assistant

COMMITTEE ACTIVITIES

The Committee met on November 5, 2020 for a Committee Orientation provided by College staff and to resume discussion of ongoing Committee work.

Policy Discussions

- Language of Records

The Committee continued to discuss appropriate mechanisms within the *Standards of Professional Conduct, 2017* to ensure that client records are accessible to those clients unable to understand the language in which members have recorded the information. It determined that such measures should not impose unreasonable costs or other burdens on members of the public or members of the profession. Proposed amendments will be presented to the Executive Committee for preliminary consideration.

- Combatting Systemic Racism

The Committee asked to be kept apprised of developments in the College Working Group on Equity, Diversity and Inclusion and indicated willingness to participating in initiatives arising from it that are relevant to the mandate of the Committee.

Funding for Therapy for Clients Who Have Been Sexually Abused by Members

There are three individuals currently receiving funding in relation to sexual abuse by members. No new applications for funding have been received by the Committee.

The next meeting of the Committee is scheduled for January 21, 2020.

SUBMITTED BY

Kofi Belfon, Ph.D., C. Psych., Chair

REPORT TO COUNCIL

2020.04.02A(5)

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

FITNESS TO PRACTICE COMMITTEE

COMMITTEE MEMBERS:

Philip Ricciardi, Chair, Council Member

Paula Conforti, Council Member

Duncan Day, College Member

Graeme Goebelle, Public Member

Julie Goldenson, College Member

The Fitness to Practice Committee held no meetings during the second quarter.

REPORT TO COUNCIL

2020.04.02A(6)

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

FINANCE AND AUDIT COMMITTEE

COMMITTEE MEMBERS

Michael Grand, Chair, Council Member
Janice Currie, Council Member
Graeme Goebelle, Public Member
Alana Holmes, College Member
Paul Stopciati, Public Member

STAFF

Rick Morris, Registrar & Executive Director
Barry Gang, Deputy Registrar & Director of Professional Affairs
Stephanie Morton, Manager, Corporate Services
Caitlin O’Kelly, Assistant to the Registrar

COMMITTEE ACTIVITIES

The Finance and Audit Committee (FAC) met by teleconference on October 30, 2020. The FAC reviewed the *Unaudited Financial Statements*, the *Variance and Investment Reports*, all to August 31, 2020; the end of the first quarter. In considering the *Statement of Revenue & Expenses*, the FAC reviewed the *Variance Report* which explained items that deviated from the budget by the level of materiality set by Council; items which exceeded the expected budget by \$5,000 or were underspent by \$10,000. The Committee was satisfied with the information presented voted to receive the reports as presented.

The memorandum from the Registrar & Executive Director confirming the remittances to the Canada Revenue Agency and the Ontario Employer Health Tax for the period June 1, 2020 to August 31, 2020 was received.

Based on the documents reviewed at this meeting, it is the view of the Committee that the College continues to operate on a sound financial basis.

ATTACHMENTS

1. Statement of Revenue and Expenses to August 31, 2020
2. Balance Sheet to August 31, 2020 (unaudited)

SUBMITTED BY

Michael Grand, Ph.D., C.Psych., Chair

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
STATEMENT OF REVENUE & EXPENSES
 June through August 2020

	Annual Budget	Budget	YTD Actual	YTD \$ Variance	2020-2021 % YTD	Expected % YTD	% Variance YTD	Year End to 31 May-21
REVENUE	3,646,250.00	923,062.50	820,131.84	-102,930.66	22%	25%	-3%	3,646,250.00
COST OF SALES	335,702.00	119,738.00	31,322.94	-88,415.06	9%	36%	-26%	335,702.00
GROSS MARGIN	3,310,548.00	803,324.50	788,808.90	-14,515.60	24%	24%	0%	3,310,548.00
EXPENDITURES								
Governance	99,575.00	15,893.75	6,182.98	-9,710.77	6%	16%	-10%	99,575.00
Registration	103,000.00	25,750.00	14,410.00	-11,340.00	14%	25%	-11%	103,000.00
Client Relations, Communications & Education	33,675.00	8,418.75	2,250.00	-6,168.75	7%	25%	-18%	33,675.00
Quality assurance	50,641.00	12,660.25	3,000.00	-9,660.25	6%	25%	-19%	50,641.00
Investigations and resolutions	149,200.00	37,300.00	25,533.77	-11,766.23	17%	25%	-8%	149,200.00
Hearings	337,400.00	84,350.00	69,761.66	-14,588.34	21%	25%	-4%	337,400.00
Liaison (Professional Organizations)	37,695.00	7,212.50	4,417.77	-2,794.73	12%	19%	-7%	37,695.00
Administration	2,881,719.00	720,429.75	745,374.18	24,944.43	26%	25%	1%	2,881,719.00
Total Expenditures	3,692,905.00	912,015.00	870,930.36	-41,084.64	24%	25%	-1%	3,692,905.00
EXCESS OF REVENUE OVER EXPENDITURES	-382,357.00	-108,690.50	-82,121.46	26,569.04	21%	25%	-4%	-382,357.00

The College of Psychologists of Ontario
Balance Sheet Prev Year Comparison
 As of August 31, 2020

	Aug 31, 20	Aug 31, 19	\$ Change
ASSETS			
Current Assets			
Chequing/Savings			
10000 · Petty Cash	200.00	200.00	0.00
10100 · Bank	520,309.17	320,327.57	199,981.60
10250 · Cash Equivalents	1,175,124.96	432,467.56	742,657.40
Total Chequing/Savings	1,695,634.13	752,995.13	942,639.00
Accounts Receivable			
10400 · Accounts Receivable - Control	106,537.89	19,948.91	86,588.98
Total Accounts Receivable	106,537.89	19,948.91	86,588.98
Other Current Assets			
10300 · Short Term Investments	6,135,976.55	7,226,996.88	-1,091,020.33
10550 · Interest Receivable	560.49	557.89	2.60
10600 · Prepaid Expenses	30,197.90	31,801.28	-1,603.38
Total Other Current Assets	6,166,734.94	7,259,356.05	-1,092,621.11
Total Current Assets	7,968,906.96	8,032,300.09	-63,393.13
Fixed Assets			
12000 · Furniture & Equipment			
12010 · Furniture & Equipment - Cost	48,363.19	54,210.55	-5,847.36
13000 · Accum Amort Furniture & Equip	-46,205.74	-51,107.60	4,901.86
Total 12000 · Furniture & Equipment	2,157.45	3,102.95	-945.50
12100 · Computer Equipment			
12110 · Computer Equipment - Cost	133,529.42	93,491.53	40,037.89
13100 · Accum Amort Computer Equipment	-104,545.64	-79,663.86	-24,881.78
Total 12100 · Computer Equipment	28,983.78	13,827.67	15,156.11
12200 · Leasehold Improvements			
12210 · Leasehold Improvements - Cost	292,612.45	211,515.01	81,097.44
13200 · Accum Amort Leaseholds	-174,660.70	-154,572.18	-20,088.52
Total 12200 · Leasehold Improvements	117,951.75	56,942.83	61,008.92
12300 · Website Development			
12310 · Website Development - Cost	0.00	190,944.88	-190,944.88
13300 · Accum Amort Website Devt	0.00	-190,944.88	190,944.88
Total 12300 · Website Development	0.00	0.00	0.00
Total Fixed Assets	149,092.98	73,873.45	75,219.53
Other Assets			
10302 · Long Term Investment	42,271.68	43,640.96	-1,369.28
Total Other Assets	42,271.68	43,640.96	-1,369.28
TOTAL ASSETS	8,160,271.62	8,149,814.50	10,457.12

	Aug 31, 20	Aug 31, 19	\$ Change
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
21000 · Accounts Payable - Control	152,178.07	58,326.00	93,852.07
Total Accounts Payable	152,178.07	58,326.00	93,852.07
Other Current Liabilities			
21100 · Accounts Payable - Other	219,966.33	199,488.64	20,477.69
22000 · Employee Tax Deductions Payable	24,716.63	20,913.06	3,803.57
23000 · Prepaid Fees	2,293,754.10	2,285,718.12	8,035.98
24000 · Peer Mentorship - Clearing	0.00	-1,350.00	1,350.00
Total Other Current Liabilities	2,538,437.06	2,504,769.82	33,667.24
Total Current Liabilities	2,690,615.13	2,563,095.82	127,519.31
Total Liabilities	2,690,615.13	2,563,095.82	127,519.31
Equity			
31000 · Retained Earnings	1,455,905.49	1,405,567.89	50,337.60
31100 · Investigtns&Hearing ReserveFund	850,000.00	850,000.00	0.00
31200 · Contingency Reserve Fund	1,000,000.00	1,000,000.00	0.00
31300 · Fee Stabilization Reserve Fund	1,000,000.44	1,000,000.44	0.00
31400 · Website&DatabaseDevtReserveFund	165,872.02	243,810.25	-77,938.23
31500 · Premises Reserve Fund	1,000,000.00	1,000,000.00	0.00
31600 · FairRegn Practices Reserve Fund	80,000.00	80,000.00	0.00
Net Income	-82,121.46	7,340.10	-89,461.56
Total Equity	5,469,656.49	5,586,718.68	-117,062.19
TOTAL LIABILITIES & EQUITY	8,160,271.62	8,149,814.50	10,457.12

REPORT TO COUNCIL

2020.04.02A(7)

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

JURISPRUDENCE AND ETHICS EXAMINATION COMMITTEE

COMMITTEE MEMBERS

Mary Ann Mountain, Chair, College Member

Audrey Cooley, College Member

Donna Ferguson, College Member

Tae Hart, College Member

Gilles Hébert, College Member

Michele Peterson-Badali, College Member

Pierre Ritchie, College Member

Carole Sinclair, College Member

Angela Troyer, College Member

Jessy Zita, Public Member

STAFF SUPPORT:

Rick Morris, Ph.D., C.Psych., Registrar & Executive Director

Lesia Mackanyn, Director, Registration

Caitlin O'Kelly, Assistant to the Registrar

The Jurisprudence and Ethics Examination Committee (JEEC) met remotely on October 26 and 27, 2020 with all members in attendance. The meeting on October 26 was primarily focused on policy issues and a discussion of the final report for the March 2020 examination. Review of the item bank and any issues that have arisen with items in the bank were discussed on October 27, 2020. The Committee had met on August 10, 2020 to discuss options for the administration of the fall examination in light of restrictions due to COVID-19. The President of the Council, Dr. Michael Grand and the co-chairs of the Registration Committee, Dr. Marjory Phillips and Dr. Wanda Towers also joined this meeting.

Jurisprudence and Ethics Examination (JEE) – November 2020

As a result of the discussions held at the August meeting, it was decided to move forward with online administration of the JEE. Staff worked with Yardstick Assessment Strategies to develop and administer the exam which was taken by 110 candidates on November 20, 2020. Generally, the administration was successful with only 5 candidates unable to finish the examination due to technical issues at their end.

As with the March 2020 administration, the cut score (for a pass) was determined on the basis on the performance of first-time Ontario test takers. At the October 26 meeting, the Committee reconsidered the Hofstee criteria that should be used by the key validation team in determining the cut score.

A preliminary review of the results of the examination indicated very similar results to the March, paper and pencil examination. A full analysis of the statistics will be discussed at the JEEC spring meeting, but the preliminary analysis does not appear to show any significant difference in the performance of the candidates.

Results of the candidate post-exam survey were not available at the time this report was produced.

Staff from Yardstick Assessment Strategies will be presenting at the meeting of the JEEC in the spring to more fully explain to the Committee how the product works and answer any questions that committee members may have.

The Committee is grateful to the staff for the work they did in finding an appropriate vendor and allowing the candidates who were due to write the exam in September to proceed to oral exams in December if all of the other criteria had been met.

French Translation of the JEEC

Given that the JEEC was very recently written, information from the surveys of the candidates who wrote the French version of the examination is not yet available. The scores for the French language test takers do not appear significantly different than on the paper and pencil exam. There was a difference in presentation of the online French version as compared with the earlier paper and pencil exam. In the earlier administration French language candidates were also able to see the English version. That was not an option with the online version.

Dr. Jean Grenier and Dr. Gilles Hebert (JEE committee member) are scheduled to undertake a review of the French translation of the item bank in January 2021.

Sample Items

Drs. Pierre Ritchie and Carole Sinclair have continued their work on the sample item bank. There are now 30 items in the sample bank with all items having been updated to ensure that they are consistent with current legislation and standards of practice. Dr. Marla Nayer, consultant to the JEEC, has determined that the items in the sample item bank meet the blueprint criteria.

Item Writing Workshop

An item writing workshop is planned for January 11 and 12, 2021 to be conducted on Zoom. Eight members of the College, including some members of the Committee, will be creating new items for the examination. Since the Committee regularly retires items that have been used frequently or items for which the statistics are not satisfactory, it is imperative to continue to develop new items for the exam. In addition, the item writers will be reviewing any new legislation or changes in standards of practice since the previous item writing workshop and creating new items based on this information.

Item Review

Members of the Committee reviewed 85 items from the item bank on October 27, 2020. The process worked quite smoothly thanks to the work of Ms. Caitlin O'Kelly in setting up breakout rooms on the Zoom platform.

SUBMITTED BY

Mary Ann Mountain, Ph.D., C.Psych., Chair

REPORT TO COUNCIL

2020.04.02A(8)

BARBARA WAND SEMINAR IN PROFESSIONAL ETHICS, STANDARDS AND CONDUCT – September 15, 2020

PRESENTERS:

Dr. Sam Mikail, C.Psych. - **Professional Self-Care**

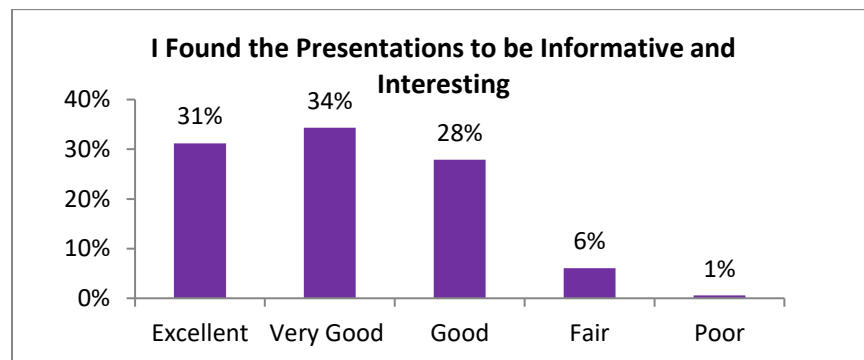
Dr. Rick Morris, C.Psych. - **Tricky Issues in Professional Practice**

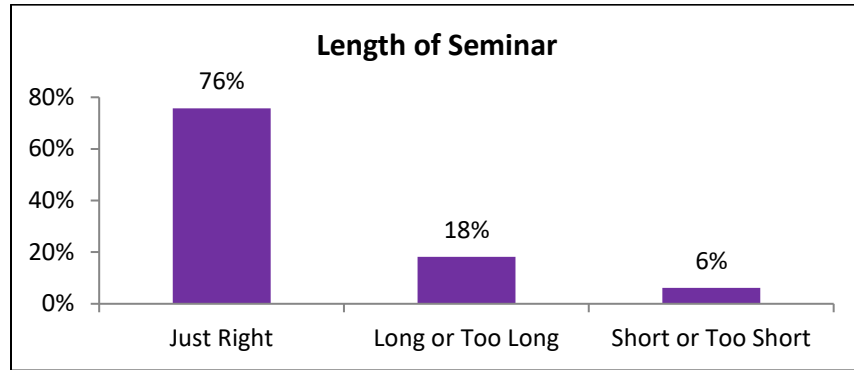
The Barbara Wand Seminar was held on September 15, 2020 and, due to COVID-19, it was provided exclusively by webinar with a record number of 1652 registrations. Many of these registrations were for groups and our total viewership was estimated to be 2615. We thank those who responded to our survey; the feedback indicated that members found the presentations to be of value. Unfortunately, the presenters were unable to answer all the questions received during the event, however the responses to all questions not answered during the event have been posted in the Barbara Wand Seminar Archives on [College website](#).

The Barbara Wand Seminar was offered at no charge to members and graduate psychology students in keeping with the College's wish to support and encourage continuing education.

The College was again pleased to offer live captioning of the webcast and was also able to fulfill several requests for transcripts. The link to the captioned archive recording as well as the transcript is available for download on the [College website](#). To date there have been 141 views of the recorded Seminar.

The evaluation of the Seminar was completed on-line by 543 (21%) of the participants. When asked whether they found the presentations to be "Informative and Interesting", 65% of respondents reported that the Seminar was Excellent or Very Good.

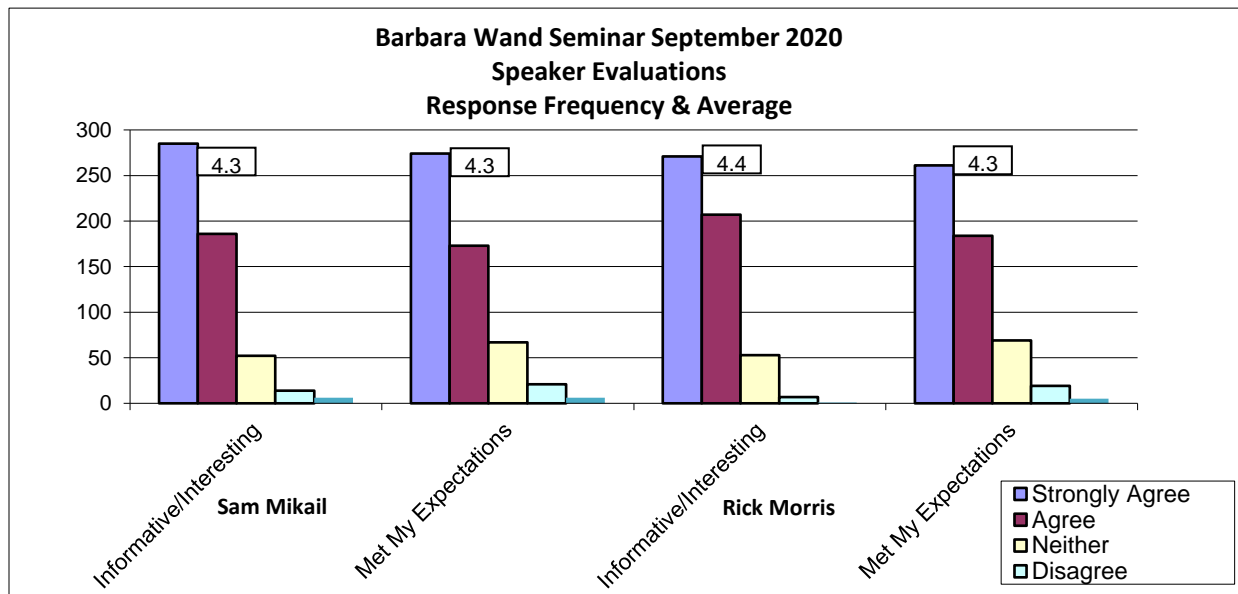




When asked about the length of the Seminar, 76% of respondents indicated that they found it to be Just Right.

As well as completing the five-point scale questions in the survey, many respondents provided additional comments. Most of these were positive and related to the quality of the speakers and relevance of the topic to members’ practices, particularly the Professional Self-Care presentation as practitioners noted they now work with the added challenges created by COVID-19. As in the past, there were many requests for more time to be dedicated to “Tricky Issues”.

The majority of members rated the registration process, handouts and webinar logistics as Very Good or Excellent.



SUBMITTED BY

Barry Gang, MBA, Dip.C.S., C.Psych.Assoc.
Deputy Registrar & Director, Professional Affairs

REPORT TO COUNCIL

2020.04.2B

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

STAFF PRESENTATIONS

Dr. Rick Morris, Registrar & Executive Director

- September 15, 2020 Tricky Issues in Professional Practice; Barbara Wand Seminar in Professional Ethics, Standards and Conduct.
- October 2, 2020 Ethical Issues in Professional Practice; GTA-wide Interns Seminar
- October 23, 2020 Oral Examiners Briefing
- November 20, 2020 Meeting with the Association of Chief Psychologists with Ontario School Boards
- November 23, 2020 Oral Examiners Briefing

Mr. Barry Gang, Deputy Registrar & Director of Professional Affairs

- November 11, 2020 Virtual Care Medicine: Risk Management and Best Practices, Osgoode Professional Development, Osgoode Hall Law School, York University

Ms. Lesia Mackanyn

- November 27, 2020 Registration Process, Ryerson University

BRIEFING NOTE

2020.04.03A

DECEMBER 2020 COUNCIL MEETING

CANADIAN FREE TRADE AGREEMENT (CFTA) AND COMPETENCE TO COMMUNICATE A DIAGNOSIS

STRATEGIC DIRECTION REFLECTION

Developing, establishing and maintaining standards of qualifications for individuals seeking registration; Collaborating in shaping the regulatory environment; Acting in a responsibly transparent manner

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That the Registration Committee establish a process to assess all *Canada Free Trade Agreement (CFTA)* candidates on their competence to perform the controlled act of communication of a diagnosis. Such assessment to be substantially similar to the process for new Ontario registrants.

Moved By TBD

PUBLIC INTEREST RATIONALE

To ensure that individuals seeking registration in Ontario under the *CFTA* can competently perform the controlled act of communication of a diagnosis.

BACKGROUND

The Executive Committee has held discussions regarding the requirements for practitioners from other Canadian jurisdictions requesting registration in Ontario under the *CFTA*, [formerly the Agreement on Internal Trade (AIT)] and the *Ontario Labour Mobility Act, 2009 (OLMA)*. At this time, in addition to completing the application process, a practitioner from another Canadian jurisdiction only must successfully complete the Jurisprudence and Ethics Examination.

In these discussions, concerns were expressed regarding the ability of these practitioners to communicate a diagnosis; an activity which is restricted in Ontario to members of a very limited number of regulated health professions. While the *CFTA* and the *OLMA* do not permit the review or examination of an applicant's education and training upon which their registration was based, there are provisions for evaluating competencies specific to Ontario. Since Communication of a Diagnosis is a restricted activity in Ontario, those requesting registration under the *CFTA* may be asked to demonstrate their competence to perform this Ontario specific controlled act.

CURRENT PROCESS

At this time, individuals seeking first time registration in Ontario demonstrate their competence in this controlled act at the Oral Examination. For individuals holding a Certificate of Qualification (CPQ)¹ granted by the Association of State and Provincial Psychology Boards (ASPPB) or from a jurisdiction deemed to have substantially similar registration requirements this is undertaken at a mandatory interview. To date,

¹ There are currently 43 jurisdictions in North America that recognize the CPQ and offer 'fast tracked' registration to Certificate holders.

those coming to Ontario from other Canadian jurisdictions under the *CFTA* have not been assessed on this competency.

Ontario Orals

The process for the evaluation of competency in the Communication of a Diagnosis is outlined in the *Diagnostic Scenario Introduction* (attached). This is information that is provided to the candidate in advance and also reviewed with them at the examination. The details of the scenario chosen are decided upon by the examining team and based upon the candidate's declared areas of practice and client populations. The examiners understand that it is not necessary that the candidate determine the exact diagnosis given the limited information available but rather they are interested in the process undertaken to arrive at the differential diagnosis.

Interviews

In general, the College accepts the evaluation of the home jurisdiction for those individuals holding a CPQ or coming from a jurisdiction whose registration requirements are substantially similar to the of the College. The purpose of this interview is to meet this potential registrant and discuss with them the type of work they propose to do in Ontario to ensure that the work they will be undertaking in Ontario is that for which they have demonstrated competence in their home jurisdiction. There is no required formal evaluation of competency in the Communication of a Diagnosis at the interview. It is left to the judgement of the interviewers to determine the extent to which they wish to question this area. In contrast to the oral examination, the interview does not evaluate the individual's competence. Since however, competence in the Communication of a Diagnosis is a controlled act in Ontario, it is something which can be addressed.

Mutual Recognition Applicants – Pre - 2009

In June 2001, the Canadian psychology regulators signed a voluntary *Mutual Recognition Agreement (MRA)*. By this Agreement, jurisdictions agreed to evaluate candidates for registration on the agreed upon, five Core Competencies: Interpersonal Relationships, Assessment & Evaluation, Intervention & Consultation, Research, and Ethics and Standards. Each jurisdiction agreed to accept the evaluation thereby creating a 'fast track' for mobility across Canada. The *MRA* recognized individual differences and permitted interviewing of prospective registrants and the evaluation of jurisdiction specific competencies. At that time, the College of Psychologists established an interview process for *MRA* applicants from the other Canadian jurisdictions which included an evaluation of the individual's competency in the Communication of a Diagnosis.

The introduction of the mandatory *Federal/Provincial/Territorial Agreement on Internal Trade (AIT)* and the *Ontario Labour Mobility Act, 2009*, made the voluntary *MRA* redundant and the College eliminated the interview for candidates from other Canadian jurisdictions. Since that time, the College has granted registration based solely on the individual's registration in another province or territory.

Current CFTA Applicants – Post - 2009

At this time *CFTA* applicants are not assessed for competence in the Communication of a Diagnosis. The Executive Committee believes that, in the interest of public protection, the College should be evaluating all *CFTA* applicants for competence in performing the controlled act of Communicating a Diagnosis. In doing so, the College must ensure that the evaluation is no more stringent than the evaluation done with first-time Ontario registrants. This suggests an interview with a scenario-based evaluation of the controlled act or some other "substantially similar" process established by the Registration Committee. In making the recommendation, the Executive recognizes that the Registration Committee may wish to review the process for evaluating the Communication of a Diagnosis for all candidates.

BUDGETARY IMPLICATIONS

CFTA applicants would be required to participate in an interview with a 3-person panel of members, as is currently conducted with American applying with a Certificate of Professional Qualification (CPQ). If an interview process is put in place for *CFTA* applicants, they would be required to pay an interview fee. This is currently set at \$500 but this may be something the Registration Committee wishes to review. This fee usually covers the College's expenses for interviewers.

NEXT STEPS

Upon approval:

Ask the Registration Committee to establish a process to assess all *CFTA* candidates on their competence to perform the controlled act of communication of a diagnosis. Such assessment to be substantially similar to the process for new Ontario registrants.

ATTACHMENT

1. *Diagnostic Scenario Introduction – June 2020*

CONTACT FOR QUESTIONS

Rick Morris, Ph.D., C.Psych.
Registrar & Executive Director

DIAGNOSTIC SCENARIO INTRODUCTION

This section of the exam will focus on **differential diagnosis**. There are four steps to this process.

1. You will be given some **basic, general information** such as might be available from an incoming referral. We are interested in your **preliminary impressions and initial hypotheses** as to a range of potential diagnoses that come to mind, that might need to be considered and explored. We should like to hear you brainstorm and “**think aloud**” through this process. You are not expected to guess at or settle on one specific diagnosis at this stage.
2. You will then be asked about **means by which you would collect further data** that you would need to assist you with your differential diagnosis. In other words, how would you go about ruling in or ruling out your original hypotheses?
3. At some point, you will be given **more information** that will help you narrow down the options. You will not generally be asked to diagnose combinations of disorders; rather, you should look for the **most likely or consistent choice**. You may also believe that the presenting issues are within the range of normal, in which case **no diagnosis** would be made.
4. Once you have decided on your choice, you will be asked about the issues you would need to consider in **communicating the diagnosis**, or the lack of diagnosis, what information you would provide about possible **interventions**, and what would be the likely **prognosis**, with or without intervention.

If you have any questions or would like clarification at any point, please do not hesitate to ask.

BRIEFING NOTE

2020.04.03B

DECEMBER 2020 COUNCIL MEETING

COLLEGE PERFORMANCE MANAGEMENT FRAMEWORK (CPMF)

STRATEGIC DIRECTION REFLECTION

Communicating clearly and effectively with stakeholders; Collaborating in shaping the regulatory environment; Acting in a responsibly transparent manner

FOR INFORMATION

The Ministry of Health (MOH) has developed the *College Performance Measurement Framework (CPMF)* which requires all 26 health regulatory Colleges in Ontario to prepare performance data in a standard format for review by the Ministry and for posting on the College website by March 31, 2021. According to the Ministry:

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

- 1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and*
- 2. help Colleges improve their performance.*

The reporting framework was first introduced to Council at a training day two years ago when Mr. Thomas Custers from the MOH came to the meeting to describe his role which included the development of this reporting framework.

PUBLIC INTEREST RATIONALE

To promote the continuous improvement of regulatory performance across all health Colleges and to promote transparency and accountability through the completion of the *College Performance Management Framework* to be public posting by each College.

BACKGROUND

The development of the *CPMF* began in December 2018. A working group consisting of Ministry staff, representatives from the Health Professions Regulators of Ontario and non-government subject matter experts was established to undertake this work. A former public member of the College Council, Mr. D'Arcy Delamere was invited to participate on the working group. In September 2020, there was a 'soft launch' of the *CPMF* and the Colleges received a draft setting out the Standards developed and the reporting requirements. On December 1, 2020 the Colleges received a memo from Sean Court, Assistant Deputy Minister (attached), accompanied by the final *CPMF* Reporting Tool (attached).

The deadline for completion of the *CPMF* Reporting Tool is March 31, 2021 following which the Ministry will provide the College with performance feedback and potentially identify opportunities for improvement. As well, they will draft and post a Summary Report on the Ministry website that will capture the overall Colleges' *CPMF* results at a system level, not the performance of each individual College.

The Ministry has indicated that they do not anticipate that Colleges will have achieved all of the Standards in this first reporting cycle. Rather, the initial report will provide a baseline against which continuous improvement, through the development of workplans, can be measured.

CPMF COMPLETION PROCESS

The information and Standards set out in the *College Performance Measurement Framework* cut across all aspects of the College's processes and regulatory work. The Reporting Tool describes the information that is required in seven specific domains; *Governance, Resources, System partner, Information management, Regulatory policies, Suitability to practice*; and *Measurement, reporting and improvement*. In addition to narrative descriptions of a variety of processes encompassed in these areas, statistical data is required related to Quality Assurance and Complaints and Discipline activity.

The completion of the *CPMF* will be a significant undertaking in terms of staff time and effort. Since the Standards cut across all areas of College work, the Senior Management Team is being charged to undertake/coordinate this initiative. The Team has met to begin to develop a workplan with each Team member responsible to draft the response for the Standards within their areas which will then be reviewed by the full Team.

The completed draft Reporting Tool will be presented to the Executive Committee and Council prior to submission.

BUDGETARY IMPLICATIONS

The completion of the *CPMF* will require significant staff time and effort, however there are no direct financial costs anticipated.

ATTACHMENTS

1. Memo from Sean Court, Assistant Deputy Minister - MOH
2. *College Performance Measurement Framework* Reporting Tool

CONTACT FOR QUESTIONS

Rick Morris, Ph.D., C.Psych.
Registrar & Executive Director

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5



MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
Assistant Deputy Minister

DATE: Tuesday December 1st, 2020

RE: **Formal launch of the College Performance Measurement Framework**

In follow up to my memo on September 1, 2020 regarding the 'soft launch' of the College Performance Measurement Framework (CPMF), I am pleased to inform you that today the Ministry of Health (ministry) is formally launching the CPMF.

I would like to thank you all for your comments and feedback that have helped inform the final drafts of the Reporting Tool and the Technical Specifications Document. Your feedback was used to provide further clarification to many of the Measures and Context Measures.

The CPMF that you have helped to develop will, for the first time in Ontario, further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public's interest.

This work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices reduces variation in the efficiency and effectiveness with which colleges carry out their functions.

The ministry is also aware that data and responses provided from the year 2020 are likely to be impacted by COVID-19, and that while the majority of the information requested in this reporting cycle should not be impacted, there may be instances where the requested data or information may be a significant outlier from previous years.

Ministry staff will work with you to ensure that this context is clearly communicated in the Colleges' Reporting Tools that will be posted on Colleges' websites to help the public better understand the information provided.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing during this first reporting cycle. However, during this baseline reporting cycle the ministry will:

- Provide each College with performance feedback and potentially identify opportunities for improvement, and
- Draft and post a Summary Report on the ministry website that will capture the Colleges' CPMF results at a system level (as opposed to the performance of each individual College).

Prior to beginning the second CPMF reporting cycle in October 2021, the ministry, together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of the reports and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you again for your advice and support to date.

The ministry looks forward to continuing this very important work with you over the coming year.

Sincerely,



Sean Court
Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

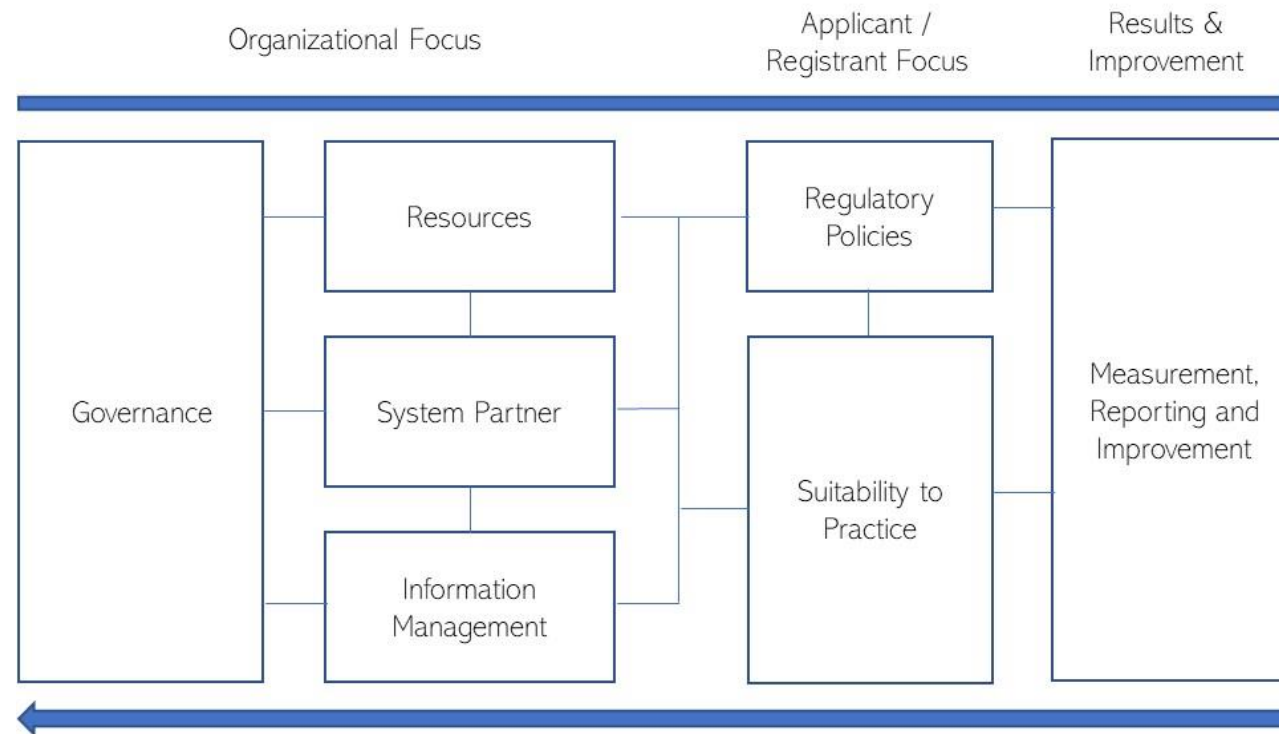
a) Components of the CPMF:

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

b) Measurement domains:

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

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain	Areas of focus
1 Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2 Resources	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4 Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5 Regulatory Policies	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7 Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

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

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ol style="list-style-type: none"> Meeting pre-defined competency / suitability criteria, and attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	<ul style="list-style-type: none"> The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ol style="list-style-type: none"> met pre-defined competency / suitability criteria, and attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	<ul style="list-style-type: none"> The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ol style="list-style-type: none"> Council meetings; Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

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

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

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

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

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

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

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

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

Completing the CPMF Reporting Tool

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

Furthermore,

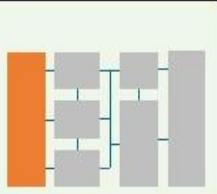
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

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

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

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

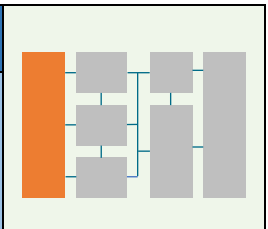
Example:

DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> Additional comments for clarification (optional):

PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics:
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>



		<p><i>Additional comments for clarification (optional):</i></p>
	<p>b. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of each Statutory Committee orientation training: • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics: <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (optional):</i></p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Year when Framework was developed OR last updated: • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input type="checkbox"/> • <i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</i>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>	
<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, how often over the last five years? <insert number></i> • Year of last third-party evaluation: <insert year> 		
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>		

		<p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <p>i. the outcome of relevant evaluation(s), and/or</p> <p>ii. the needs identified by Council members.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; • Insert a link to Council meeting materials where this information is found OR • Describe briefly how this has been done for the training provided <u>over the last year</u>. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
<p>Standard 2 Council decisions are made in the public interest.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: • Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

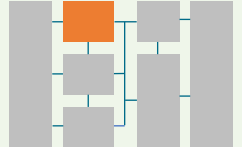
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College enforces cooling off periods².</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <please specify> • The year that the cooling off period policy was developed OR last evaluated/updated: • How does the college define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; – insert a link to Council meeting where cooling of period has been discussed and decided upon; OR – where not publicly available, please describe briefly cooling off policy: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

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

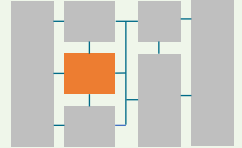
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> • Insert a link to most recent Council meeting materials that includes the questionnaire: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Describe how the College makes public interest rationale for Council decisions accessible for the public: • Insert a link to meeting materials that include an example of how the College references a public interest rationale: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted:
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	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 <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College’s latest strategic plan and/or strategic objectives: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

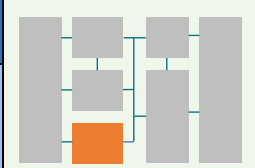
DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <u>Further clarification:</u> 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 <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)

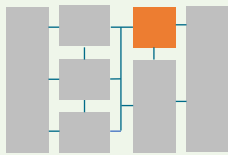
	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> • Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: • Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: • Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 3: SYSTEM PARTNER	
<p>Standard 5</p> <p>The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p>	
<p>Standard 6</p> <p>The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</p>	
<p>Standard 7</p> <p>The College responds in a timely and effective manner to changing public expectations.</p>	
<p>Measure / Required evidence: N/A</p>	<p style="text-align: center;">College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> • Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> 	
	<table border="1"> <tr> <td data-bbox="701 683 1623 1416"> <p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>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).</i> </td> <td data-bbox="1631 683 2491 1416"> <p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> </td> </tr> </table>	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>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).</i>
<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>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).</i> 	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> 	

DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8 Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to policies and processes OR provide brief description of the respective policies and processes.
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>



DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> • Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> <i>Additional comments for clarification (optional)</i>
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.
	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)	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> <i>Additional comments for clarification (optional)</i>
	v. expectations of the public, and vi. stakeholder views and feedback.	Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>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).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. • Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: • List the experts / stakeholders who were consulted on currency: • Identify the date when currency requirements were last reviewed and updated: • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

⁴ 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).

<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: • Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: • Is the process taken above for identifying priority areas codified in a policy: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy</i> • Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: • Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> – <i>Public</i> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>Employers</i> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>Registrants</i> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>other stakeholders</i> Yes <input type="checkbox"/> No <input type="checkbox"/> • Insert link to document that outlines criteria to inform remediation activities OR list criteria:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: • Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: • Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input type="checkbox"/> No <input type="checkbox"/> • Does the College evaluate whether the information provided is clear and useful: Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: Most frequently provided supports in CY 2020: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
Measure	Required evidence	College response
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>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).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: Provide the year when it was implemented OR evaluated/updated (if applicable): <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Insert a link to policy OR describe briefly the policy: • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home').
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (if needed)</i>	
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes:
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (if needed)</i>	

		<p><i>Additional comments for clarification (if needed)</i></p>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to College’s dashboard or relevant section of the College’s website:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

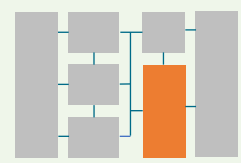
PART 2: CONTEXT MEASURES

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 methodology 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.

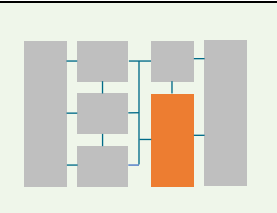
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

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 methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE																							
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.																							
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:																							
Context Measure (CM)																							
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; padding: 5px;">Type of QA/QI activity or assessment</th> <th style="width: 20%; padding: 5px;">#</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">i. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">ii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">iii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">iv. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">v. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">vi. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">vii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">viii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">ix. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">x. <Insert QA activity or assessment></td><td></td></tr> </tbody> </table>	Type of QA/QI activity or assessment	#	i. <Insert QA activity or assessment>		ii. <Insert QA activity or assessment>		iii. <Insert QA activity or assessment>		iv. <Insert QA activity or assessment>		v. <Insert QA activity or assessment>		vi. <Insert QA activity or assessment>		vii. <Insert QA activity or assessment>		viii. <Insert QA activity or assessment>		ix. <Insert QA activity or assessment>		x. <Insert QA activity or assessment>		<p>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).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#																						
i. <Insert QA activity or assessment>																							
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vii. <Insert QA activity or assessment>																							
viii. <Insert QA activity or assessment>																							
ix. <Insert QA activity or assessment>																							
x. <Insert QA activity or assessment>																							
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period. NR = Non-reportable: results are not shown due to < 5 cases																							

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

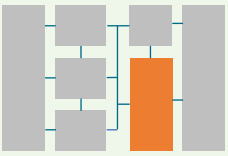
Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

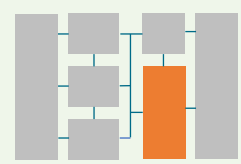
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020			<p>What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.</p> <p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</p>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *			

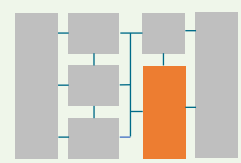
Additional comments for clarification (optional)

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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	<i>What does this information tell us?</i> This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
<i>Additional comments for clarification (if needed)</i>			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.					
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:					
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020		Formal Complaints received†		Registrar Investigations initiated†	
Themes:		#	%	#	%
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**			100%		100%
		<p><i>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.</i></p>			

<p>* 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.</p> <p>Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** 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.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

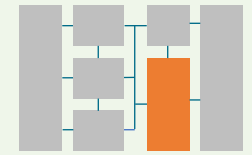
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020			
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020			
CM 9. Of the formal complaints* received in CY 2020**: I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)‡ II. Formal complaints that were resolved through ADR III. Formal complaints that were disposed** of by ICRC IV. Formal complaints that proceeded to ICRC and are still pending V. Formal complaints withdrawn by Registrar at the request of a complainant Δ VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	#	%	
** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint. ‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.</i>			

<p>△ <i>The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p>φ Registrar's Investigation: <i>Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020							
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decision†					
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Fraud							
VI. Professional Conduct & Behaviour							
VII. Record keeping							
VIII. Sexual Abuse / Harassment / Boundary Violations							
IX. Unauthorized Practice							
X. Other <please specify>							

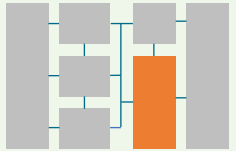
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.

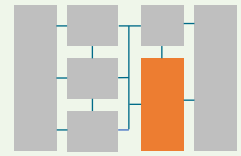
† NR = Non-reportable: results are not shown due to < 5 cases.

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

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

Additional comments for clarification (if needed)

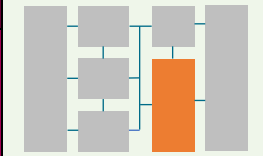
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 11. 90 th 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. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2020		
II. A Registrar’s investigation in working days in CY 2020		
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	<p>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. *</p> <p>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.</p>
I. An uncontested^ discipline hearing in working days in CY 2020		
II. A contested# discipline hearing in working days in CY 2020		
<p>* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p> <p>^ 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.</p> <p># Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.</p>		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

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

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

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

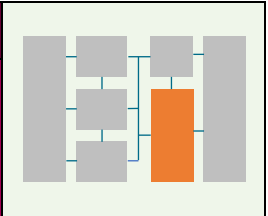
NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	
II. Suspension [§]	
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	
IV. Reprimand [^] and an Undertaking [#]	
V. Reprimand [^]	

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

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

+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.

§ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:

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

** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

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

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

Additional comments for clarification (if needed)

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

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

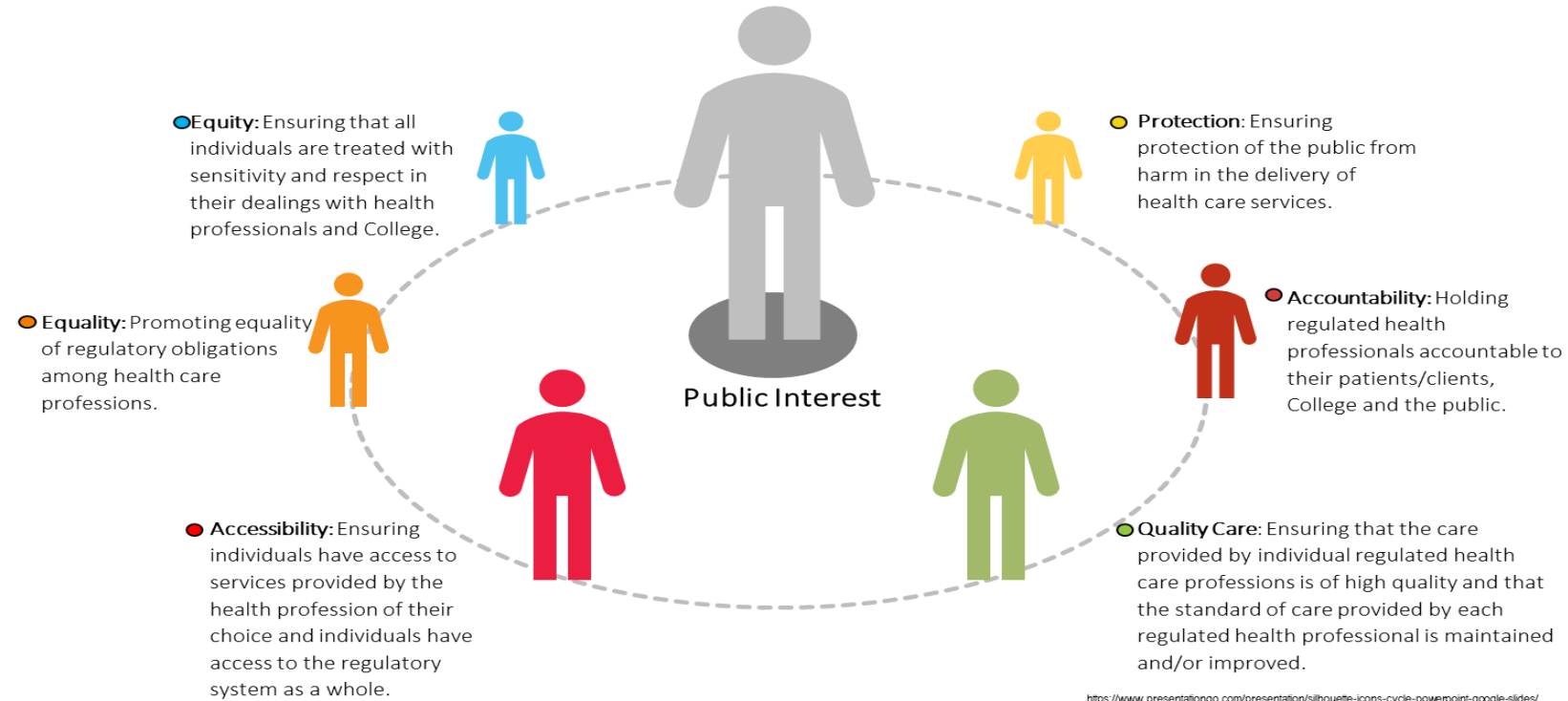
E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

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

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



REPORT TO COUNCIL

2020.04.04A

DECEMBER 2020 COUNCIL MEETING

REGISTRAR & EXECUTIVE DIRECTOR'S REPORT TO COUNCIL

EQUITY, DIVERSITY AND INCLUSION WORKING GROUP

The College has established an Equity, Diversity and Inclusion (EDI) Working Group to consider issues of racism, systemic discrimination or bias that may be present within the College and the profession. Members of the Working Group are Dr. Donna Ferguson (Chair), Dr. Kofi Belfon, Dr. Michael Grand, Dr. Tae Hart and Dr. Chris Mushquash supported by the Registrar & Executive Director and the Assistant to the Registrar. The Working Group's first task is to consider if there are College regulatory processes which may reflect discrimination or bias; and then to look outward toward the profession, in general.

The Working Group has met three times to discuss their role and the development of a workplan. At the most recent meeting, the Working Group reviewed survey drafted to collect information from the membership. The survey will assist the College to identify any regulatory practices that may reflect systemic prejudice, bias or discrimination. Before distributing the survey, the Working Group is developing definitions to ensure a common understanding of "equity, diversity and inclusion". The next meeting is scheduled for mid-December.

SOCIAL MEDIA PRESENCE

The College has continued to implement the Communication Modernization Strategy with the launching of new social media profiles on Facebook, Twitter and LinkedIn in mid- October. The College will use these vehicles to share information and updates with members of the College and the public in a more timely fashion than is available through the quarterly newsletter, *HeadLines*. You can connect with the College on these new platforms by visiting our pages and clicking *Like* or *Follow*.

Facebook: <https://www.facebook.com/cpontario/>

Twitter: <https://twitter.com/CPOntario>

LinkedIn: <https://www.linkedin.com/company/cpontario/>

DIRECTORS AND OFFICERS' LIABILITY COVERAGE

For the information of Council and Committee members, *College Policy I-14 Indemnification* (attached) requires that Council and Committee members as well as others who undertake work for or on behalf of the College be indemnified against actions commenced against them. This College policy has been in place since 2007. Should an individual become aware of a pending action against them, they should immediately notify the Registrar who will authorize the involvement of legal counsel, as necessary. To be eligible for coverage under this policy, the Registrar should be notified before any legal counsel is engaged, be it the College or other legal counsel.

THE PASSING OF DR. WILLIAM MELNYK, C.PSYCH. (RETIRED)

The College was informed of the recent passing of Dr. Bill Melnyk. Dr. Melnyk served on the Ontario Board of Examiners in Psychology (OBEP) from 1975-1980 and 1989-1994 and was Board Chair from 1977-1978. His second term spanned the period during which the Board became the Transitional Council of the new

College of Psychologists of Ontario, under new *Regulated Health Professions Act, 1991*. During his second term with OBEP, Dr. Melnyk represented the College at meetings of the international Association of State and Provincial Psychology Boards (ASPPB). He successfully ran for the ASPPB Board of Directors serving a three-year term as Secretary-Treasurer, followed by election for a further three-year term as a Presidential officer, serving as President from 1998-1999; the third Canadian to hold the position of ASPPB President. The College offers its condolences to his family and many colleagues.

ATTACHMENT

1. *Policy I-14 Indemnification*

CONTACT FOR QUESTIONS

Dr. Rick Morris, Registrar & Executive Director

College of Psychologists Policy and Procedure Manual			
SECTION: FRAMEWORK and GOVERNANCE			POLICY #: I - 14
POLICY: Indemnification		COVERAGE: Council, Committees, Interviewers, Reviewers, Examiners and Staff	
CREATED: September 2007	REVISED: June 2013	NEXT REVIEW: 2021/2022	PAGE #: 1 of 1

POLICY STATEMENT:

The College shall indemnify members of Council, College Committees, Interviewers, Reviewers, Examiners and Staff for reasonable legal fees incurred in the defence of any action, professional complaint or proceeding that may be commenced against such person(s) in respect of work undertaken for or on behalf of the College in good faith in the performance or intended performance of the person's assigned role with the College which would be defended on the basis of the immunity provided in Section 38 of the Regulated Health Professions Act.

PROCEDURE:

1. Indemnification means the defraying of any reasonable legal and other reasonable necessary expenses incurred in defending against any action, complaint or proceeding.
2. This policy applies when a person is acting in good faith and within scope of the person's assigned role with the College.
3. When a person becomes aware of an action, complaint or proceeding, or a threatened action, complaint or proceeding, against the person regarding work undertaken on behalf of the College, the individual shall immediately notify the Registrar.

REPORT TO COUNCIL

2020.04.04B

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

REGISTRATION COMMITTEE

COMMITTEE MEMBERS:

Marjory Phillips, Co-Chair, Council Member
Wanda Towers, Co-Chair, Council Member
Mark Coates, College Member
Emad Hussain, Public Member
Paula Conforti, Council Member
Jane Ledingham, College Member

Nadia Mocan, Public Member
Adrienne Perry, Council Member
Philip Ricciardi, Council Member
Sheila Tervit, College Member
Jessy Zita, Public Member

STAFF

Lesia Mackanyn, Director: Registration
Myra Veluz, Senior Registration Assistant
Shannon Elliott, Registration Assistant
Deneika Greco, Registration Assistant
Amineh Sherazee, Administrative Assistant: Registration

COMMITTEE ACTIVITIES

Meetings of the Registration Committee:

September 18, 2020: Panel A

The Registrar referred a total of 24 cases to Panel A which included:

- 1 academic credential review (masters);
- 11 retraining plans for supervised practice members or eligible candidates (5 doctoral, 6 masters);
- 2 Oral Examination matters; and
- 10 requests for change of area of practice.

September 17, 2020: Panel B

The Registrar referred a total of 25 cases to Panel B which included:

- 1 academic credential review (masters);
- 14 retraining plans for supervised practice members or eligible candidates (5 doctoral, 9 masters);
- 1 Oral Examination matter;
- 1 request for a removal or a modification of a limitation and/or a condition;
- 7 requests for change of area of practice; and
- 1 request to return to a Certificate Authorizing Autonomous Practice an Inactive Certificate of Registration.

September 17, 2020 Plenary Session:

Staff provided the Registration Committee with an update on the preparations underway for delivering the Jurisprudence and Ethics Examination (JEE) on-line in November 2020. The Committee was also

updated on the launch of the College's redesigned website including the section for applicants and supervised practice members.

The Registration Committee acknowledged that the College's Executive Committee met at the end of August and were supportive of the Committee's proposal to revise the College's Supervision Resource Manual. The Committee discussed tentative plans for beginning the Supervision Resource Manual Working Group in early Fall pending approval from the College's Council who were meeting at the end of September.

The Committee discussed the implementation of the recently revised *Guidelines for Completing the Declaration of Competence*. The discussion included: first impressions from new applicants; cases where there may be challenges; the process for advising applicants when there is a concern with their Declaration; and, cases where a referral to the Registration Committee is necessary. The Co-Chairs of Committee agreed that the *Guidelines for Completing the Declaration of Competence* would also be on the agenda for discussion at the next meeting of the Directors of Clinical Training and Internship Directors.

November 12, 2020: Panel A

The Registrar referred a total of 35 cases to Panel A which included:

- 3 academic credential reviews (1 doctoral, 2 masters);
- 23 retraining plans for supervised practice members or eligible candidates (15 doctoral, 8 masters);
- 3 Examination matters (Oral Examination and the Examination for Professional Practice in Psychology (EPPP));
- 1 reciprocity application;
- 1 request for a removal or a modification of a limitation and/or a condition;
- 3 requests for change of area of practice; and
- 1 request to return to a Certificate Authorizing Autonomous Practice an Inactive Certificate of Registration.

November 13, 2020: Panel B

The Registrar referred a total of 40 cases to Panel B which included:

- 6 academic credential reviews (1 doctoral, 5 masters);
- 28 retraining plans for supervised practice members or eligible candidates (13 doctoral, 15 masters);
- 2 Oral Examination matters; and
- 4 requests for change of area of practice.

November 12, 2020 Plenary Session:

College staff provided the Committee with updates on the College's required examinations; planning for the December Oral Exams; the Jurisprudence and Ethics Examination (JEE) scheduled to be delivered on-line on the 20th of November; and how Ontario's social distancing rules have impacted some candidates when scheduling their EPPP at testing centers.

The Committee Co-Chairs provided an oral report of the meeting of the Directors of Clinical Training and Internship Directors which took place on October 13th. Their report noted that the Directors of Clinical Training and Internship Directors expressed their support of the College's revised *Guidelines for Completing the Declaration of Competence*.

Dr. Marjory Philips provided an oral report on the first meeting of the Supervision Resource Manual Working Group, which met on October 16th. The Supervision Resource Manual Working Group includes

Dr. Marjory Phillips, Dr. Jane Ledingham, Dr. Paolo Pires, and College staff members Mr. Barry Gang and Ms. Lesia Mackanyn.

The Committee began planning its review of the College's Oral Examination. The Committee discussed areas to focus on, such as purpose and content of the examination, selection and retention of examiners, and the role of the public member observer. The Committee will be reviewing statistics and candidate and examiner feedback from past examinations at their next Plenary Session in January 2021.

The Committee received a recent decision of the Health Professions Appeal and Review Board (HPARB) involving an application for registration for which the board returned the matter back to the Committee for a further review. The case will be considered further by Panel B.

SUBMITTED BY

Marjory Phillips, Ph.D., C.Psych., Co-Chair

Wanda Towers, Ph.D., C.Psych., Co-Chair

TERMS

- **Academic Credential Review:** Cases where after an initial review, the Registrar has referred an application for supervised practice to the Registration Committee for a further review to determine whether the applicant has an acceptable master's or doctoral degree.
- **Change of Area of Practice:** Autonomous practice members who wish to be authorized to practice in a new area and/or with a new client group.
- **Examination Outcome:** Individual cases that require a review of the outcome of, or an issue with, the Oral Examination, JEE, or EPPP.
- **Reciprocity Application:** Reviews of cases where an applicant has applied from a jurisdiction in which the College has entered into a written reciprocity agreement.
- **Removal or modification of limitation and/or condition:** Autonomous practice members who wish to have a registration related limitation and/or condition removed (or modified) from their certificate of practice.
- **Retraining:** Applies to supervised practice members and eligible candidates. If after an initial review, it appears that a candidate is missing required components in the area for which they have declared competence to practise, the Registrar will refer the candidate's application to the Registration Committee for a review of their education and training. The Committee will determine whether the candidate must augment her/his knowledge and skills via a retraining plan.
- **Return to Autonomous Certificate from Inactive Certificate:** Members who have held an Inactive Certificate of Registration for longer than 2 years and who wish to return to a Certificate of Registration Authorizing Autonomous Practice.

REPORT TO COUNCIL

2020.04.04C

SECOND QUARTER, SEPTEMBER 1, 2020 – NOVEMBER 30, 2020

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

COMMITTEE MEMBERS:

Denise Milovan, Council Member, Chair
Gilles Boulais, College Member, Vice-Chair
Diane Addie, College Member
Jason Brown, College Member
Michael Grand, Council Member
David Gold, College Member
Allyson Harrison, College Member
Emad Hussain, Public Member
Joyce Isbitsky, Council Member
Melanie Morrow, College Member

Rana Pishva, College Member
Cory Richman, Public Member
Naomi Sankar-DeLeeuw, College Member
Fred Schmidt, College Member
Laura Spiller, College Member
Paul Stopciati, Public Member
Nancy Tkachuk, Public Member
Scott Warnock, Public Member
Natasha Whitfield, College Member

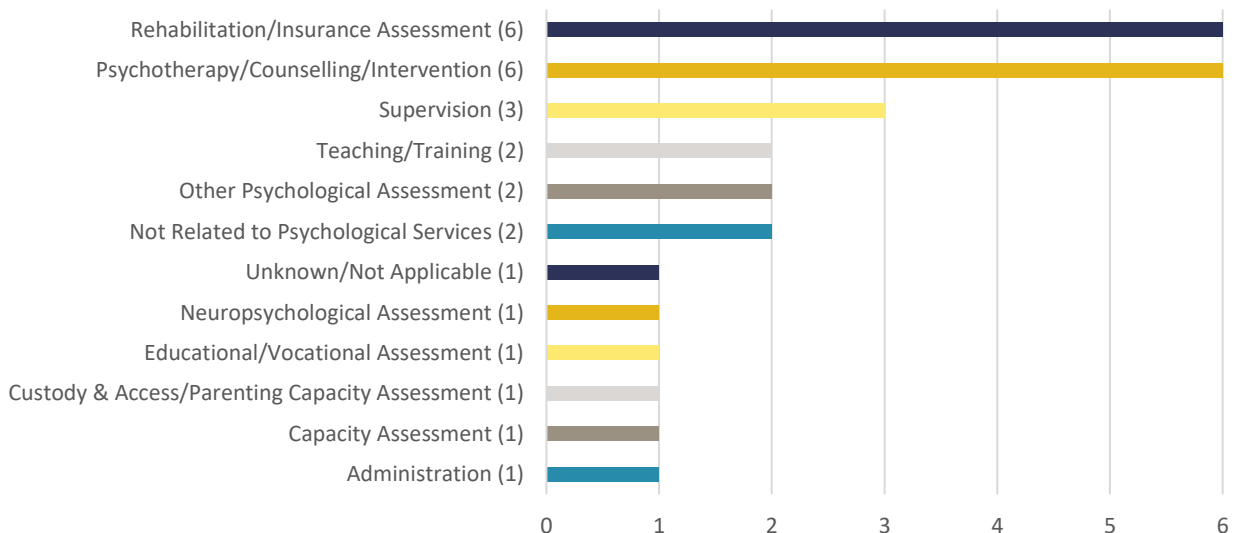
STAFF

Zimra Yetnikoff, Director, Investigations & Hearings
Hélène Theberge, Senior Administrative Assistant
Jennifer Taylor, Administrative Assistant

COMMITTEE ACTIVITIES

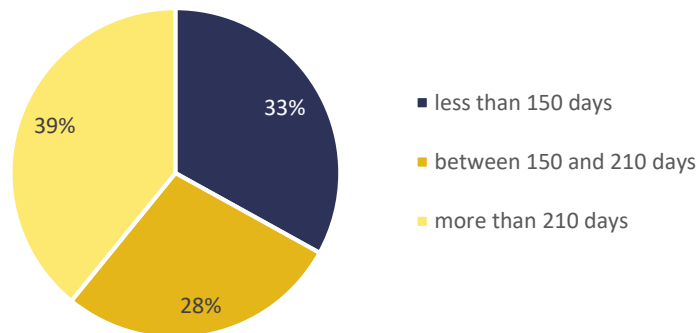
New Complaints and Reports

In the 2nd Quarter, the College received 27 new complaints. The nature of service in relation to these matters is as follows:



Timeline Snapshot

There are currently 115 open Complaints and Registrar's Investigations that are being actively investigated. Most of these cases are under 210 days old, with 33% of files under 150 days old.

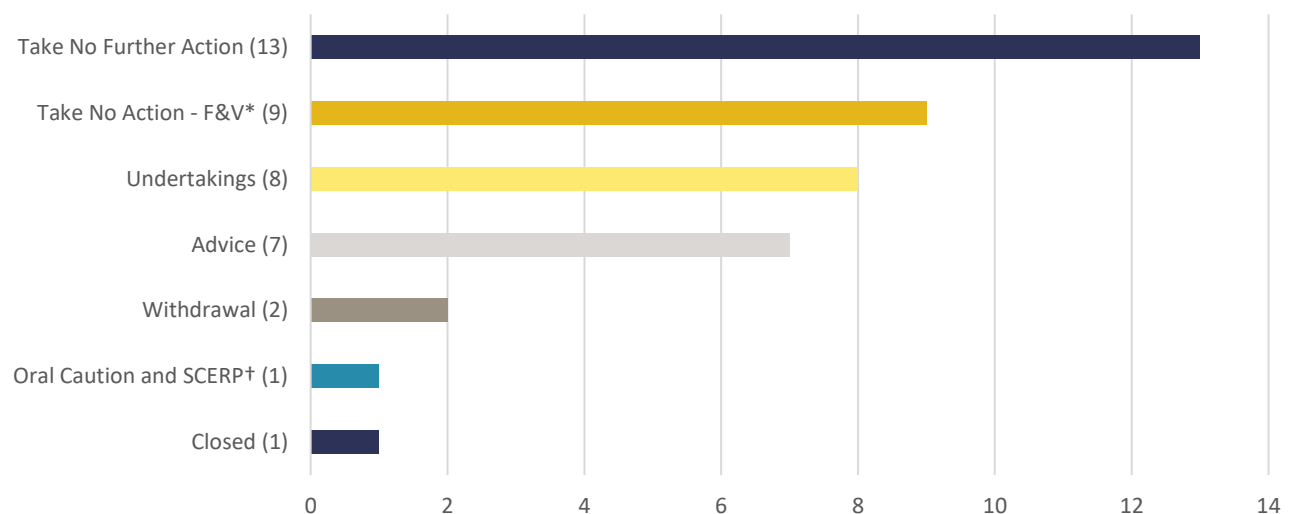


ICRC Meetings

The ICRC met on September 17, October 20 and November 18, 2020 to consider a total of 28 cases. The ICRC also held 21 teleconferences to consider 65 cases. The next meeting is scheduled for December 16, 2020, where 9 cases are scheduled to be discussed.

ICRC Dispositions

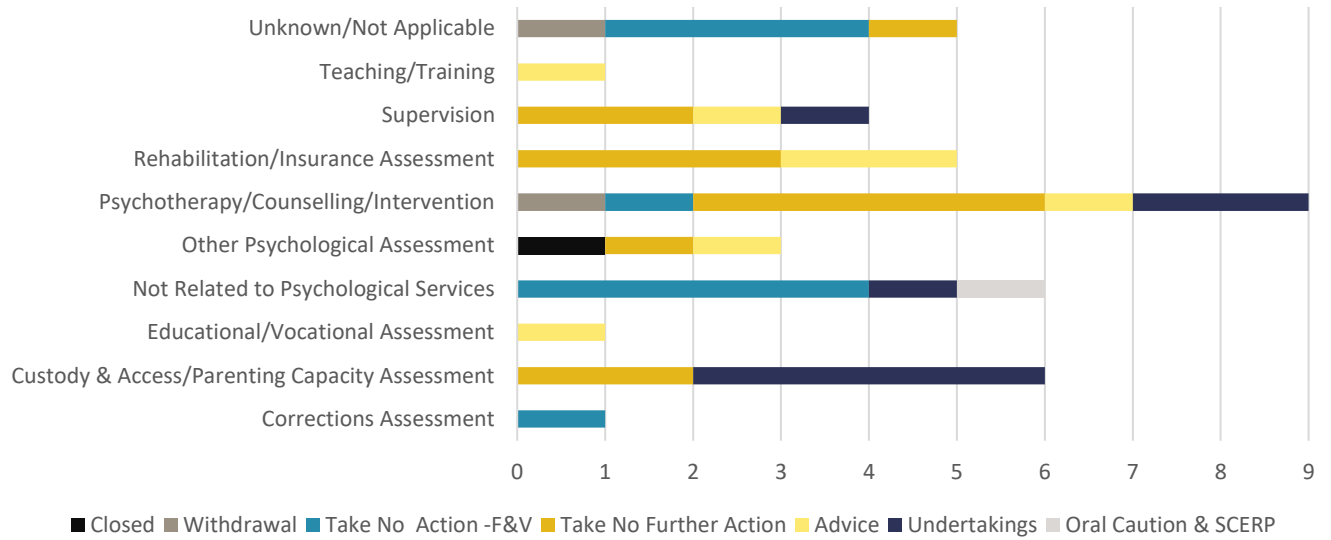
The ICRC disposed of 41 cases during the 2nd Quarter, as follows:



*F&V: Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, pursuant to s.26(4) of the Health Professions Procedural Code.

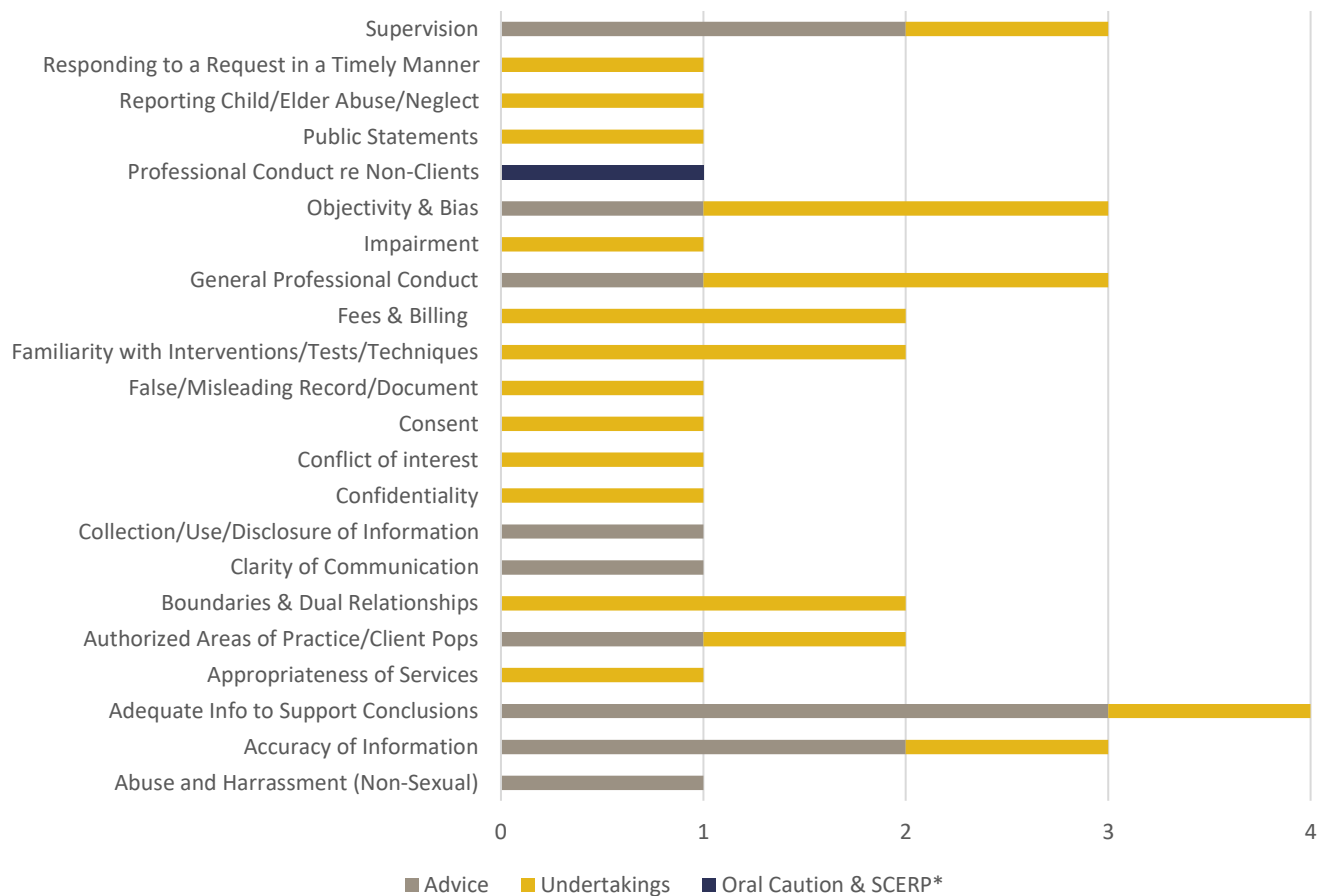
†SCERP: Specified Continuing Education or Remediation Program.

The dispositions of these 41 cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 41 cases disposed of included the consideration of 109 allegations. The ICRC took some remedial action with respect to 37, or 34%, of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the 2nd Quarter, three HPARB reviews of ICRC decisions were requested. The College received five HPARB decisions regarding ICRC decisions. Two ICRC decisions were confirmed, one request for review was withdrawn, and two were dismissed as being frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.

SUBMITTED BY

Denise Milovan, Ph.D., C.Psych., Chair

BRIEFING NOTE

2020.04.04D

DECEMBER 2020 COUNCIL MEETING

INTEGRATED RISK MANAGEMENT REPORT TO COUNCIL - For Information

STRATEGIC DIRECTION REFLECTION

Acting in a responsibly transparent manner; Advancing the Council's governance practices

PUBLIC INTEREST RATIONALE

To identify and work to mitigate risks in order for the College to ensure it can continue to address its public interest mandate. These include Risks to Office/Staff, Risks to the College (reputation/self-regulation), and Risks to the Public (from members).

BACKGROUND

In December 2017, 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). The initial review identified 18 risks. Of those, six have had controls and mitigation strategies implemented and have been closed. An example is *Termination of an employee resulting in legal action against the College*. The College has an annual performance review process in place to identify any potential issues and obtains legal advice as necessary.

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. The risk register review undertaken in 2020 resulted in one new risk being identified as the College reviews its processes and procedures in the light of anti-racism and cultural diversity. There are 20 risks carried over from the previous year. These are considered “residual” risks and will remain open to ensure continuous monitoring. An example would be “sexual abuse of a client by a member”. While the College, through the Client Relations Committee, provides educational materials regarding this, the College cannot guarantee that even with such mitigation, the risk will be eliminated. Therefore, this remains on ongoing, “residual” risk.

COVID-19 provided an opportunity to test the Facilities risk related to continued operation in the face of a facility disaster. During the pandemic, the College demonstrated the capacity to continue operations even when the office was not accessible. A review of this risk and the mitigation strategies implemented resulted in a drop in the impact rating from High to Medium.

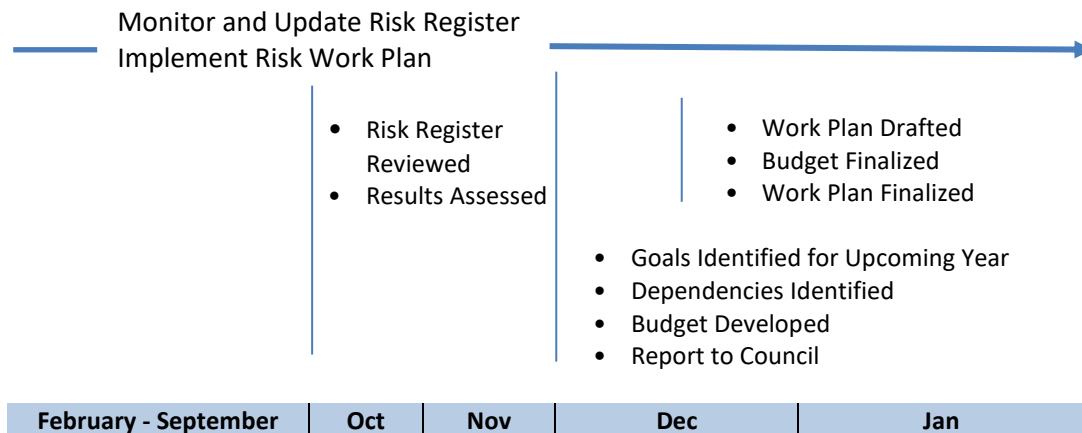
In October and November 2020, an assessment was undertaken to review current active risks and to identify any other risks to be added to the Risk Register. This identification includes budgetary implications.

Risks by Category and Risk Level 2020

	Low	Medium	High	Total	Closed
Human Resources	0	3	0	3	3
Financial	1	1	0	2	2
Leadership	0	1	1	2	0
External Relations	0	1	0	2	0
IT	0	1	0	1	1
Facilities	0	1	0	1	0
Regulation – Professional	0	8	2	10	0
Total	1	17	3	21	6

Risk Register Timeline

The following *Risk Register Timeline* illustrates the annual cycle undertaken to monitor and maintain the Risk Register:



CONTACT FOR QUESTIONS

Rick Morris, Ph.D., C.Psych.
Registrar & Executive Director

STRATEGIC DIRECTION 2017-2022

2020.04.05A

VISION *[What we aspire to be]*

The College strives for excellence in self-regulation in service of the public interest.

MISSION *[Why we exist]*

To regulate the practice of psychology in serving and protecting the public interest

STRATEGIES *[How we accomplish our Mission]*

In accomplishing our Mission, the College promotes excellence in the practice of psychology by:

- Enforcing standards fairly and effectively through:
 - Developing, establishing and maintaining standards of qualifications for individuals seeking registration,
 - Developing, establishing and maintaining standards of practice and professional ethics for all members,
 - Developing, establishing and maintaining standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among members;
- Communicating clearly and effectively with stakeholders, particularly applicants, members and the public;
- Supporting and assisting members to meet high standards;
- Responding to changing needs in new and emerging practice areas;
- Collaborating in shaping the regulatory environment;
- Acting in a responsibly transparent manner; and,
- Advancing the Council's governance practices.

VALUES *[What we uphold in all our activities]*

Fairness

The College approaches decisions in a just, reasonable and impartial manner.

Accountability

The College acts in an open, transparent and responsible manner and communicates about its processes.

Integrity

The College acts honestly, ethically, and responsibly.

Respect

The College treats members of the public, members of the College, prospective members and other stakeholders with respect.

IMPLEMENTATION CHART - UPDATED December 3, 2020

Agenda Key	MISSION: To regulate the practice of psychology in serving and protecting the public interest by:	Current/Recent Examples	In Development/Proposed Examples
M1	<ul style="list-style-type: none"> • Enforcing standards fairly and effectively through: <ul style="list-style-type: none"> – Developing, establishing and maintaining standards of qualifications for individuals seeking registration, 	<ul style="list-style-type: none"> • Revised the manner for recording Oral Exam results when not all areas of practice/client groups are authorized (September 2016) • Issuance of IAP Certificate for temporary and limited practice by practitioners registered in other jurisdictions (June 2019) • Setting the JEE pass point to Ontario first time test takers. (December 2019) • Amendments to the <i>Guidelines for Completing the Declaration of Competence</i> (December 2019) • Amendments to the Guidelines for Retraining for Supervised Practice (March 2020) 	<ul style="list-style-type: none"> • Pursue amendments to O.Reg 74/15 under the Psychology Act, 1991 to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates. (September 2019) • Transitioning to Online Administration of the JEE (November 2020) • Supervision Resource Manual Working Group formed (September 2020)
M2	<ul style="list-style-type: none"> • Enforcing standards fairly and effectively through: <ul style="list-style-type: none"> – Developing, establishing and maintaining standards of practice and professional ethics for all members, 	<ul style="list-style-type: none"> • Review of Standards of Professional Conduct underway (Fall 2016) • Adopted the new <i>Standards of Professional Conduct</i>, to go into effect September 1, 2017 (March 2017) • Creation of the ICRC Risk Rubric (August 2017) 	
M3	<ul style="list-style-type: none"> • Enforcing standards fairly and effectively through: <ul style="list-style-type: none"> – Developing, establishing and maintaining standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among members 	<ul style="list-style-type: none"> • Quality Assurance Committee began auditing CPD forms. (Fall 2019) 	
M4	<ul style="list-style-type: none"> • Communicating clearly and effectively with stakeholders, particularly applicants, members and the public 	<ul style="list-style-type: none"> • Publication of <i>e-Bulletin</i> quarterly • Staff presentations to students and members (ongoing) 	<ul style="list-style-type: none"> • College Communications Plan (March 2018)

		<ul style="list-style-type: none"> • Strategic Direction 2017 – 2022 to members • Executive Committee Reception with London members (May 2017) • Executive Committee Reception with Guelph members (November 2017) • Proposed Policy II-3(iii) Appearance before a panel of the ICRC to be Cautioned (December 2017) • Executive Committee Reception with Kingston Members (May 2018) • Use of Title Consultation (February 2019) • Executive Committee Reception with Thunder Bay members (May 2019) • Executive Committee Reception with Hamilton members (November 2019) • Launch of Headlines (July 2020) • Launch of New Website (August 2020) • Launch of Social Media (October 2020) • Support for Victims of Sexual Abuse and Misconduct (September 2020) 	<ul style="list-style-type: none"> • New College Logo Approved (December 2019) • COVID-19 Updates (Spring 2020)
M5	<ul style="list-style-type: none"> • Supporting and assisting members to meet high standards 	<ul style="list-style-type: none"> • Practice advisor service (ongoing) • Barbara Wand Symposium (December 2016) • Revision of the Self-Assessment Guide (May 2017) • Continuing Professional Development Program Implementation • Examination and Corporation Fee Reductions (June 2017) • Practical Applications within new <i>Standards</i> will be continuously updated (June 2017) • Barbara Wand Symposium in Ottawa (June 2017) 	

		<ul style="list-style-type: none"> • Updated Policy II-3(ii) Release of the Member's Response to the Complainant (June 2017) • Frequently Ask Questions for the new Standards and CPD Program continuously updated (August 2017) • Barbara Wand Seminar (January 2018) • Barbara Wand Seminar (June 2018) • Peer Assisted Reviewer Training (November 2018) • French Language translations of new <i>Standards</i> completed (November 2018) • Barbara Wand Seminar (January 2019) • Guidelines for CPD published in <i>e-Bulletin</i> (January 2019) • Release of new materials for the prevention of boundary violations and sexual abuse, including a discussion guide. • Barbara Wand Seminar (June 2019) • Peer Assisted Reviewer Training (November 2019) • Barbara Wand Seminar (December 2019) • Barbara Wand Seminar (September 2020) 	
M6	<ul style="list-style-type: none"> • Responding to changing needs in new and emerging practice areas 	<ul style="list-style-type: none"> • New technological standard within the revised <i>Standards of Professional Conduct 2017</i> 	<ul style="list-style-type: none"> • Equity, Diversity and Inclusion Working Group formed (October 2020)
M7	<ul style="list-style-type: none"> • Collaborating in shaping the regulatory environment 	<ul style="list-style-type: none"> • Participation in ASPPB, ACPRO, FHRCO • College participation in inter-College Psychotherapy Working Group • FHRCO Sexual Abuse Prevention Task Force Chaired by Deputy Registrar (2016-2017) 	<ul style="list-style-type: none"> • Discussions with the MOHLTC with regards to the regulation of ABA (November 2017) • Ongoing Discussions with MOH and MCCSS regarding regulation of ABA (Fall 2019)

		<ul style="list-style-type: none"> • College participation in FHRCO discussions regarding Bill 87 (transparency and other changes to the RHPA) • College Council responded to the Standing Committee on Bill 87 (March 2017) • Submission to HPRAC, re: Psychotherapy (October 2017) • Submission to MOHLTC on regulation amendments in the Health Professions Procedural Code (March 2018) • Submission to Ontario Regulation Registry on Psychotherapy (June 2018) • Confirmation to Pursue Regulation of ABA (September 2019) 	<ul style="list-style-type: none"> • College Performance Management Framework (December 2020)
M8	<ul style="list-style-type: none"> • Acting in a responsibly transparent manner 	<ul style="list-style-type: none"> • Posting of Council materials package before meetings on website (June 2016) • Council and Executive Meetings to begin with a Declaration of Conflicts of Interest (June 2017) • Amendments to By-law 18: <i>Fees</i> (December 2017) • Amendments to <i>By-law 25: The Register and related Matters</i> (June 2018) • Amendments to <i>By-law 5: Selection of Committee Chairs and Committee Members</i> and <i>By-law 21: Committee Composition</i> (September 2018) • Consultation on <i>By-Law 18: Fees</i> (June 2019) • Mechanism for temporary practice in Ontario for existing clients by registrants from other jurisdictions • Amendments to <i>By-Law 18: Fees</i> (September 2019) 	

M9	<ul style="list-style-type: none"> • Advancing the Council's governance practices 	<ul style="list-style-type: none"> • New Briefing Note format for Council materials • March 2017 Council Training Day • Revision to Role of the Executive Committee • Agenda to Reflect Strategic Direction of Item • Introduction of Board Self-Assessment process (June 2017) • Amendments to By-law 20: Elections to Council (December 2017) • Two Committee Audits Planned for 2017-2018 • HIROC Risk Management System (September 2017) • Sunsetting of the NLDC – role incorporated into the Executive Committee (September 2020) 	
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Notes: Some items could be entered in more than one place. When an item could belong to more than one area, it has been placed in the primary category.

The items shown in BLUE have been added by the Registrar since September 2020 as activities undertaken in service of the College's Strategic Directions 2017 - 2022