College Performance Measurement Framework (CPMF) Reporting Tool

College of Opticians of Ontario

2022 Reporting Year

Submitted: March 31, 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

2. Help Colleges improve their performance;

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

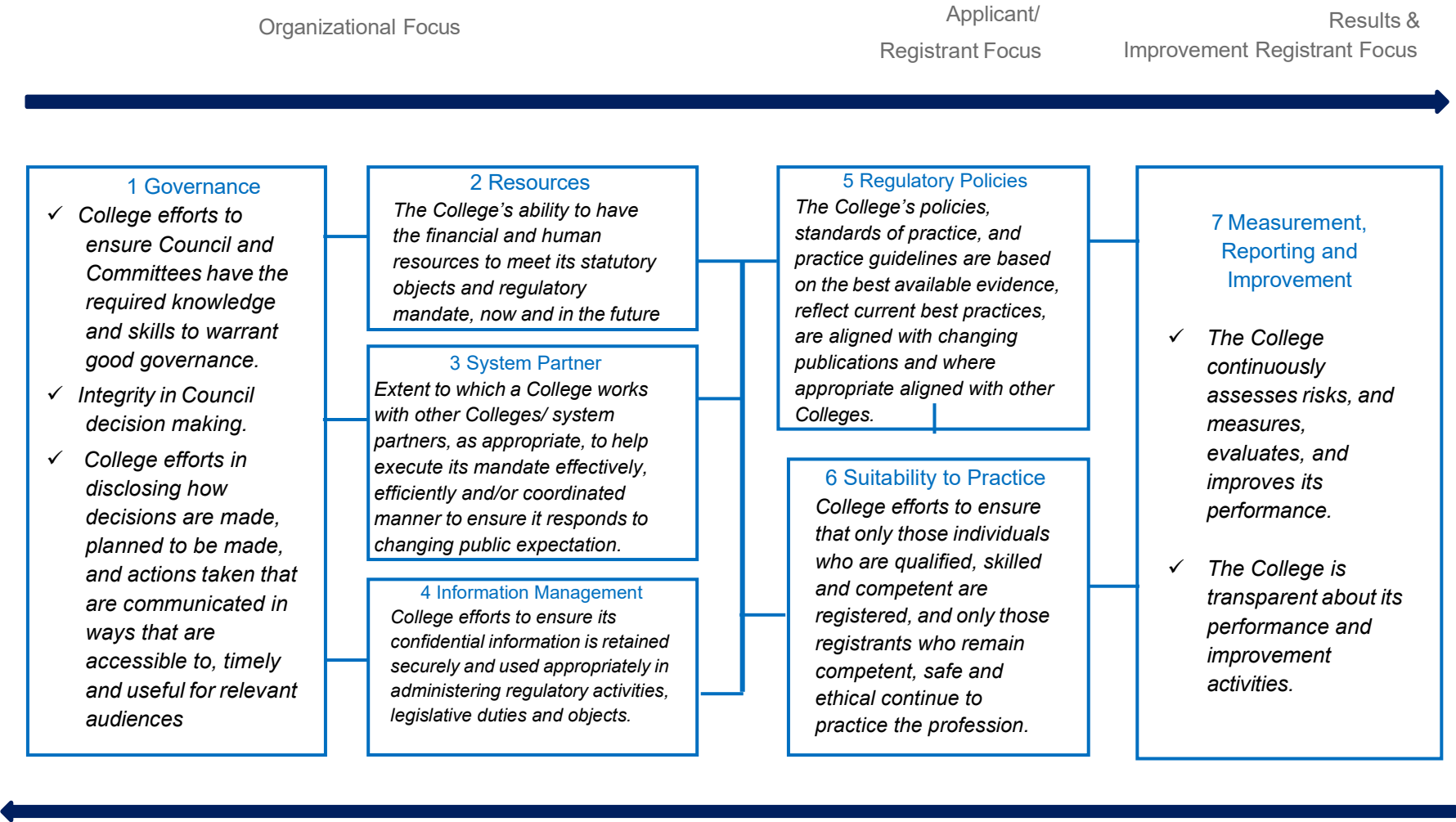**Figure 1:** CPMF Model for Measuring Regulatory Excellence

Organizational Focus

Applicant/
Registrant Focus

Results &
Improvement Registrant Focus

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

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

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

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

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

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

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

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.
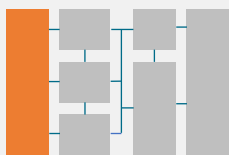
What has changed in 2022?

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

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

<table>
<tr>
<td rowspan="2"></td>
<td colspan="3">Measure:
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</td>
</tr>
<tr>
<td>DOMAIN 1: GOVERNANCE</td>
<td>STANDARD 1</td>
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<table>
<tr>
<th rowspan="4">DOMAIN 1: GOVERNANCE</th>
<th rowspan="4">STANDARD 1</th>
<th>Required Evidence</th>
<th colspan="2">College Response</th>
</tr>
<tr>
<td rowspan="2">a. Professional members are eligible to stand for election to Council only after:

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

_____

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

The requirement for candidates for election to demonstrate pre-defined competency and suitability criteria is set out at Article 6.3(t) of the <u>COO By-laws</u> (page 11).

Details of the pre-election competencies that were approved by the board can be found on the COO website <u>here</u>.</td>
</tr>
<tr>
<td></td>
<td colspan="2">*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*</td>
</tr>
</table>

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes

			• Duration of orientation training.
			
			• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
			
			• Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics.
			
			All candidates for election complete a pre-election training module in order to be eligible to stand for election. The module approved by the board in 2022 was Chapter 4 of the COO's Jurisprudence Tool: Introduction to the RHPA, which can be found on our website here. The module is completed online and includes a multiple-choice test. Candidates must achieve a score of at least 80%. Candidates are also invited to participate in an optional pre-election information session, held via zoom, that provides additional information on the role and responsibilities. A recording of the information session is made available on the COO website to candidates unable to attend the information session live.
			
			Following their election, and prior to the first board meeting of the year, all board members, including new members, attend a full-day in-person (live via zoom) orientation session that covers the following topics:
			    • Mandate of the College and the strategic plan
			    • Board/committee member duties, including fiduciary duties, confidentiality and conflicts of interest
			    • Overview of self-regulation
			    • Board governance
			    • Diversity, equity and inclusion
			    • The opticianry profession and professional stakeholders
			    • Overview of the virtual boardroom and onboarding guide	

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

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and ___ *Benchmarked Evidence* ___	The College fulfills this requirement: • The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* • The requirement for appointed committee members to demonstrate pre-defined competency and suitability criteria is set out at Articles 12.2(a)(xvi) and 12.2(b)(x) of the COO By-laws. (see pages 34 and 35) Details of the pre-appointment competencies for appointed committee members that were approved by the board are publicly available on the COO's website here.	Yes

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

		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics for Statutory Committee.	Yes

Committee	Duration	Format	Training Topics
Inquiries, Complaints and Reports Committee	3 hours	In person (live via zoom)	Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios
Discipline Committee	1 day	In person (live via zoom)	Legal framework, principles of administrative law, hearing process, responsibilities of panel members
Registration Committee	1.5 hours	In person (live via zoom)	Role of the College, role and statutory mandate of Committee, legislation and regulations, by-laws, registration policies, types

			of certificates of registration, entry-to-practice requirements, appeals/reviews, types of commonly reviewed applications, PLAR, role of the Office of the Fairness Commissioner (OFC), unconscious bias, fair access law, right-touch regulation.
Quality Assurance Committee	1.5 hours	In person (live via zoom)	Role and statutory mandate, Powers of the Committee confidentiality, QA program requirements, Jurisprudence, Competency Review and Evaluation Process, Addressing concerns & decision-making tools. Accreditation of continuing education activities –criteria and ongoing monitoring.
Patient Relations Committee	n/a	n/a	n/a (Patient Relations Committee did not meet in 2022)
Executive Committee	30 hours	In person (live via zoom)	Role and statutory mandate of the committee, Financial Report Training, review of proposed amendments to the RHPA relating to governance and the role of the Executive Committee

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

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

The College fulfills this requirement:

- Duration of orientation training.

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

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

A full day board orientation session is typically held in January of each calendar year. New public members who are appointed later in the year are provided with one-on-one training in the following areas:
- Mandate of the College and the strategic plan
- Board/committee member duties, including fiduciary duties, confidentiality and conflicts of interest
- Board governance
- The opticianry profession and professional stakeholders
- Overview of the virtual boardroom and onboarding guide

Individual training sessions are between 1 and 3 hours in length, depending on the topic.

No new public members were appointed to the board in 2022.

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

Additional comments for clarification (optional):

Measure:
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

Required Evidence	College Response	

a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
 	
   i. Council meetings; and
 	
   ii. Council.
	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

	• Please provide the year when Framework was developed **OR** last updated. • Please insert a link to Framework **OR** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* The college continues to meet this standard.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
	• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. A third party review of the board's effectiveness was carried out in 2022. The next third party review will take place in 2025, and every three years thereafter.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
	Yes	c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement: • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found **OR** • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. All board members complete annual self-evaluations of the board's performance. All committee members also complete an annual self-evaluation of each committee's performance. The results of these evaluations are reviewed by the board/committees and action plans are developed and approved. The board's action plans are available on the COO website here. Board members also complete post-meeting surveys where they have an opportunity to identify any additional training needs. The results of all of these evaluations/surveys are used to inform ongoing training needs. In 2022, the following training sessions were informed by the results of recent board/committee self-evaluations, post-board meeting surveys, and/or needs identified by board/committee members: • Enhancements/updates to committee orientations (Various dates in 2022) • Enhancements to board orientation training in the following areas: conflicts of interest, governance, diversity, equity and inclusion (January 2022)	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.

- Please insert a link to Council meeting materials and indicate the page number where this information is found **OR**

- Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.

In 2022 the college conducted an extensive environmental scan to support the board as it developed its strategic plan for 2023-2025. As part of the environmental scan, the college sought input from the following groups:
- Patients/members of the public (via survey of 1000 patients conducted through Leger marketing)
- Registrants
- Optical business owners
- The Ontario Opticians Association
- Optometry stakeholders
- Members of the National Alliance of Canadian Optician Regulators (NACOR)
- Members of the Health Profession Regulators of Ontario (HPRO)
- The Ministry of Health
- COO board members
- COO appointed committee members
- COO staff

Each group provided insights on topics such as patient trends, technical trends, trends in the eyecare industry and regulatory trends, as well as perceived strengths, weaknesses/challenges, opportunities and threats/barriers that the college should be aware of.

The college also carried out a literature review that included resources in areas such as
- Board/regulatory governance
- Racism and discrimination in health care, including Indigenous-specific racism and discrimination
- Impact of the COVID-19 pandemic

The final report of the environmental scan, which included over 400 pages of data and analysis, was reviewed by the board in June 2022, where board and committee members also heard from speakers on board governance and diversity, equity and inclusion.

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

Additional comments for clarification (optional):

DOMAIN 1: GOVERNANCE	STANDARD 2	**Measure:**
		2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

		Required Evidence	**College Response**	
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. The board last evaluated/updated its Code of Conduct (Schedule D to the COO By-laws, page 59) and Conflict of Interest Policy (Appendix I to the Code of Conduct) in February 2020. No changes have been made since the last review.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy **OR** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. See Schedule D to the COO By-laws, page 59	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

			• Cooling off period is enforced through: By-law
			• Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.
			• Please provide the length of the cooling off period.
			• How does the College define the cooling off period?
			  − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;
			  − Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**
			  − Where not publicly available, please briefly describe the cooling off policy.
			
			The COO continues to meet this standard.	

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

		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally</u>: 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>.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. The conflict-of-interest declaration and questionnaire forms were last updated in 2022. Questionnaires from the December 2022 Board meeting are available here. To access the completed questionnaires, click the link, select the folder "December 2022 Board -public", followed by the folder "Conflict of interest".	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. The COO continues to meet this standard.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. The COO formally adopted a Policy Governance approach in 2017. Between 2017 and 2020 the board approved over 40 new or updated governance policies, including 14 policies relating to operational risk boundaries. The board also approved regular review and monitoring schedules for each policy to ensure they are reviewed at least every 3 years, and that the Registrar, CEO provides regular monitoring reports that illustrate how the policy has been interpreted and followed during the relevant reporting period. The board's 2020-2022 strategic plan identified the transformation of the COO's governance framework and organizational processes as a central goal, and identified various strategies and objectives for its accomplishment. In 2022 the board received monitoring reports with respect to the following operational boundaries policies: - General Operational Constraints Policy - Financial Planning and Budgeting Policy - Emergency Registrar, CEO Succession Policy - Financial Condition Policy - Investment Policy - Asset Protection Policy - Human Resources Parameters Policy - Reserves Policy	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	STANDARD 3	**Measure:**
		3.1 Council decisions are transparent.

		Required Evidence	**College Response**	
DOMAIN 1: GOVERNANCE	STANDARD 3	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: • Please insert a link to the webpage where Council minutes are posted. https://collegeofopticians.ca/public/about-us/college-board/past-board-meetings • Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted. Minutes from board meetings can be found on the COO website here.	Partially
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) A process is underway to make status updates on the implementation of board decisions accessible on the COO website.	
		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).	The College fulfills this requirement: • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Information about Executive Committee meetings is included in the Executive Committee Reports that are made to the board at each meeting. The reports include details of the meeting dates, matters that are discussed, decisions made, and where applicable, instances where the committee acted as the board. Board meeting materials are available on the website here.	Yes

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

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

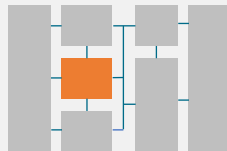| Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	• Please insert a link to where past Council meeting materials can be accessed *OR* where the process for requesting these materials is clearly posted. Materials for upcoming board meetings can be found on the COO website here. Materials from past board meetings can be found on the COO website here.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the College's Notice of Discipline Hearings.	
			Information about upcoming discipline hearings, including a link to the specified allegations, can be found on the COO website here	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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

Required Evidence	**College Response**	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	• Please insert a link to the College's DEI plan.	
	• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.	
	The COO's board approved a DEI-focused addendum to the 2020-2022 strategic plan in December 2021. Minutes from the meeting where this plan was approved can be found here (page 13). These minutes also include approval of the 2022 budget (page 6), which included allocation of resources toward DEI strategic initiatives, including DEI training for examiners and other COO contractors, development of jurisprudence and/or continuing education materials, and DEI consulting and policy development.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement: • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number **OR** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. Every briefing note prepared for a board or committee meeting relating to a policy, operational or strategic decision includes a section on the diversity, equity and inclusion considerations that relate to the decision at hand, which is considered by the board prior to making a decision. An example from 2022 includes proposed amendments to the Contact Lens Mentor Policy regarding the amount of experience that would be required to qualify as a mentor. The board sought to balance the need for mentors to demonstrate adequate experience against the college's duty to avoid creating unnecessary barriers for both opticians and students. For more information see the briefing note at page 3.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) Prior CPMF reports indicated that the college was exploring tools for a more formal/structured approach to conducting equity impact assessments that would be sustainable and cost effective. To date, however, the college has not identified any tools that would be appropriate in the circumstances for the types of decisions made by the college's committees and board. The college continues to use the process outlined above to assess the DEI impact of decisions, and will continue to collaborate with HPRO on this matter. In the event that an appropriate tool becomes available in the future the college will explore it at that time.	

DOMAIN 2: RESOURCES	STANDARD 4	**Measure:** **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.**	
		Required Evidence	**College Response**
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: **Yes**
			• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Monitoring reports are made to the board on a semi-annual basis on the status of activities and projects relating to the strategic plan, including key performance indicators. In 2022, strategic plan monitoring reports were delivered to the board in February and October. The board approves an annual budget and receives quarterly financial variance reports. The most recent approved budget can be found here.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		b. The College:
		  i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and
		  ii. possesses the level of
			The College fulfills this requirement: Met in 2021, continues to meet in 2022

			• Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed **OR** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes The COO continues to meet this standard. The Reserves Policy was most recently reviewed/updated on May 17, 2021.

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

	Yes	c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). --- *Benchmarked Evidence* ---	The College fulfills this requirement: • Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The board regularly reviews and updates written policies in the following areas relating to staff resources and succession planning: • **Human Resources and Relations Policy**: this policy was last reviewed/updated May 17, 2021 (item 9.1b) The board also reviews monitoring reports on this policy on a biannual basis. The most recent monitoring report was reviewed in October 2022. • **Emergency Registrar, CEO Succession Policy**: this policy was last reviewed/updated February 26, 2021 (item 5.4) The board also reviews a monitoring report on this policy on an annual basis. The most recent monitoring report was reviewed in March 2022. In addition, the board receives quarterly reports from the Registrar, CEO on staffing matters. All of this information is taken into account by the Finance Committee and the board when reviewing annual budgets to ensure that sufficient resources are allocated to staffing requirements. *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*	Yes

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan. The board approved a new Technology and Cyber Security Policy in October 2022 and established regular review and monitoring cycles for the policy. In addition, the board receives quarterly reports from the Registrar, CEO on any relevant updates relating to data and technology.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER
STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.
	Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* Active engagement with other health regulatory colleges and system partners continued to be central to the work carried out by the COO in 2022 to execute its mandate. Some of the ways that the COO engaged with other health regulatory colleges and other system partners in 2022 included: **Pre-Arrival Readiness Tool – Streamlining Entry-to-Practice for Internationally Trained Candidates** In 2022, the COO worked with the National Alliance of Canadian Opticianry Regulators (NACOR) to develop a Pre-Arrival Readiness Tool (PART) for internationally applicants. PART is an online tool that will streamline entry-to-practice processes by allowing potential candidates to evaluate their knowledge and skills prior to applying for the Prior Learning Assessment and Recognition (PLAR) process to become an optician in Canada. In addition, the tool is designed to help candidates prepare for PLAR by providing rationales for questions answered incorrectly so they understand where they went wrong and by providing resources to assist candidates become more familiar with the required entry-to-practice competencies. PART underwent pilot testing in December 2022 and is expected to be launched in 2023.

National collaboration on access to vision care under the Non-Insured Health Benefits program

Since 2021, the COO has been working with its national counterparts in NACOR to examine and address barriers facing eligible First Nations and Inuit patients in accessing vision care benefits under the Non-Insured Health Benefits (NIHB) program.

This collaboration continued in 2022 with the engagement of Counsel Public Affairs, a firm specializing in Government Relations, to conduct an initial environmental scan to better understand how the NIHB program was administered, the experiences of stakeholders as well as opportunities to improve the administration of the program. The environmental scan identified various opportunities to improve the delivery of vision care to First Nations and Inuit patients, but stressed that any next steps must be Indigenous-led with regulators and providers in a supportive role.

The project is continuing into 2023 with work underway to engage with Indigenous communities and learn more about their priorities and concerns relating to the provision of vision care.

Collaboration with other Ontario health regulatory colleges

The COO regularly collaborates with other Ontario health regulatory colleges through its participation in the Health Profession Regulators of Ontario (HPRO). In 2022 collaborations included participation in meetings and working groups in the following areas: registrar touch-base meetings, CPMF, compliance monitoring, human resources, communications, quality assurance and professional conduct. In addition, the COO continued to work closely with the College of Optometrist to align standards, guidelines and communications aimed at interdisciplinary practice environments.

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

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

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*

- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

The COO uses a variety of tactics to engage with partners to ensure it can respond to changing public/societal expectations. In 2022 these tactics included:

- **Website improvements, feedback survey and search engine optimization:** These tools, which launched in 2020, continued to be leveraged in 2022 to gather important feedback on ways that the COO could improve website navigation and content. For example, the COO collects ongoing feedback from a window on our website where visitors to the site can provide input on their navigation experience and recommend improvements.

- **Communication strategy:** The College's social media strategy regularly includes content directed at and intended to engage patients and opticians on the latest COO updates and information about public safety and factors impacting the practice environment.

- **Monitoring internal data sources**: The COO monitors trends and themes in practice advice calls from both the public and opticians, along with patient complaints, and uses this data to inform college communications and social media posts, along with COO presentations to opticians at continuing education seminars.

- **Reviewing news and media reports**: The COO regularly reviews news and media reports that relate to patient experience and expectations, including around service standards, new technology, and diversity, equity and inclusion issues.
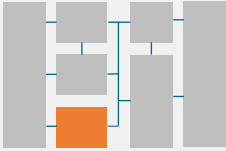
Examples of key successes and achievements in 2022:

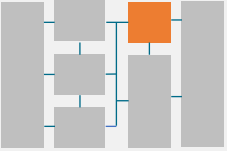**Strategic Planning Environmental Scan**

In 2022 the COO carried out an extensive environmental scan of the regulatory landscape to support the board as it developed its strategic plan for 2023-2025. As part of the environmental scan, the COO sought input from the following groups:

1. **Patients/members of the public:** A survey was carried out by Leger Marketing of 1000 individuals who had visited an optician in the last 3 years. The survey explored areas such as patients' experience visiting an optician, pandemic health and safety measures, service expectations, use of remote services such as online purchasing, accessibility, and their experience in dealing with the COO.

2. **Registrants**: Registrants were invited to participate in a survey that covered areas including challenges and opportunities in the practice environment, areas of growth and decline in the profession, inter-professional collaboration, new services and technologies, service delivery methods, barriers to offering remote service, their experience in dealing with the COO, COO communications, and DEI.

   Registrants were also invited to participate in three separate focus groups held via zoom and facilitated by an external party. The focus groups covered the following areas: changing patient expectations, the impact of the COVID-19 pandemic, innovations and technological trends, remote practice (availability, uptake by patients and challenges/barriers), and DEI.

3. **Optical business owners**: Optical business owners were invited to participate in a focus group that was held via zoom and facilitated by an external party. The focus group covered the following areas: changing patient expectations, the impact of the COVID-19 pandemic, innovations and technological trends, remote practice (availability, uptake by patients and challenges/barriers), and DEI.

4. **The Ontario Opticians Association:** An interview was held with two representatives from the Ontario Opticians Association, the largest professional association representing the interests of opticians in Ontario. Areas covered included trends in the practice environment, the impact of the COVID-19 pandemic and interprofessional collaboration.

5. **Optometry stakeholders:** Interviews were held with the Registrar, CEO of the College of Optometrists of Ontario and with a registered optometrist. Areas covered included trends in the practice environment, the impact of the COVID-19 pandemic and interprofessional collaboration.

6. **Members of the National Alliance of Canadian Optician Regulators (NACOR)**: The registrars of the Canadian opticianry regulatory bodies were invited to participate in a survey that covered areas such as strategic planning challenges, emerging trends in regulation, challenges facing their college, and anticipated priorities for the next 3-5 years.

7. **Members of the Health Profession Regulators of Ontario (HPRO):** The registrars of the Ontario health regulatory colleges were invited to participate in a survey that covered areas such as strategic planning challenges, emerging trends in regulation, challenges facing their college, and anticipated priorities for the next 3-5 years.

8. **The Ministry of Health:** An interview was conducted with a senior member of the Health Regulatory Oversight Branch at the Ministry of Health. Areas covered included trends in the regulatory environment and oversight of regulatory bodies in particular and the impact of the COVID-10 pandemic.

9. **COO board and appointed committee members**: COO board and appointed committee members were invited to participate in a survey that covered areas such as the COO's mission and values, strategic planning priorities, strengths, challenges and opportunities, and priorities for the next 5 years.

10. **COO staff**: Interviews were carried out with COO staff members in each of the college's departments: executive office, registration, quality assurance, governance, communications and professional conduct. Areas covered included the COO's strengths and weaknesses, challenges and opportunities, and trends observed in their

department and in their interactions with registrants and/or members of the public.

The COO also carried out a literature review that included resources in areas such as:
- Board/regulatory governance
- Racism and discrimination in health care, including Indigenous-specific racism and discrimination
- Impact of the COVID-19 pandemic

The final report of the environmental scan, which included over 400 pages of data and analysis, was used by the board to set their strategic priorities for the next 3 years. The 2023-2025 Strategic Plan was approved by the board in December 2022.

Professional Roundtable

In November 2022 the COO, in conjunction with the National Alliance of Canadian Opticianry Regulators (NACOR) brought together over 60 attendees for a professional stakeholder roundtable event held at the Sheraton Centre in Toronto. Attendees included representatives from opticianry regulators across Canada, business owners and industry members, educators, professional associations and continuing education providers. The COO was directly involved in organizing the event, which was a full day, led by a facilitator, of exploring challenges facing the profession including health human resources, trends in enrollment and retirements, the impact of the COVID-19 pandemic on the profession and opportunities for collaboration.

The event received positive feedback from all participants, and plans are underway to hold another roundtable session in Spring 2023.
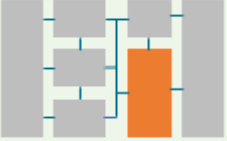
		Measure:
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

		Required Evidence	College Response	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information. The following COO policies pertain to the collection, use and/or disclosure of information: • Privacy Code • College of Opticians of Ontario Email and Website Privacy Policy • Article 7.3 of the COO By-Laws, page 20 (Duty of Confidentiality) • Schedule C to the COO By-Laws, page 56 (Rules of Order of the Board of Directors and its Committees) • Schedule D (including Appendix II) to the COO By-Laws, page 59 (Code of Conduct for Directors and Committee Members) Other processes: • All board and committee members sign a confidentiality agreement on an annual basis • All college staff and contractors are required to sign a confidentiality agreement prior to beginning their work • All requests for information are reviewed by internal legal counsel prior to being acted on	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and	The College fulfills this requirement:	Yes
		iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College underwent a security audit in 2019 to review its processes and policies with respect to safeguarding confidential information. As a result of this audit, updates were made to the following processes: • Providing all board and committee members with college-issued email addresses • Implementing multifactor authentication for all college accounts • Ensuring the secure destruction of any credit card information on file • Introducing new automated payment processes so that it would no longer be necessary to collect credit card information • Issuing laptops/tablets to peer assessors • Providing training to board members on cyber security In the event of accidental or unauthorized disclosure of information, internal legal counsel is immediately alerted and steps are taken to assess the situation, ensure that confidential information is returned/destroyed, notify affected individuals, and examine internal processes to prevent further/future disclosures from occurring.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

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

		Required Evidence	College Response	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement: • Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). The College continues to meet this standard.	Met in 2021, continues to meet in 2022
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:	The College fulfills this requirement:	Yes
i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and	• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) **OR** please briefly describe the College's development and amendment process. When developing or updating policies, standards of practice, or practice guidelines, some or all of the following steps are taken, depending on the nature of the policy, standard or guideline at issue: • Conducting a literature review of relevant publications • Reviewing relevant regulations, public health directives and/or information published by the Ministry of Health • Conducting an environmental scan of the regulatory environment in Ontario and/or nationally and/or internationally • Using surveys and/or focus groups to gather information from registrants and other relevant stakeholders • Circulating draft information to stakeholders for feedback • Circulating draft materials to the Citizens' Advisory Group for feedback on the expectations of the public • Identifying potential risks posts to patients and/or the public	
vi. stakeholder views and feedback. *Benchmarked Evidence*	*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.	
			• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.	
			In 2020, the board updated the COO's organizational core values to add equity, respect and diversity to its list of core values. Since that time, all briefing notes include a section on diversity, equity and inclusion considerations to ensure that a DEI lens is applied to all policy decisions.	
			In 2021, the board approved a Diversity, Equity and Inclusion Strategic Plan to run alongside its 2020-2022 Strategic Plan. The DEI Strategic Plan committed the board to various goals and strategies, including a commitment to regulate registrants fairly and equitably, and a commitment to ensuring that standards and guidelines set expectations for registrants to demonstrate DEI in their practice.	
			Also in 2021, the board approved an updated Code of Ethics. The updated Code includes provisions on respecting the dignity of all patients, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, religion/creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability, financial position or ability to pay.	
			In addition, in 2021 the COO developed and released a new jurisprudence module on DEI to provide registrants with an overview of DEI concepts and how they apply in the practice environment.	
			In 2022 the board approved a new 2023-2025 Strategic Plan that integrates DEI into each of the three pillars: public, registrant and organizational.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	**Required Evidence**	**College Response**	
		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 the information from supervisors, etc.)[1]	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number **OR** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number **OR** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). The COO continues to meet the standard.	Choose an item. Met in 2021, continues to meet in 2022
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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

		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Choose an item.Yes

The College fulfills this requirement:

- Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers **OR** please briefly describe the process and checks that are carried out.

- Please provide the date when the criteria to assess registration requirements was last reviewed and updated.

The COO has a number of policies in place to assess whether an applicant meets the registration requirements. As part of its commitment to continuous improvement, the college undertook an in-depth review of its registration processes and procedures to ensure they continue to follow current best practices with respect to assessing applicant qualifications and to determine whether a further review by the Registration Committee is required. The college also regularly engages in sharing of best practices and knowledge with other members of the Ontario Regulators for Access Consortium (ORAC) network.

In 2022, the following policies were reviewed and updated in response to the COVID-19 pandemic:

1. Contact Lens Fitting Policy: The criteria to assess contact lens and eyeglass fittings were last reviewed/updated in December 2022

2. Contact Lens Mentor Policy: The criteria for contact lens mentor eligibility were last reviewed in September 2022

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

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

c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Partially
	• Please briefly describe the currency and competency requirements registrants are required to meet.	
	• Please briefly describe how the College identified currency and competency requirements.	
	• Please provide the date when currency and competency requirements were last reviewed and updated.	
	• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.	
	Currency requirements for reinstatement applications are set out in the Reinstatement Policy, which applies the criteria set out in the COO's Registration Regulation under the *Opticianry Act, 1991*.	
	There is currently no requirement under the Registration Regulation for registrants to demonstrate currency as a condition of holding a certificate of registration as a registered optician. The COO is currently seeking amendments to the Registration Regulation that would introduce ongoing currency requirements for holders of a certificate of registration as a registered optician. Work is underway to develop policies relating to currency requirements; however, implementation of the policy will not occur until amendments to the Registration Regulation have been approved by the Ontario Government.	
	Maintaining a Certificate of Registration: To maintain a current certificate of registration, registrants are required to renew their registration annually and report on their continued eligibility to practise, attest to their compliance with quality assurance and professional liability insurance requirements, as well as complete professional conduct declarations.	
	Maintenance of continued eligibility to practice and current liability insurance is verified and monitored monthly by the COO staff.	
	Reinstating a Certificate of Registration: Currency requirements for reinstatement applications are set out in the Reinstatement Policy, which applies the criteria set out in the COO's Registration Regulation under the *Opticianry Act, 1991*. Registrants seeking reinstatement following a period of suspension greater than three years must submit evidence to the COO that they demonstrate appropriate knowledge, skill, and judgment through opticianry related activities and education. This evidence is evaluated by the Registration Committee. The Committee may further require a registrant to undergo a competency-based assessment, examinations or quality assurance program activities prior to reinstatement.	
	Ongoing Conduct Requirements: The College relies on self-declaration in determining whether an applicant/registrant meets ongoing requirements related to conduct and character. Applicants to the college must answer conduct related questions during the application process. Effective January 1, 2021, all applicants for a certificate of registration as a registered optician are also required to submit a Vulnerable Sector Check report as part of their application to the college.	

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

Registrants are required to make self-reports to the college at annual renewal (via conduct questions) and throughout the year in the event of a change of information.

Continuing Education Requirements: Registrants report their annual continuing education requirements through an online registrant portal. This information is subjected to regular audits through the Competency Review and Evaluation (CRE) Process, which forms part of the COO's Quality Assurance Program. Each year, 20% of registrants are randomly selected to participate in the CRE, which includes a review of their Professional Portfolio (continuing education hours, self-assessment and jurisprudence).

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

Work is underway to develop policies relating to ongoing currency requirements for registered opticians, however implementation of the policy will not occur until amendments to the Registration Regulation have been approved by the Ontario Government.

Measure:

9.3 Registration practices are transparent, objective, impartial, and fair.

a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Choose an item. Met in 2021, continues to meet in 2022
	• Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report.	
	Fair Registration Practices Report 2021	
	• Where an action plan was issued, is it: No Action Plan Issued	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	**Measure:** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**		
		Required Evidence	**College Response**	
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

			• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard
			
			   – Name of Standard
			   – Duration of period that support was provided
			   – Activities undertaken to support registrants
			   – % of registrants reached/participated by each activity
			   – Evaluation conducted on effectiveness of support provided
			
			• Does the College always provide this level of support: Choose an item.
			If not, please provide a brief explanation:
			
			The COO continues to meet this standard.	

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

		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**		
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • *If yes, please insert link to the policy.* The COO continues to meet this standard.	Met in 2021, continues to meet in 2022
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement: • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). **OR** please briefly describe right touch approach and evidence used. The College uses a program called the Competency Review and Evaluation (CRE) process to monitor registrant compliance with the quality assurance program. The program is currently comprised of an audit of annual professional portfolio requirements, a multi-source feedback (MSF) process and peer and practice assessments. Registrants who fail to comply with the CRE process (e.g. fail to complete a professional portfolio or participate in the MSF process), or who receive a below-threshold score in the MSF process may be referred for a peer and practice assessment. The Quality Assurance Committee (QAC) applies right touch, evidence informed principles when determining whether a registrant should undergo an assessment, such as taking into account below-threshold MSF scores or prior instances of non-compliance.	Met in 2021, continues to meet in 2022

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

Data reviewed by the Quality Assurance Committee (QAC) in 2022 of registrants who underwent a peer and practice assessment indicated that registrants who fail to comply with Quality Assurance Program requirements are more likely to demonstrate practice deficiencies than registrants who scored below the threshold in the MSF process. Based on this information, updates are being made to the quality assurance program that will place additional focus on registrants who fail to comply with their annual requirements. The changes, which were approved by the Board in December 2022, will come into effect in 2024.

- Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable).

The College has used applied right touch principles in its approach to determining which registrants will undergo assessments since at least 2020.

If evaluated/updated, did the college engage the following stakeholders in the evaluation:

– *Public*	Choose an item.	n/a
– *Employers*	Choose an item.	n/a
– *Registrants*	Choose an item.	n/a
– *other stakeholders*	Choose an item.	n/a

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

iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: Met in 2021, continues to meet in 2022
	- Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria. The College continues to meet this standard.
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
	Additional comments for clarification (optional)

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

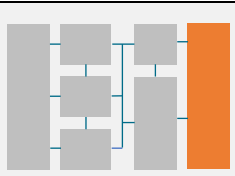| a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** please briefly describe the process. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly describe the process. All remediation activities that registrants must complete include an evaluation method and a mechanism for tracking successful completion (e.g. certificate of completion). COO staff track the results of remediation activities, including that the registrant has demonstrated successful completion. Registrants who successfully complete the assigned remediation are considered to demonstrate the required knowledge, skill, and judgement once they have successfully completed the remediation and are not further assessed.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**		
		Required Evidence	**College Response**	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:	Yes
			• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible. The following information is available on the college's website: - Complaints and Conduct: https://collegeofopticians.ca/public/complaints-and-conduct - How to File a Complaint: https://collegeofopticians.ca/public/complaints-and-conduct/how-to-file-a-complaint - Understanding the Complaints Process: https://collegeofopticians.ca/public/complaints-and-conduct/understanding-the-complaints-process - FAQ : https://collegeofopticians.ca/public/complaints-and-conduct/complaints-faq - Funding for Therapy and Counselling: https://collegeofopticians.ca/public/funding-for-therapy Information received is initially screened by College staff who then assess if more relevant information is required from either parties. Where necessary, staff will contact the complainant to request additional information.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.	
			All complainants receive an acknowledgment letter and information sheet that explains the investigations process and possible ICRC outcomes. These documents have been reviewed by College staff and General Counsel. The ICRC is provided with these documents in their review of each individual investigation. If changes need to be made, the ICRC instructs College staff to do so.	
		Benchmarked Evidence	In 2019, standard letters and communications that are sent to complainants underwent a relational review process following staff training sessions on relational writing and communication. Additionally, the College engaged an external consultant in 2015 and in 2020 to conduct a relational audit. This audit included a review of selection of documents, including complaint communications.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.		The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			In 2022 the COO's response rate was 0.9.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

c.	Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement: • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The COO continues to meet this standard.		Met in 2021, continues to meet in 2022
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional)		

Measure:
11.2   All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.

a.	Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement: • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) **OR** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) **OR** please provide a brief description. The complainant is provided with contact information (telephone number and email address) for the Manager and Senior Coordinator of Professional Conduct initially during the start of the of the process, and on an ongoing basis as needed. Parties are supported to participate in the complaints process by receiving information that thoroughly describes the process and the potential outcomes. Parties are also provided with information about available accommodations, such as translation, transcription or visual aids if required. Parties are also made aware of HPARB and the ability to seek a review of the outcome.	Yes
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

		Measure:	
		12.1 The College addresses complaints in a right touch manner.	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: • Please insert a link to guidance document and indicate the page number **OR** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented **OR** evaluated/updated (if applicable). Guidance on the risk assessment framework used by the Inquiries, Complaints and Reports Committee is available on our website here.	Met in 2021, continues to meet in 2022
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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

13.1 **The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**

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

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

  Information is sought and/or shared with other colleges or other relevant system partners on a case by case basis. Legal counsel is consulted prior to disclosing any confidential information with another college or system partner to ensure that disclosure is consistent with the requirements of s. 36 of the RHPA. Circumstances for disclosure could include:

  - Information about investigations and/or decisions made by the ICRC or Discipline Committee are shared with other regulatory bodies where a registrant is a member or is seeking registration.
  - Changes to a registrant's registration status (e.g., suspension, resignation, terms, conditions or limitations) will be shared with the registrant's employer.
  - Concerns about a registrant of another regulatory body that the COO becomes aware of in the course of an investigation or through other means will be shared with the relevant regulatory body.
  - Information will be shared, in accordance with s. 36 of the RHPA, with law enforcement and/or another individual or organization, where there are reasonable grounds to believe that disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.
  - Information will also be shared with third party payors to confirm information on the public register about a registrant's registration status and/or history.

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

  In 2022, information was shared by the College in the following circumstances:

  - On one occasion with another health regulatory college where information received by the college identified concerns about a registrant of the other health regulatory college

  - On four occasions a copy of a complaint made to the COO about a registrant of another regulatory college was shared with that regulatory college. All disclosures were made with the consent of the complainants.

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

Additional comments for clarification (if needed)

The COO is planning to develop a policy outlining consistent criteria for disclosure of concerns about a registrant with other regulators or external system partners.

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

		Required Evidence	**College Response**	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	**STANDARD 14**	a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number **OR** list KPIs and rationale for selection. February 2022 Strategic Plan Monitoring Report October 2022 Strategic Plan Monitoring Report	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. **February 2022 Meeting:** Public meeting materials and Approved minutes (see page 10 for strategic plan monitoring report discussion) **October 2022 Meeting:** Public Meeting Materials and Approved Minutes (see page 5 for strategic plan monitoring report discussion)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure:		
14.2 **Council directs action in response to College performance on its KPIs and risk reviews.**		
a. Council uses performance and risk review findings to identify where improvement activities are needed. _Benchmarked Evidence_	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. The board reviews bi-annual monitoring reports on the strategic plan and progress/achievement of KPIs, and provides direction, where needed, on improvement activities. In 2022, Strategic Plan monitoring reports were reviewed by the board in February and October. The reports identified those KPIs that had been achieved, or, where applicable, any adjustments that had been made to KPIs or overall strategies in light of new information or changing practice or environmental conditions or evolving public expectations. The board was of the view that achievement of identified strategic objectives and KPIs was on track and agreed with any course corrections identified, and therefore no improvement activities were identified.	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

Measure:		
14.3 **The College regularly reports publicly on its performance.**		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to the College's dashboard or relevant section of the College's website. The college continues to meet this standard.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

Part 2: Context Measures

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

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.
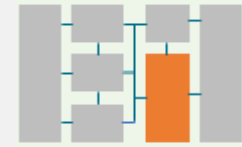
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

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

Context Measure (CM)	

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	*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).* *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
i. Completion of Professional Portfolio	3216	
ii. Competency Review & Evaluation – Professional Portfolio Review	638	
iv. Competency Review & Evaluation – Multi-Source Feedback	0	
iv. Peer and Practice Assessments	13	
v. Specified Continuing Education or Remediation Programs ordered by the Quality Assurance Committee	0	
_		

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

Additional comments for clarification (if needed)

Professional Portfolio: All registrants who practice during the reporting year in question are required to complete a Professional Portfolio. The portfolio consists of a self-assessment, a requirement to complete a minimum of 16 continuing education hours, and a requirement to complete a jurisprudence module on professional boundaries and sexual abuse prevention within 12 months of initial registration and then once every 3 years. Registrants are required to complete all components of the Professional Portfolio online.

Competency Review and Evaluation Process: The COO uses the Competency Review and Evaluation (CRE) process to audit registrants' compliance with the Quality Assurance Program. Annually, 20% of registrants are randomly selected to participate in the CRE. In addition, registrants may be directed by the Quality Assurance Committee to participate in the CRE process as a result of deficiencies identified in a prior year or where a deferral had been previously granted.

Multi-Source Feedback Process: The Multi-Source Feedback process was suspended in 2022 due to the ongoing COVID-19 pandemic.

Peer and Practice Assessments: In 2022, due to the ongoing COVID-19 pandemic, all Peer and Practice Assessments were conducted remotely, following the development and approval by the Quality Assurance Committee of remote assessment tools.
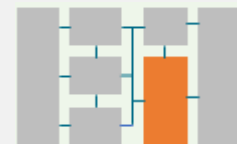
Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

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

Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	3216	100%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	0	0	*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.*
NR			

Additional comments for clarification (if needed)
All registrants who are current and active or current and inactive during the reporting year in question are required to participate in the Quality Assurance Program via completion of an annual Professional Portfolio.

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

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

Context Measure (CM)		

CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	

NR
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.
**This measure may include any outcomes from the previous year that were carried over into CY 2022.

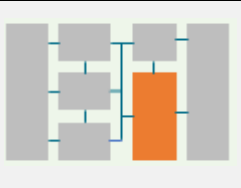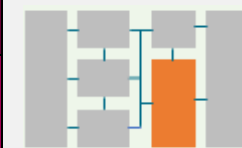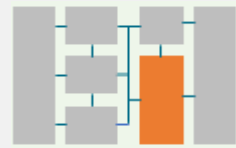| *Additional comments for clarification (if needed)* |
|---|
| – |

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					

Statistical data is collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	*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. Advertising	NR	NR	0	0	
II. Billing and Fees	0	0	0	0	
III. Communication	NR	14	0	0	
IV. Competence / Patient Care	9	43	0	0	
V. Intent to Mislead including Fraud	0	0	0	0	
VI. Professional Conduct & Behaviour	14	67	0	0	
VII. Record keeping	0	0	0	0	
VIII. Sexual Abuse	0	0	0	0	
IX. Harassment / Boundary Violations	NR	NR	0	0	
X. Unauthorized Practice	NR	NR	0	0	
XI. Qther *<please specify>*	0	0	0	0	
Total number of formal complaints and Registrar's Investigations**	**22**	**100%**	**6**	**100%**	

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

Additional comments for clarification (if needed)

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			

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

Context Measure (CM)				
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	16			
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	NR			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022	6			*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	NR	NR	
IV. Formal complaints that proceeded to ICRC and are still pending	20	91	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

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

Additional comments for clarification (if needed)
CM 9: The figures in this section refer only to complaint and report matters "*received* in CY 2022" and does not includes matters carried over from previous reporting years.

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

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

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2022	18
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	NR	0	0	0	0	0	0
III. Communication	NR	NR	0	0	0	0	0
IV. Competence / Patient Care	NR	0	0	0	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	NR	0
VI. Professional Conduct & Behaviour	10	0	0	0	0	0	0
VII. Record Keeping	NR	NR	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	X. 0
XI. Other <please specify>	0	0	0	0	0	0	XI. 0

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.*

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

NR

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

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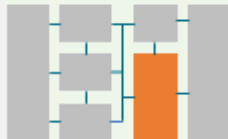
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2022	377	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2022	359	
Disposal		
Additional comments for clarification (if needed)		

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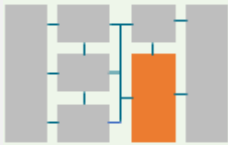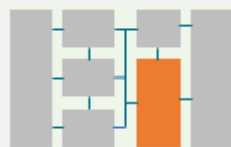
DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: C o l l e g e M e t h o d

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

It was not possible to calculate a 90th percentile as only 4 matters were disposed of by the COO in 2022 (two uncontested and two contested). The figures below therefore represent the number of working days to dispose of the longer of the two uncontested and contested matters, respectively.

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.
I. An uncontested discipline hearing in working days in CY 2022	239	The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
II. A contested discipline hearing in working days in CY 2022	236	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

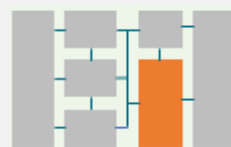*If College method is used, please specify the rationale for its use:*

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

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

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

Context Measure (CM)	

CM 14. Distribution of Discipline orders by type*		
Type	#	
I. Revocation	NR	*What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	NR	
V. Undertaking	NR	

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

Additional comments for clarification (if needed)

Glossary

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

Return to: Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

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

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

Return to:

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

Return to:

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

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

- Practice the profession in Ontario, or

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

Return to:

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

Return to:

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

Return to:

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

Return to:

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

Return to: