College of Massage Therapists of Ontario

College Performance Measurement Framework (CPMF) Reporting Tool (2020)

March 31, 2021

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

2. help Colleges improve their performance.

a) Components of the CPMF:

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

b) Measurement domains:

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

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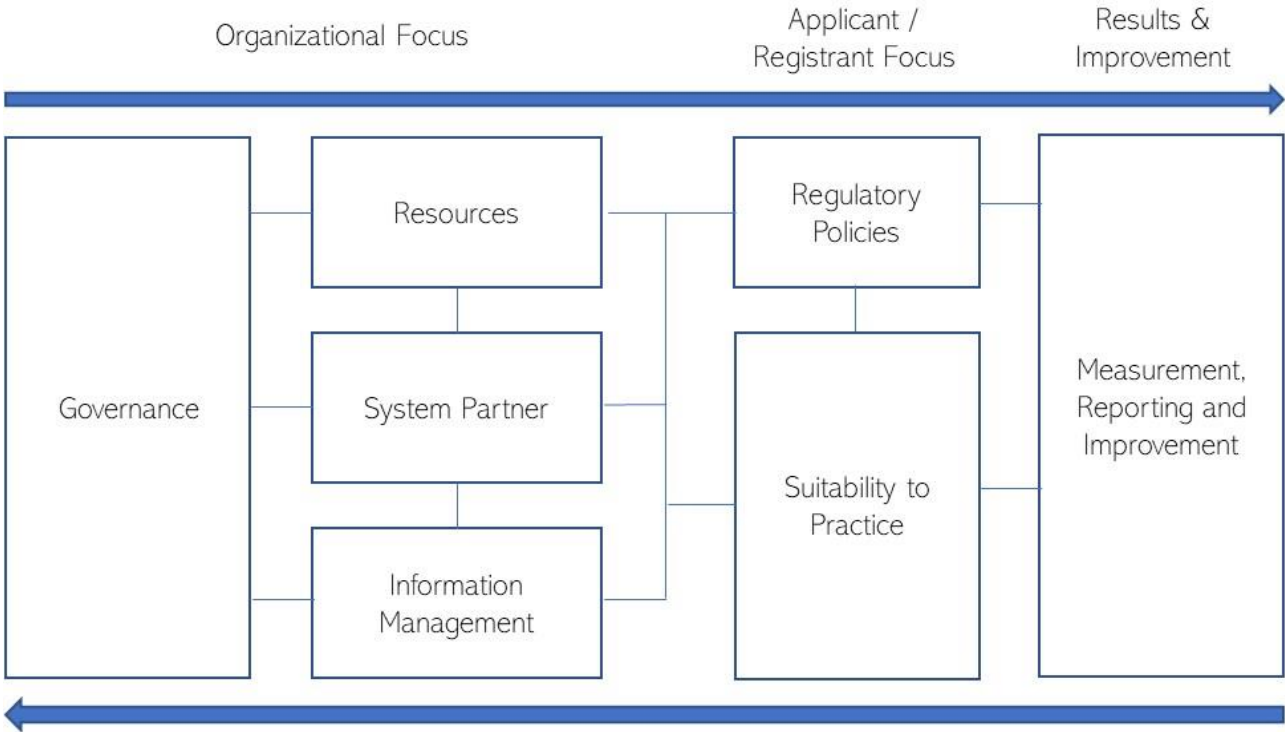
The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

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

c) Standards, Measures, Evidence, and Improvement:

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

Example:

Domain 1: Governance			
Standard →	Measure →	Evidence →	Improvement

1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:
		  i. Meeting pre-defined competency / suitability criteria, and
		  ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.

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

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

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

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

THE CPMF REPORTING TOOL

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

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

2. complete the self-assessment;

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

4. submit the CPMF Report to the ministry.

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

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

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

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

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

- Changes in comparison to baseline reporting; and

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

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

Completing the CPMF Reporting Tool

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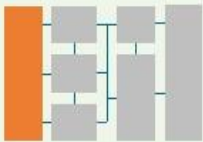
Furthermore,

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

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

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

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

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

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

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

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

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

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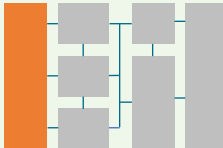
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE

Standard 1

Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

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

PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE		
Standard 1 **Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.**		
Measure	**Required evidence**	**College response**
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	**The College fulfills this requirement:** Yes ☐ **Partially X** No ☐ • **The competency/suitability criteria are public: Yes X No ☐** *If yes, please insert link to where they can be found, if not please list criteria:* CMTO has established position descriptions and required competencies for Council Members and the following roles: President of the College and Chair of Council, Vice President, Executive Officer, Committee Chair, and Panel Chair (ICRC, QA and Registration). The position descriptions and required competencies are outlined in section 2.3 of [CMTO's Governance Handbook](#). Eligibility criteria are established in [By-Law No. 2 - Election of Members to Council](#). Information regarding [competencies](#) and eligibility criteria is shared with potential candidates in the [nomination package](#). Although potential candidates are advised of the competencies required, they are not required to demonstrate that they have met the competencies prior to being deemed eligible to stand for election. Potential candidates wanting to stand for election must submit a [Candidate Declaration Form](#) where they declare they meet the eligibility criteria. This is confirmed by CMTO staff prior to the potential candidate being deemed eligible to stand.

All potential candidates must complete CMTO's Orientation Program relating to the duties, obligations and expectations of Council and Committee Members prior to being deemed eligible to stand for election. Potential candidates must declare on the Candidate Declaration Form that they have completed the program.

- **Duration of orientation training:** 1.5-2 hours

- **Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):** Online with self-testing quiz at the end of each module.

- **Insert a link to website if training topics are public *OR* list orientation training topics:** The College's Orientation Program is available on the CMTO website.

Module topics include:

- Module 1: Health Profession Legislation
    - Legislation
    - Title Protection
    - Scope of Practice
    - Regulations and Other Legislation
- Module 2: Health Regulatory Colleges
    - About the College
    - Governing Documents
    - Accountability
    - Transparency
- Module 3: Council and Committee
    - Council
    - Governance
    - College Roles
    - Committees
    - Responsibilities

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

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<td>Determining whether candidates running for election must meet the required competencies will be discussed by Council, in conjunction with their external governance advisor, at Council's Professional Development Day in June 2021.</td>
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Additional comments for clarification (optional):

In addition to training obtained before elections, newly elected (and appointed) Council Members participate in:

- A comprehensive video-based orientation series '*Regulatory Council Member Training - Education for Health Professional Regulators of Ontario*', developed by Health Profession Regulators of Ontario (HPRO). The training includes five main topics: foundational concepts, fiduciary duties, governance, core regulatory activities of the college, and specific duties and functions of the college. The session is facilitated by the Registrar. Council Members have continued access to this series so they can return to it again to facilitate learning and retention of knowledge.

- An in-person or virtual orientation session with CMTO's Registrar in conjunction with the President that follows a set agenda covering the Strategic Plan, Annual Workplan, Governance Handbook, CMTO financials, Risk Policy and Plan, Organization Chart and policy governance model.

- All Council Members are provided with access to two self-directed online courses:

  o Policy Governance at CMTO that reflects how Council fulfills its governance responsibilities, and

  o Developing Council/board leadership at CMTO.

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<td>b. Statutory Committee candidates have:</td>
<td>**The College fulfills this requirement: Yes ☐   Partially X   No ☐**</td>
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i. met pre-defined competency / suitability criteria, and

ii. attended an orientation training about the mandate of the Committee and

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- **The competency / suitability criteria are public: Yes X   No ☐**
If yes, please insert link to where they can be found, if not please list criteria:

Although CMTO has not established specific competencies for each statutory Committee, the competencies for Council Members and non-Council Members include competencies relevant to participation on statutory committees. While there is no formal mechanism to ensure that Committee members meet these competencies, both Council and non-Council Members'

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		expectations pertaining to a member's role and responsibilities.	experience and knowledge are taken into consideration when appointments to Committees are made.

experience and knowledge are taken into consideration when appointments to Committees are made.

Statutory Committee Candidates – Council Members

CMTO has established position descriptions and required competencies for Council Members and the following roles: President of the College and Chair of Council, Vice President, Executive Officer, Committee Chair, and Panel Chair (Inquiries Complaints and Reports Committee, Quality Assurance and Registration). The position descriptions and required competencies are outlined in section 2.3 of CMTO's Governance Handbook.

There is an election process for Council Members who are standing for election for any position on the Executive Committee and any Committee Chair position. The election process requires those Council Members running for these positions to submit a statement of intent, outlining why they are interested in serving and why they think they qualify for the position. The process is outlined in section 4.3 of the Governance Handbook.

Statutory Committee Candidates – Non-Council

CMTO has established competencies for non-Council statutory Committee Members. The competencies are the same as those required for Council Members.

Eligibility criteria are established in By-Law No. 6 - non-Council Members and confirmed by CMTO staff prior to any applicant being appointed to a statutory Committee.

Information regarding the competencies and eligibility is shared with potential applicants in the call for non-Council Members. Applicants are required to submit a non-Council Committee Member Application Form, where they indicate whether they have met eligibility criteria and are required to assess whether they meet the non-Council statutory Committee Member competencies. Applicants are also required to submit a cover letter (including a brief statement outlining why they are interested in becoming a non-Council Member, summarizing their qualifications, and any other information that may be relevant, such as additional skills, knowledge, experience, attributes and rationale for ratings of the competencies on the application form) and a current resume.

All applicants must complete the College's Orientation Program relating to the duties, obligations and expectations of Council and Committee Members. Applicants must indicate they have completed the program in their application form.

		• **Duration of each Statutory Committee orientation training:** Except for the Client Relations and Fitness to Practise (FTP) Committees whose orientations are a half-day, initial Committee orientations are full days. Where appropriate, additional training days are scheduled throughout the year to address specific areas (e.g., understanding of sexual abuse, determining credibility). • **Format of each orientation training (e.g. in-person, online, with facilitator, self-testing knowledge at the end):** Orientations are conducted in-person or virtually, facilitated by senior staff and/or legal counsel. Orientations are augmented with online resources developed by Health Profession Regulators of Ontario (HPRO). • **Insert link to website if training topics are public OR list orientation training topics for Statutory Committee:** Training topics include: • Review of Committee Terms of Reference • Relevant section of the *Regulated Health Professions Act (RHPA)* Procedural Code • Relevant Regulations • Committee's Procedures Manual • Committee Policies and Position Statements • Confidentiality and Conflict of Interest • Perception of Bias • Risk Assessment Frameworks and decision-making tools/templates • Relevant section of the *Statutory Powers Procedure Act (Discipline & FTP)* • Committee's Rules of Procedure *(Discipline & FTP)* • Relevant case law • Review of relevant sections of Steinecke, Richard. – A Complete Guide to the Regulated Health Professions Act.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* X *No* ☐ Additional initiatives to discuss establishing specific competencies for Statutory Committees will be discussed by Council, in conjunction with their external governance advisor, at Council's Professional Development Day in June, 2021.
		Additional comments for clarification (optional): Council has also implemented a mentoring program to assist newly appointed non-Council Committee members. Details regarding the mentoring program can found in section 2.5 of the <u>Governance Handbook.</u> Mentoring is a key component of the orientation process for new non-Council Committee Members. Its purpose is to support new Members, get a sense of the new Member's perceptions of their experience so far, and any emerging issues or areas of concern. The program also benefits other Committee Members by providing opportunities to share and exchange knowledge and experience.

	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	**The College fulfills this requirement:** **Yes X** **Partially** ☐ **No** ☐
		
		• **Duration of orientation training:** Orientation training is multi-day.
		
		• **Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):** The training is conducted virtually or in-person.
		
		• **Insert link to website if training topics are public *OR* list orientation training topics:**
		
		Public appointments attend the same training as elected professional members. This training includes:
		    • Completing the <u>College's Orientation Program</u> relating to the duties, obligations and expectations of Council and Committee Members.
		    • A comprehensive video-based orientation series. The session is facilitated by the Registrar. Council Members have continued access to this series so they can return to it again to facilitate learning and retention of knowledge.
		    • An in-person or virtual orientation session with Registrar in conjunction with the President. Training topics include: Strategic Plan, Annual Workplan, Governance

		Handbook, CMTO Financials, Risk Policy and Plan, Organization Chart and Policy Governance Model.
		
		• Access to two self-directed online courses:
		    o Policy Governance at CMTO that reflects how Council fulfills its governance responsibilities, and developing Council/Board leadership at CMTO.
		
		• Regulatory Council Member Training - Education for Health Professional Regulators of Ontario, developed by Health Profession Regulators of Ontario (HPRO). The training includes:
		
		Foundational Concepts:
		    o Regulatory framework and legislation (e.g., the social contract, the concept of self-regulation)
		    o The public interest
		    o Legal context and structure of the RHPA
		    o Accountability of the College, its Council and its Committees
		
		Fiduciary Duties of Council and Committee Members:
		    o Confidentiality
		    o Conflict of interest and appearance of bias
		    o Diligence, respect and ethical behavior
		
		Core Regulatory Activities of the Code:
		    o Restrictive regulation (e.g., registration, controlled acts)
		    o Reactive regulation (e.g., complaints, discipline, incapacity)
		    o Proactive regulation (e.g., quality assurance, patient relations, practice advisory)
		    o Transparent regulation (e.g., open processes, public register)
		    o Council Member Competencies
		    o Governance Handbook, By-laws and Standards of Practice

		o Roles and responsibilities of Council and its Officers o Roles and responsibilities of Committees and their Chairs o Roles and responsibilities of the Registrar and staff o Conducting and participating in meetings and hearings o External communications o Strategic planning o Risk management o Making regulations, by-laws, standards and guidelines o Facilitating practitioner competence in all of the College's activities o Equity (e.g., OFC, AIT, French language, human rights, AODA, workplace violence)
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional): Council has also implemented a mentoring program to assist newly appointed Council members. Details regarding the mentoring program can found in section 2.5 of the Governance Handbook. Mentoring is a key component of the orientation process for new Council Members. Its purpose is to support new Members to further develop their understanding of CMTO and the role of Council as a whole, as well as to become effective contributors. The program also benefits other Council Members by providing opportunities to share and exchange knowledge and experiences in support of good governance.
		The College fulfills this requirement: Yes X Partially ☐ No ☐

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
	
	   i. Council meetings;
	
	   ii. Council
		• **Year when Framework was developed *OR* last updated:**
		
		Council conducts an annual self-assessment and an evaluation after each Council meeting in accordance with the CMTO Council Evaluation & Continuous Improvement Policy (section 2.6 of the Governance Handbook). The policy was developed in 2017, implemented in 2018 and updated in 2019.
		
		In 2019, CMTO added an Executive Committee annual assessment. Statutory Committee effectiveness is also assessed and reviewed after each meeting.
		
		• **Insert a link to Framework *OR* link to Council meeting materials where (updated) Framework is found and was approved:**
		
		Section 2.6 of the Governance Handbook outlines the CMTO Council Evaluation & Continuous Improvement Policy. Assessments of Council can also be found in the posted Council agenda packages on CMTO's website.
		
		• **Evaluation and assessment results are discussed at public Council meeting:** Yes X No ☐
		
		• *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:*
		
		Council discussed the September 21-22, 2020 evaluation results at the November 24, 2020 Council meeting. The results are included in the November Council meeting package (Item 4.0, pages 3-10).
		
		Council discussed the *Annual Council Assessment: 2019* at the May 11, 2020 Council meeting. The results were included in the May Council meeting package (Item 5.2, pages 9-16).

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional)
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	**The College fulfills this requirement:** Yes X Partially ☐ No ☐
		• **A third party has been engaged by the College for evaluation of Council effectiveness: Yes X No ☐** *If yes, how often over the last five years?* A third party evaluates Council effectiveness annually.

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<td>Year of last third-party evaluation: 2020</td>
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<td>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐</td>
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<td>Additional comments for clarification (optional)</td>
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<td>Rather than a periodic assessment of effectiveness every three years, CMTO's Council engages an external governance advisor to provide advice and monitor effectiveness on an ongoing basis to the Executive Committee, Committee Chairs, and Council as a whole. This external advisor administers the Council and Committee meeting evaluation process, as well as the Executive Committee annual assessment and Council's annual assessment against criteria proposed by the advisor and agreed to by Council. The advisory activities include the identification of opportunities to strengthen current policies, practices, and behaviours, as well as targeted coaching and training for Council as a whole, and for individual Council Members.</td>
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c.   Ongoing training provided to Council has been informed by:

   i.   the outcome of relevant evaluation(s), and/or

  ii.   the needs identified by Council members.
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<td>The College fulfills this requirement: Yes X Partially ☐   No ☐</td>
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<td>•   Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;</td>
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<td>Annual Council Assessment: 2019 results and continuous improvement priorities identified for 2020 were included in the <u>May 11, 2020 Council meeting package (Item 5.2, pages 9-16)</u>.</td>
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<td>•   Insert a link to Council meeting materials where this information is found OR Describe briefly how this has been done for the training provided <u>over the last year</u>.</td>
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<td>Council's annual evaluation includes the identification of continuous improvement priorities for the upcoming year. These expectations that Council sets for itself are related to governance effectiveness. The expectations are reinforced at every Council and Committee meeting and part of the ongoing assessment. The 2020 continuous improvement priorities focused on:

•   Policy Governance: strengthening Council's knowledge, demonstrating understanding, and supporting each other to be effective.

•   Knowledge and Preparedness: developing the knowledge needed to be effective governors, and filling gaps in knowledge outside of Council and Committee meetings.</td>
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		• Efficient and effective use of Council time: focusing on the discussion at the level of Policy Governance, not revisiting discussions and decisions that have already taken place, and proactively filling knowledge gaps in advance of meetings.
		There is also a mentoring program with senior/experienced Council Members acting as mentors for new Council Members. Areas of concern are raised to the President who discusses them with the external governance advisor who provides input on possible action(s) including targeted coaching. Council also developed a leadership roadmap that outlines progressive steps a Council Member can take to assume more responsibility on Council.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional):

Standard 2

Council decisions are made in the public interest.

Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	**The College fulfills this requirement: Yes X Partially ☐ No ☐** • **Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented *OR* last evaluated/updated:** The Council and Committee Member Code of Conduct was updated in 2019 and the Conflict of Interest policy was updated in 2020. • **Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy *OR* Council meeting materials where the policy is found and was discussed and approved:** Council and Committee Member Code of Conduct is in section 4.11 of the Governance Handbook.

		Conflict of Interest policy is in section [4.5 of the Governance Handbook](#).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional) The Governance Handbook was reviewed in-depth in 2017/18 by an Ad Hoc Governance Committee and approved by Council in May 2019. The Governance Handbook is annually reviewed by the Executive Committee with input from stakeholders.
	b. The College enforces cooling off periods[2].	**The College fulfills this requirement: Yes X No ☐**

		• **Cooling off period is enforced through: Conflict of interest policy X By-law X** Competency/Suitability criteria ☐ Other *<please specify>*
		
		   • **The year that the cooling off period policy was developed *OR* last evaluated/updated:**
		
		   [By-Law No. 2 - Election of Members to Council](#) was reviewed in September 2020 and the [Conflict of Interest](#) (pg. 91) policy was reviewed in November 2020.
		
		• **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;**
		
		   − **insert a link to Council meeting where cooling of period has been discussed and decided upon; *OR***
		
		   − **where not publicly not available, please describe briefly cooling off policy:**

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[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.
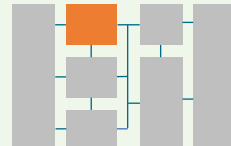
		The eligibility criteria in <u>By-Law No. 2 - Election of Members</u> to Council excludes candidates for running for election if they were an elected representative, director or officer or employee of, or a party to a contractual relationship to provide services to, the Registered Massage Therapists' Association of Ontario or similar professional association; or an appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario or similar professional association, such that it is reasonable to expect that a real or apparent conflict of interest may arise; or if they have been employed or contracted by the CMTO within the previous two years. In addition, registrants for election to Council as an academic Council Member cannot have had a financial interest in the educational institution in the last 12 months. The <u>Conflict of Interest</u> (pg. 91) policy excludes Council Members from holding any other position, contract or appointment with the College while serving on Council. There is a two-year waiting period after the end of a Council term before the individual may apply for a position with the College. This includes but is not limited to Peer Assessor, Investigator, Examiner or staff position.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest	**The College fulfills this requirement: Yes X Partially ☐ No ☐** • **The year when conflict of interest the questionnaire was implemented *OR* last evaluated/updated:** 2021 • **Member(s) update his or her questionnaire at each Council meeting based on Council agenda items:** **Always ☐ Often ☐ Sometimes ☐ Never X** Starting in 2021, Council members complete a declaration stating that they understand and will adhere to the CMTO's Conflict of Interest policy. In addition, they declare any conflicts of interests that they have. Although Council members do not formally update a written declaration at each meeting, declaration of conflict of interest is included on each Council and Committee agenda

	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>.	immediately following the call to order. All conflicts are declared specific to any agenda item at the beginning of every meeting. Any conflicts of interest are publicly reported in the Council meeting minutes for each meeting. • **Insert a link to most recent Council meeting materials that includes the questionnaire:** Conflict of Interest policy is in section <u>4.5 of the Governance Handbook.</u> An example of conflict of interest as a Council agenda item is available in the <u>February 2021 Council agenda.</u>
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* ☐ *No* ☐
		Additional comments for clarification (optional)
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	**The College fulfills this requirement: Yes Partially X No ☐** • **Describe how the College makes public interest rationale for Council decisions accessible for the public:** In 2015 Council adopted principles of regulatory modernization which are applied when setting out matters requiring decision. Regulatory modernization is focused on ensuring that College resources are prioritised for the greatest risks for the public. The principles are <u>available on the CMTO website</u>. The regulatory modernization principles are used to demonstrate the public interest rationale and facilitate a risk-based approach to Council decision-making. • **Insert a link to meeting materials that include an example of how the College references a public interest rationale:** • https://www.cmto.com/assets/Council-Agenda-Package-Consolidated-Version-September-21-22-2020.pdf (page 166)

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes X No ☐
		Additional comments for clarification (if needed)
		Additional Tools to guide decision-making in the public interest will be discussed by Council, in conjunction with their external governance advisor, at its Professional Development Day in June 2021.

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

Measure	**Required evidence**	**College response**
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	**The College fulfills this requirement:** Yes ☐ **Partially** X No ☐
		• **Insert link to webpage where Council minutes are posted:** Minutes from previous Council meetings are included in the following Council meeting package along with actions arising from the minutes. Council packages are available on the Council Meeting Materials section of the website.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes X No ☐ CMTO will begin to post (separate from the Council package) approved council meeting minutes and a status update on actions arising from the minutes in 2021.
		Additional comments for clarification (optional)

	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
	  i. the meeting date;
	  ii. the rationale for the meeting;
	  iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
	  iv. if decisions will be ratified by Council.
		The College fulfills this requirement: Yes Partially X No ☐
		
		• **Insert a link to webpage where Executive Committee minutes / meeting information are posted:**
		
		The Executive Committee Report is found in every Council agenda package. Council meeting packages are public.
		
		The reports contain dates of Executive meetings since the last Council meeting; itemize all decisions that affect Council or will be brought forward to Council; and indicate whether the item will need to be ratified/approved by Council.
		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes X No ☐
		
		Additional initiatives to meet this requirement will be discussed by the Executive Committee and Council, in conjunction with their external governance advisor, at Council's Professional Development Day in June 2021.
		
		Additional comments for clarification (optional)

	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	**The College fulfills this requirement: Yes X Partially ☐ No ☐** • **Insert a link to the College's strategic plan and/or strategic objectives:** CMTO's 2019-2021 Strategic Plan is available on the College's website. An Annual Workplan is also approved every year and progress against it is included in each Council meeting package. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*

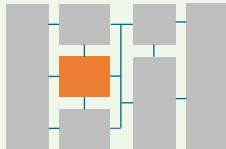|		*Additional comments for clarification (optional)*
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	**The College fulfills this requirement: Yes X Partially ☐ No ☐**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	**The College fulfills this requirement: Yes X Partially ☐ No ☐**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) Notice of discipline hearing dates is posted on the CMTO website on a [webpage](#) dedicated to the discipline hearing schedule. All notices are posted as soon as a hearing is scheduled, and in all cases, more than one week in advance. Related materials, such as Statements of Allegations, are posted within two weeks of the ICRC signing a decision to refer specified allegations to the Discipline Committee.

DOMAIN 2: RESOURCES

Standard 4

The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	**The College fulfills this requirement: Yes X Partially ☐ No ☐** • **Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:** The CMTO Strategic Plan is available on the CMTO website. CMTO's fiscal year is January to December. Each year, the Senior Management Team develops an annual Workplan consisting of projects and activities that support both the strategic plan and operations. The projects and activities are selected based on a risk assessment and needs analysis. The draft Workplan is presented to Council. The most recent example is the 2021 Workplan September 22, 2020 - Agenda Item 4.2: 2021 Draft Workplan (page 119 of the package): After approval of the draft Workplan, the draft budget is then prepared based on the Workplan and finalized for presentation to Council in November or December each year. The budget discussion includes potential cost mitigation measures and associated risks to right-size the budget and align it with CMTO's overall financial circumstances. The 2021 Budget can be found here: December 17, 2021 - Agenda Item 5.1: 2021 Budget (page 2 of the package).

Once the budget is approved, the Workplan is then updated and if there are any cost mitigation measures approved by Council in the budget which affect the workplan, the Workplan is updated and finalized for implementation in January of the following year.

Progress reporting against the annual Workplan then commences. Current status and any proposed changes by management in relation to changing circumstances is presented quarterly to Council for discussion and feedback, along with the quarterly financial statements.

An example of quarterly reports presented to Council for 2020-Q2 is referenced here:

- September 21-22, 2020 – Council Agenda Item 5.2: 2020 – Q2 Workplan Report (page 185 of the package).
- September 21-22, 2020 – Council Agenda Item 5.2.1: Change request – 2020 Workplan Item (page 190 of the package).
- September 21-22, 2020 – Council Agenda Item 6.1: 2020 – Q2 Year-to-Date Financial Report (page 62 of the package).

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

Additional comments for clarification (optional)

b. The College:
 	
   i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;
 	
   ii. possesses the level of reserve set out in its "financial reserve policy".
	The College fulfills this requirement: Yes X **Partially** No ☐

	If applicable: • **Insert a link to "financial reserve policy" _OR_ Council meeting materials where financial reserve policy has been discussed and approved:** The Executive Committee oversees CMTO's financial policies and leads Council in fulfilling its financial monitoring responsibilities related to the quality and integrity of financial reporting and control systems. The Executive Committee is accountable for reviewing the appropriateness of and approving changes to the internal financial and accounting policies and disclosures. The Surplus Retention policy ("financial reserve policy") is part of CMTO's Finance Policy Manual. The policy includes guidance on financial reserves to enable the College to withstand negative or/and unexpected financial events and maintain financial stability and sets out the criteria for using the reserves. As outlined in the policy, unrestricted net assets should not fall below three months nor exceed six months of operating expenses. The Surplus Retention policy is also used to inform budget development, financial forecasting and the annual review of renewal fees. CMTO is expected to be in compliance with the minimum level of reserves outlined in the Surplus Retention Policy at the end of 2020. **Insert most recent date when "financial reserve policy" has been developed _OR_ reviewed/updated:** The Council reviewed and approved the Finance Policy Manual (which included the Surplus Retention policy) In November 2019 for implementation in January 2020. • **Has the financial reserve policy been validated by a financial auditor?** **Yes X No ☐**
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes No ☐
	Additional comments for clarification

c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	**The College fulfills this requirement: Yes X Partially ☐ No ☐**
	• **Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.**
	CMTO undertook an organizational planning exercise in 2017 in order to update our organizational structure for optimal performance. Since that time, the Registrar has implemented and built upon that structure. Council ensures the success and sustainability of the organization it governs through the Registrar. The Registrar is responsible for ensuring the appropriate level of human resources capability and mix of skills is maintained to meet statutory obligations and strategic organizational objectives and organizational structure is maintained to meet statutory obligations and strategic objectives.

The Registrar reports to Council on this area quarterly through the Quarterly Registrar's and Administration Report (see September 21-22, 2020 – Council Agenda Item 5.5 2020 – Q2 Registrar's and Administration Report (page 39 of package). Any amendments to the human resources plans are presented to Council as required (see November 25, 2019 – Agenda Item 7.1.2: New Staff Resources (page 120 of package). In some cases, the discussions may be held in camera.

The Office of the Registrar also maintains an internal senior staff succession plan which is updated from time to time.

The College continues to include its anticipated resource allocation requirements in the budget and multi-year forecasting analysis.

To ensure that CMTO sustains a capable and competent workforce to support future success, the College utilizes an internal Learning Management System (LMS) provided by Harvard Manage Mentor. The LMS presents a curated and self-directed learning program to all staff on administrative and management topics to ensure skill development and a shared understanding of CMTO's management culture. Other professional development opportunities are also provided as required. |

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

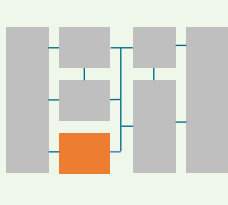| DOMAIN 3: SYSTEM PARTNER	
Standard 5 **The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.**	
Standard 6 **The College maintains cooperative and collaborative relationships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

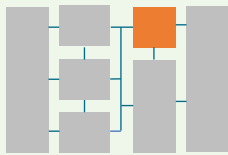|	
The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. **In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:** • **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *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.).* Examples of this work include: • The work that CMTO does with police services to protect the public. This engagement includes sharing information about criminal charges, fraud prevention and complaints (e.g., sexual abuse and fraud) as appropriate under the *Regulated Health Professions Act, 1991*. • Over the past few years, with the "Me Too" movement and changing societal attitudes toward sexual abuse/assault, CMTO's work with Ontario's crown attorneys about sexual abuse matters has become more regular and more effective. CMTO has also shared the names of expert witnesses with government contacts in order to assist them, and deems these partnerships and coordination important to ensure the public is protected, regardless of which organization the public wishes to complain to. • Engaging with peer colleges to develop harmonized guidance. During the COVID-19 pandemic, this included the development of <u>guidance for Massage Therapists</u>, Kinesiologists, Occupational Therapists, and Physiotherapists<u>, and a joint webinar on infection prevention and control with peer colleges and Public Health Ontario</u>. This joint work ensured that patients/clients visiting multiple types of health professionals (or a multi-disciplinary clinic) were protected under harmonized safety precautions. CMTO has also provided assistance to other colleges (health and non-health professions regulators) about the work of our Client Relations Committee, and our <u>funding for therapy and counselling program/process</u>. • CMTO engaged a group of RMTs from a broad variety of practice settings to provide advice on whether new guidance (while being developed) can be implemented across practice settings. • Seeking input from the professional association on guidance (e.g., COVID-19 practice guidance) while it is being developed.

	• Discussions with the insurance industry (individual insurers and associations). This includes information sharing and joint work on fraud prevention, billing practices, CMTO's complaints and discipline process, and dual relationships.

Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.	**Standard 7: The College responds in a timely and effective manner to changing public expectations.**
The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner. • *Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.* • *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7)* The College of Massage Therapists of Ontario (CMTO) learns of changing public expectations through a variety of sources. Examples include: • Through our Practice Specialist, who liaises with the public on a regular basis in order to answer their questions about Massage Therapy practice. CMTO analyzes the incoming questions to identify information needs of clients/the public which then informs CMTO's communications products. • CMTO is currently updating our Standards of Practice, and have added a "client outcome" statement to the beginning of each Standard so that the public will know what to expect from their Massage Therapist. CMTO currented consulting broadly on these standards (including with the public via social media).	Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner. • *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).* • *The College is asked to provide an example(s) of key successes and achievements from the reporting year*. CMTO's joint work with law enforcement has allowed the college to be more proactive in issuing news releases about RMT conduct matters in order to protect the public. CMTO has been updating the Standards of Practice for the profession. As a first step, the college took a regulatory risk approach to the standards. For example, CMTO developed a separate Standard of Practice on Draping and Physical Privacy and consulted separately with members of the public in order to ensure the Standard met their needs. We also consulted specifically on whether the Standards were written in plain language and were easy to understand. CMTO has also shifted the focus of the Standards to be more client-centric by making them outcomes-based and client-focussed. In doing this, each of the Standards now describes the outcome that the client would expect

- The Citizen Advisory Group (CAG) offers CMTO the ability to query the public on their expectations of Massage Therapy regulation and treatment. Being a CAG partner brings CMTO considerable value because we are able to partner with other health regulatory colleges on important issues to obtain public feedback. CMTO has requested input from the public on information needs/awareness prior to CMTO building out a new section of our website "for clients." We also asked the public (through the Citizen Advisory Group) about their expectations of health care professionals providing care in a COVID-19 environment (e.g., personal protective equipment, disinfecting, etc).

- CMTO has also increased our consultative outreach to the public on guidance documents such as the Code of Ethics and the draft Standards of Practice. In order to generate feedback from the public, CMTO has utilized social media and the Citizen Advisory group in order to spread the word about consultation opportunities. CMTO staff also meet with members of the public, provide information and discuss their expectations at events like the Zoomer show (where HPRO had a booth).

- In addition to increasing our consultative outreach, CMTO builds public awareness by promoting an annual "Look Before You Book" campaign (to help ensure that the public is aware of CMTO's public register) via social media, radio and using video promotion on Spotify. We are aware of instances where this campaign has resulted in members of the public contacting CMTO to share concerns about the care they received. CMTO has also developed news articles and videos on topics such as what to expect when visiting a Massage Therapist and professional boundaries. The articles and videos are disseminated through community news and social media.
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from their Massage Therapist. The Standards were consulted on, and the results of the consultation were disseminated to the public.
- Standards of Practice Revision Project Final Report
- Standards of Practice Project Survey Consultation Report

An example of a client-centred outcome from the Standards of Practice, is the Client Centred Care Standard indicator 3: Promote the client's involvement in their own health goals by considering client input and supporting their informed decision-making in all aspects of client care.

CMTO has also developed several videos and articles to build public awareness and education on professional boundaries. Examples of videos are available on CMTO's YouTube channel.

STRiVE, the Quality Assurance Program, included an e-learning module (2020) focused on an introduction to Evidence-Informed Practice (EIP) which reflects the public's changing expectation of evidence-informed care.

Other examples of public-focussed work include:
- Client-focused website (discussed with Citizen Advisory group);
- Professional Conduct – CMTO's decisions to negotiate an undertaking to resign and never reapply with a registrant take the client's perspective into account;
- Updates to guidance – CMTO modified our sample written consent for treating sensitive areas in order to increase clarity for clients about touching of breasts versus chest; and
- Updates to guidance – CMTO produced a client information sheet about what to expect during a Massage Therapy treatment during the pandemic. The information sheet is available on CMTO's COVID-19 webpage under a dedicated space for client information.

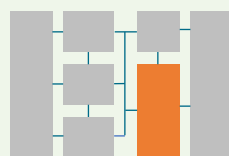## DOMAIN 4: INFORMATION MANAGEMENT

Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	**The College fulfills this requirement:** Yes X Partially ☐ No ☐
		• Insert a link to policies and processes *OR* provide brief description of the respective policies and processes.
		CMTO's collection, use and disclosure of personal information in the course of carrying out its regulatory activities are done for the purpose of regulating the profession in the public interest. CMTO's Privacy Policy establishes the processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds.
		CMTO provides secure laptops and CMTO email addresses to all Council, non-Council Committee Members and other agents acting on behalf of the College (e.g., peer assessors).
		In addition, CMTO requires consent from registrants before sharing their registration number with insurance providers, uses a consent form signed by registrants prior to facilitating a telephone renewal, and has a policy for requesting to keep contact information off the public register.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

DOMAIN 5: REGULATORY POLICIES		
Standard 9 **Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.**		
Measure	**Required evidence**	**College response**
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	**The College fulfills this requirement:** **Yes X Partially ☐ No ☐** • **Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment _OR_ describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).** CMTO's Practice Resource Framework explains how the College develops practice resources to regulate RMTs in the public interest. The framework includes the following components: rationale, definition & use of practice resources, core professional practice expectations for RMTs, approach to identifying priorities for development of practice resources, process for developing practice resources, standard of practice template, communication & education. CMTO's Practice Resource Development Process CMTO's Practice Resource Framework Other CMTO policies that have relevance to the practice environment, for example some policies of statutory committees, are regularly reviewed and updated by the appropriate committee. Amendments to policies are typically driven by changes to legislation, the regulatory environment, and monitoring of best practices.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or	**The College fulfills this requirement:** **Yes X Partially ☐ No ☐**

updated, and demonstrate how the College took into account the following components:

   i. evidence and data,

   ii. the risk posed to patients / the public,

   iii. the current practice environment,

   iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)

   v. expectations of the public, and

   vi. stakeholder views and feedback.

- **For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) *OR* describe it in a few words.**

Standards of Practice, 2019-2021

Standards of Practice play a key role in healthcare regulation and public protection by setting the requirements and expectations for all RMTs in Ontario, regardless of their role or practice setting. Standards of Practice are critical to the delivery of safe, effective and ethical Massage Therapy treatment. In 2019 through 2020, CMTO embarked on a project to update the Standards of Practice.

In developing the new Standards of Practice, CMTO undertook the process outlined in CMTO's Practice Resource Development Process. CMTO considered evidence and data, the risk posed to patients / the public (analysis of discipline cases), the current practice environment, alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) expectations of the public, and stakeholder views and feedback. This included a consultation with feedback from RMTs, other stakeholders, and the public with specific input from the Citizen Advisory Group. For full details, please see the Standards of Practice Revision Project Final Report and the Standards of Practice Project Survey Consultation Report. The new standards are outcome and client-focused and include a client outcome statement on each standard, so that clients know what to expect during treatment.

Code of Ethics, 2019

The Code of Ethics outlines ethical duties and responsibilities of RMTs as regulated healthcare professionals. In 2019, CMTO embarked on a project to update the Code of Ethics to best support registrants in ethical decision-making in clinical practice and to ensure the public is protected by a code of behavior and conduct that RMTs commit to and are guided by throughout their career.

In developing the refreshed Code of Ethics, CMTO undertook the process outlined in CMTO's Practice Resource Development Process. College considered the following components:

- evidence and data

		Research was undertaken by staff and an expert ethicist and including analysis of risks, legislative context, other Colleges' guidance and impacts on RMTs.
		• the risk posed to patients / the public,
		Research undertaken by staff and an expert ethicist included an analysis of risks.
		• the current practice environment,
		CMTO developed a survey to engage RMTs and other stakeholders in an early discussion about some of the current ethical issues in the practice environment. The survey was shared with RMTs and stakeholders via email and promoted on social media.
		• alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) expectations of the public,
		CMTO reviewed examples of Codes of Ethics and best practices in this area, all of which informed the drafting of the updated Code of Ethics.
		• stakeholder views and feedback.
		CMTO consulted with RMTs and other stakeholders (including the public) via survey prior to drafting the code of ethics. CMTO reviewed and incorporated this feedback into a draft code of ethics. CMTO consulted again with RMTs and stakeholders via survey on the new draft Code of Ethics. The feedback received through the second consultation was used to make adjustments as appropriate.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	**Required evidence**	**College response**
10.1	a.	
10.2 Applicants meet all College requirements before they are able to practice.	b. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[3].	**The College fulfills this requirement:** Yes **X** Partially ☐ No ☐ • **Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out:** Information on the registration requirements and associated policies are available on the CMTO website. • **Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):** An applicant must meet the registration requirements listed below to be issued a General Certificate of Registration. CMTO collects this information through the Initial Registration (IR) application process. The IR application is reviewed by CMTO staff for completeness and to determine whether an applicant meets all of the registration requirements. If CMTO staff determine an applicant meets all registration requirements, the applicant will be issued a certificate of registration.

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

| | | If an applicant submits a positive Vulnerable Sector Check, makes a positive self-declaration or any other conduct issue is identified, the application is flagged and reviewed by the Manager, Registration Services to determine the next steps for a possible Registrar or Registration Committee review. The Registrar Review Flow Chart provides details about the process for applicants whose applications have been flagged.

Education
• Confirmation of graduation is submitted to CMTO directly from Massage Therapy programs recognized by the Ministry of Colleges and Universities.

Certification Examinations
• CMTO receives examination results directly from the third-party organization that supports the administration of the examinations.

Current practice hours
• Current practice hours are self-declared by applicants.

Suitability to Practice (Good Conduct and Character)
• Letters of Standing, when an applicant has practised as a regulated professional in Ontario or any other jurisdiction, are received directly from other regulators inside or outside Ontario.
• Vulnerable Sector Checks, to confirm that an applicant has not been convicted or charged with, and not found "not guilty" or acquitted of, an offence that affects their fitness to engage in the practice of the profession are received directly from the applicant. Relevant Policy - Vulnerable Sector Check Prior to Registration

Language Proficiency
• When an applicant's first language is not English or French and the applicant did not complete at least three years of secondary education in English or French, the applicant requires documentation (e.g., third party language assessment agency, Massage Therapy education program transcript, etc.) that must be submitted to CMTO to demonstrate language proficiency. Relevant Policy - Language Fluency

Professional liability insurance |

		• Applicants are required to submit a copy of their professional liability insurance certificate with their application. Authorization to work in Canada • Applicants submit a copy of a document (e.g., passport, work permit) demonstrating that they are authorized to work in Canada. First Aid and CPR • Applicants submit a copy of their first aid and CPR certification upon application.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
		The College fulfills this requirement: Yes X Partially ☐ No ☐

	c. 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).	• **Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon _OR_ describe in a few words the process and checks that are carried out.**
		
		Registration policies, including those related criteria and processes for determining whether an applicant meets its registration requirements, are reviewed by the Registration Committee annually. A policy review schedule helps determine if/when a policy is due for a more in-depth review. Benchmarking exercises are carried out with other regulators as part of policy review processes.
		
		• **Provide the date when the criteria to assess registration requirements was last reviewed and updated.**
		
		    • Certification Examinations: Content outlines are reviewed and approved by Council annually (see September 21-22, 2020 – Council Agenda Item 4.4 2021 Examination Content Outlines (page 128 of the package).
		    • Language Fluency Policy: Reviewed by the Registration Committee in August 2019.
		    • Vulnerable Sector Check Policy: Reviewed and updated by the Registration Committee in July 2019.
		    • Refresher Course Policy (required if education is more than three years old at exams or upon application for registration) interpretation of tutoring requirement (allowing some remote hours): Reviewed and updated by the Registration Committee August 2020 (tutoring update on page 2).
		    • Letter of Standing process and form updated in May 2020 to ensure CMTO receives all relevant information from other regulators.

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

10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency[4] and other ongoing requirements are continually met (e.g., good character, etc.).	The College fulfills this requirement: Yes **X** Partially ☐ No ☐
		• **Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon *OR* provide a brief overview:** To maintain a General Certificate of Registration, GC holders are required to renew their registration annually and must attest to current practice hours requirement, (listed below) continued eligibility to practice and maintenance of current professional liability insurance, which is also monitored monthly by CMTO staff. In addition, at renewal, registrants are asked a series of professional conduct declarations to self-report any charges, convictions, current professional misconduct proceedings, etc. In order to hold a General Certificate of Registration, registrants must have provided a minimum of 500 hours of direct client care in the previous three years or completed a Refresher Course in the previous 15 months [Registration Regulation under the *Massage Therapy Act, 1991: Section 7 (1) 2.*] Inactive registrants moving to a General Certificate must have been Inactive less than three years or completed a Refresher Course in the previous 15 months [Registration Regulation under the *Massage Therapy Act, 1991: Section 9.*] A registrant with a General Certificate will have their registration suspended and then revoked if they cease to maintain the amount of professional liability insurance required under the by-laws.[Registration Regulation 7.(1.) 3. and 12.(2.)] • **List the experts / stakeholders who were consulted on currency:** The currency requirement is in the *Massage Therapy Act, 1991* - Registration Regulation. This requirement has been in place since the legislation was enacted. • **Identify the date when currency requirements were last reviewed and updated:**

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

		The currency requirement is found in the Registration Regulation under the *Massage Therapy Act, 1991: Section 7 (1) 2*. A proposed amendment to the Registration Regulation has been submitted to the Ministry and would update the requirement from 'direct client care' to 'practising the profession' consistent with other regulated health professions. Council updated the Direct Client Care policy for the current Registration Regulation May 2017. Refresher Course Policy (for registrants who don't meet the direct client care/currency requirement) was updated in 2004. • **Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.** RMTs self-declare they meet the currency requirements annually at renewal. Inactive registrants moving to a General Certificate of Registration more than three years after becoming Inactive are automatically required to complete a Refresher Course (as per legislation).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	**The College fulfills this requirement: Yes X Partially ☐ No ☐** • **Insert a link to the most recent assessment report by the OFC *OR* provide summary of outcome assessment report:** Cycle 3 Assessment Final Report • **Where an action plan was issued, is it: Completed ☐ In Progress ☐ Not Started ☐ No Action Plan Issued X**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

		Additional comments for clarification (if needed)

Standard 11

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

Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	**The College fulfills this requirement: Yes X Partially ☐ No ☐** **• Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:** **–Name of Standard** COVID-19 Pandemic – Practice Guidance for Massage Therapists. **– Duration of period that support was provided** Support has been ongoing since the pandemic began in March 2020. Additional support related to the COVID-19 Pandemic – Practice Guidance for Massage Therapists was provided following the May 2020 release of the document; and has continued. **– Activities undertaken to support registrants** CMTO has undertaken the following activities to support RMTs in applying the COVID-19 Pandemic – Practice Guidance for Massage Therapists: • Dissemination of draft guidance to RMTs prior to official release so RMTs could familiarize themselves with the new practice requirements. • Development of a dedicated webpage with all relevant resources. The webpage is updated on an ongoing basis. The webpage was accessed 96,824 times in 2020. • Through the COVID-19 practice guidance, RMTs were required to complete online Infection Prevention and Control (IPAC) modules developed by Public Health Ontario

			before returning to practice. RMTs were not required to submit proof of completion to CMTO, but were advised to keep the completion certificates in their own records, in case they are asked to provide this information later. Modules included:
			   o Infection Prevention and Control (IPAC) Core Competencies modules:
			   o IPAC Core Competencies: Additional Precautions
			   o IPAC Core Competencies: Administrative Controls
			   o IPAC Core Competencies: Chain of Transmission and Risk Assessment
			   o IPAC Core Competencies: Control of the Environment
			   o IPAC Core Competencies: Health Care Provider Controls
			   o IPAC Core Competencies: Occupational Health and Safety
			   o IPAC Core Competencies: Personal Risk Assessment (select all modules appropriate to the RMT's practice setting)
			• Hand Hygiene E-Learning Tool
			• Public Health Ontario's instructional videos.
			   o Hand Hygiene
			   o PPE – Gown and Gloves
			   o PPE – Facial Protection
			• Email communication to RMTs when updates were made to the COVID-19 Pandemic – Practice Guidance for Massage Therapists or associated resources. Average email open rate this communication was 87.59%.
			• Practice advice through CMTO's Practice Specialist is available. The inquiries are monitored, and frequently asked questions are responded to through the CMTO dedicated webpage. CMTO responded to over 3,700 inquires about COVID-19 in 2020.
			• CMTO held a joint webinar with the Colleges of Kinesiologists, Occupational Therapists and Physiotherapists. The webinar focus was IPAC principles and IPAC in the context of COVID-19. Two representatives from Public Health Ontario led the webinar. RMTs who could not attend were sent a link to the recording on CMTO's YouTube channel, the video has been viewed 1,334 times since it was posted on June 26, 2020.
			• Development RMT and client-facing COVID-19 resources:
			   o Client Resource – Massage Therapy and COVID-19
			   o RMT Resource – Massage Therapy and COVID-19
			• CMTO hosted a virtual Open House in October 2020 where RMTs were able to submit questions regarding COVID-19. 817 RMTs signed up for the webinar and 566 RMTs attended. RMTs who could not attend were sent a link to the recording on CMTO's

YouTube channel. The video has been viewed 1,391 times since it was posted on October 26, 2020.

- Released a complementary practice resource on Assessing Risk During the COVID-19 Pandemic.
- Regular sharing of COVID-19 updates and resources on social media. Engagement on COVID-19 resources had the highest impressions and engagement in each quarter.

– % of registrants reached/participated by each activity
We do not have exact data on how many RMTs were reached or participated in each activity, other than the metrics associated with the activity as noted above.

– Evaluation conducted on effectiveness of support provided
Formal evaluation of all activities was not completed, other than on the Open House webinar. Of those who responded to the Open House evaluation:

- 67% agreed or strongly agreed that the webinar was helpful to their practice.
- 77% agreed or strongly agreed that the webinar covered the topics they expected to hear about.
- 85% agreed or strongly agreed that they would attend another webinar hosted by CMTO in the future.

Although evaluation of the effectiveness of support provided was not conducted, CMTO monitored and reviewed data from the practice inquires received and updated guidance, resources and support as needed.

- **Does the College always provide this level of support: Yes   No X**
  If not, please provide a brief explanation:

CMTO aims to provide comprehensive support when issuing new standards and practice guidance to the profession. COVID-19 presented unique challenges which required additional ongoing support.

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

		Additional comments for clarification (optional)
		In 2021, CMTO will be releasing new Standards of Practice for the profession for implementation in 2022. CMTO will develop complementary practice resources and an education strategy to support the implementation of the new Standards of Practice.

11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[5].	a. The College has processes and policies in place outlining:
	
	  i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;
	
	  ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and
	
	  iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.
		The College fulfills this requirement: Yes ☐ Partially X No ☐
		
		List the College's priority areas of focus for QA assessment and briefly describe how they have been identified *OR* link to website where this information can be found:
		
		CMTO's Quality Assessment (QA) process evaluates RMTs' knowledge, skill, and judgement using 32 questions and ten randomly-selected client files based on the Standards of Practice. The four areas of risk that have been identified are: 1) Client Safety, 2) Record Keeping, 3) Consent and 4) Infection Prevention & Control.
		
		 • Is the process taken above for identifying priority areas codified in a policy: Yes ☐ No X
		If yes, please insert link to policy
		
		• Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach *OR* describe right touch approach and evidence used:
		
		The current QA program at CMTO uses many of the principles of right-touch regulation. The assessment program was redesigned in 2016 to create a consistent experience amongst RMTs. Assessors were trained to act as "information collectors" and conduct themselves as neutral peers to record the answers provided by RMTs during an assessment. An objective scoring guide was developed based on the Standards of Practice to ensure that RMTs would be evaluated fairly and consistently.

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

The Quality Assurance Committee is provided with standardized frameworks which contain supportive outcomes to address identified knowledge gaps from the assessment process. These frameworks ensure a proportionate and consistent outcome for RMTs.

The foundation of consistency within the assessment program, both in the report and Quality Assurance decisions has allowed for the collection of high-quality data of RMT performance over several years. This data is being used to inform a new assessment program to launch in Q1 2022.

CMTO demonstrated agility in 2020 as it adapted its in-person assessment program to become entirely virtual. Training and tools were provided to Assessors to ensure the new virtual program remained consistent with the previous program.

Currently, the QA program is undergoing another transition as a new assessment program is being developed based on the new Standards of Practice, approved in Q1 2021. The new program will be targeted to identified high-risk areas from the current assessment program. The new program will be supported by literature review, stakeholder engagement, internal data analysis and support from an external consultant.

Finally, the introduction of the new QA regulation (which was submitted to the Ministry of Health in 2019) will allow CMTO to conduct risk-based assessments.

• **Provide the year the right touch approach was implemented *OR* when it was evaluated/updated (if applicable):**

Right touch approach was implemented in 2016.

If evaluated/updated, did the college engage the following stakeholders in the evaluation:
− *Public Yes ☐ No ☐*
− *Employers Yes ☐ No ☐*
− *Registrants Yes ☐ No ☐*
− *other stakeholders Yes ☐ No ☐*

• **Insert link to document that outlines criteria to inform remediation activities *OR* list criteria:**

<table>
<tr>
<td colspan="2"></td>
<td>The Assessment Report is scored using an objective scoring guide where each question/section is either met, partially met, or not met. Each outcome is assigned a value (e.g. Met = 0, Partially Met = 1, Not Met = 2) and the scores are tallied and an assessment result file is prepared. The cumulative scores in each section are compared to a numerical threshold. If the score is equal or greater than the threshold value, the RMT is flagged for that section. If two or more areas are flagged, the report must be reviewed by the Quality Assurance Committee. This system ensures that regulation is proportionate and is only utilized for RMTs who need additional support.

The Quality Assurance Committee reviews the assessment report, assessment result and a written submission from the RMT (if provided). RMTs are encouraged to provide commentary on their assessment report. The Committee considers the risk of the RMT to the public, the identified knowledge gaps and the written submission from the RMT to determine an appropriate remediation activity. The remediation activities are proportionate to the risks identified and demonstrated self-governability by the RMT.</td>
</tr>
<tr>
<td colspan="2"></td>
<td>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*   **Yes X**   *No* ☐

CMTO is developing a new assessment process in 2021 for implementation in 2022.</td>
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<td>*Additional comments for clarification (optional)*</td>
</tr>
<tr>
<td>11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</td>
<td>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</td>
<td>**The College fulfills this requirement:**   Yes ☐   **Partially X**   No ☐

Insert a link to the College's process for monitoring whether registrant's complete remediation activities *OR* describe the process:

All remediation activities mandated by the Quality Assurance Program are individually tracked for compliance. In most cases, a registrant is required to complete an educational workshop and write a reflective paper on the knowledge they have learned and how they will incorporate it into their daily practice. In some cases, the Quality Assurance Committee mandates additional follow-up</td>
</tr>
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		with the registrant in the form of a Re-Assessment, typically within 9-12 months of the initial Assessment review. Completion of directed QA activities and related outcomes are tracked using an internal tracking document which includes: assigned activity date, completion deadline, actual completion date (when applicable), and source/committee that assigned activities. The progress of registrant compliance with undertakings is updated in the tracking document regularly. In addition, all committee decisions and related registrant communication, including notification letters, are tracked, and saved to a registrant database system. **Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation _OR_ describe the process:** The College determines that an RMT has demonstrated the required knowledge, skill and judgement following remediation in the following ways: • Peer or practice assessment to ensure directed changes in practice have occurred or to compare scoring to a previous assessment in a specific area of practice that had scored poorly; • Review of reflective paper content relevant to assigned activity; and/or • Workshop completion and subsequent knowledge test.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes X** *No* ☐ A formal policy and accompanying procedures document will be developed with input from staff and Quality Assurance Committee members to establish the criteria registrants must meet to establish they have demonstrated the required knowledge, skills and judgement following remediation.
		Additional comments for clarification (if needed)

Standard 12		
The complaints process is accessible and supportive.		
Measure	**Required evidence**	**College response**
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	**The College fulfills this requirement:** Yes ☐ **Partially X** No ☐ • **Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:** The College has a webpage that describes the complaints process, potential outcomes and supports available to complainants. The webpage provides information about the complaints process in audio format in Cantonese, French, Hindi, Italian and Spanish. The complaints webpage provides a link to a complaint form. There are also fact sheets on the role of the investigator, the investigations process for facility owners and information for witnesses. The College has a webpage devoted to funding for therapy and counselling for clients who were sexually abused by registrants of the College. This webpage details the eligibility criteria, available funding, that clients can choose their counsellor/therapist, and provides instructions on submitting an application. • **Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process:** Yes X No ☐ • **Does the College evaluate whether the information provided is clear and useful:** Yes ☐ No X
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes X No ☐ The College will implement a survey for registrants and complainants who have proceeded through the College's complaints process. The College intends to implement this survey in Q4 of 2021.
		Additional comments for clarification (optional)
		The College fulfills this requirement: Yes ☐ **Partially X** No ☐

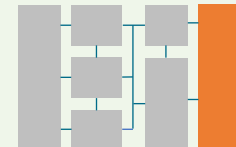|		
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	• Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures)
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes X** *No* ☐
		The College generally responds to inquiries from the public within three business days. The majority of inquiries are responded to within one business day. The College did not specifically track this metric in 2020 and is unable to provide the required quantitative measure. The College has developed an intake tracking form to measure the date of all inquiries and the date of the reply. The College will be in a position to provide a quantitative measure for 2021.
		Additional comments for clarification (optional)

	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	**The College fulfills this requirement: Yes X Partially ☐ No ☐**
		
		• **List all the support available for public during complaints process:**
		
		  • Prompt responses through intake providing members of the public with information about the complaints and reports process.
		  • Provide all complainants with acknowledgment of complaint within 14 days of receipt of the complaint. Acknowledgment of complaint includes an information sheet regarding the complaints process, relevant legislation and if applicable, information and an application for the CMTO Funding for Therapy and Counselling Program.
		  • Investigators who conduct interviews with the complainant are equipped to explain and answer questions about the College's complaints process, including providing the applicant with information regarding the College's funding for therapy and counselling.
		  • Each complainant is assigned a single contact at the College, so the complainant is always able to speak to the same person when questions arise. If a sexual abuse matter is referred to the Discipline Committee, the Director of Professional Conduct calls the complainant to explain the Discipline Committee process and answer questions.
		  • All CMTO staff and Council/Committee members undergo regular training by experts in sexual abuse prevention and counselling. This training ensures that those involved with complaints or reports pertaining to sexual abuse have current knowledge of College

		responsibilities around sexual abuse, understand the impact of sexual abuse on individuals, families and society. Staff communicating directly with individuals who may have been sexually abused are equipped to carry out this work in an appropriately sensitive manner. • Applications for funding for therapy and counselling are managed by two CMTO staff members who guide the applicant through the application process. • **Most frequently provided supports in CY 2020:** In 2020, CMTO received 20 applications for funding for therapy and counselling.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	**The College fulfills this requirement: Yes X Partially ☐ No ☐** • **Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description:** The College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process by: • Prompt responses to all parties to the complaint. • Providing all complainants with acknowledgment of complaint within 14 days of receipt of complaint. The acknowledgement of the complaint includes information regarding the complaint process and timelines. • Providing the registrant with notice of complaint within the prescribed 14-day time. The notice of complaint includes information regarding the complaint process and timelines. • Ensuring investigators who conduct interviews with the parties are equipped to explain and answer questions about the complaints process. • Each complainant is assigned a single contact at the College, so the complainant is always able to speak to the same person when questions arise. • Regular status update letters to complainants/registrants as required under legislation explaining the current status of the investigation.

		- If a sexual abuse matter is referred to the Discipline Committee, the Director of Professional Conduct calls the complainant to explain the Discipline Committee process and answer questions. - Parties to a discipline case are assisted throughout the stages of an electronic hearing to enable them to participate fully. - CMTO covers the expenses for a support person for vulnerable witnesses that are testifying during a Discipline Committee hearing. - At the determination of the Discipline Committee, vulnerable witnesses are provided testimonial accommodation, including the use of a hearing screen and the appointment of a representative to conduct the cross-examination of the witness where the registrant is self-represented. - Parties to a discipline case are contacted by email to keep them apprised of scheduling updates and to be consulted on the electronic hearing format (teleconference or videoconference). - Parties to a discipline case are provided with technical training and offered technical tests of the videoconferencing software, which include an assessment of their hardware to ensure effective participation through solid audio and video quality. - Written instructional guides on the process and the electronic hearing platforms are tailored to the needs of each party and distributed to participants electronically in advance of a hearing. During the hearing, real-time technical support is provided by the Hearings Office to each participant on the following functions: document display and sharing for presenting documents; customizing the platform to optimize the layout for complainants and parties during testimony; and breakout rooms for private discussions.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

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

Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	**The College fulfills this requirement:** Yes ☐ Partially X No ☐ • **Insert a link to guidance document *OR* describe briefly the framework and how it is being applied:** In fall 2020, the College piloted a risk score calculator for all matters, including inquiries, complaints, reports and incapacity inquiries. Risk scoring is done upon receipt of a matter and through the duration of the matter as new information is received. The score is based upon the allegation category/subcategory, a registrant's concurrent/prior history, a registrant's registration status, the age of the file and specified aggravating/mitigating factors. Investigations Specialists are provided with risk score instructions to ensure the tool is consistently applied. The score produces a number from 1 to 10 which is categorized as low, medium or high risk. Investigations Specialists are directed to prioritize all high-risk matters. The ICRC utilizes the Advisory Group for Regulatory Excellence (AGRE) Risk Assessment model to assess the risk of matters that have been investigated. The AGRE Risk Assessment model considers: • The seriousness of alleged conduct; • The knowledge, skill, judgement and application of the registrant; • The conduct of the registrant (i.e., how the registrant handled the situation); • The registrant's accountability for what occurred; and, • The registrant's prior history, if any. This risk tool results in a score that is categorized as no risk/minimal risk, low risk, moderate risk and high risk. These categories correspond to potential outcomes for ICRC's consideration. The College also has an interim orders guidance document that identifies criteria for identifying and prioritizing high-risk matters. The document assists the ICRC in its consideration of whether to impose an interim order.

		• **Provide the year when it was implemented *OR* evaluated/updated (if applicable):** The risk score calculator was developed and piloted in 2020, and implemented in 2021. The AGRE Risk Assessment model has been used by ICRC for several years and is reviewed by staff annually. The Interim orders guidance document has been used by ICRC for several years and is reviewed by staff annually.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* **X** *No* ☐ The College intends to review the risk score calculator once there is sufficient data to evaluate the tool's effectiveness in identifying risk. The College anticipates reviewing the initial results in Q3 2021, making necessary refinements and finalizing the risk tool in Q4 2021. Once the risk tool is revised, the College's website will provide information about how this tool is generally used. In 2021, the College intends to post the AGRE Risk Assessment model and/or a summary of its components to the College's website.
		Additional comments for clarification (optional)

Standard 14
The College complaints process is coordinated and integrated.

Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	**The College fulfills this requirement:** Yes ☐ **Partially X** No ☐ • **Insert a link to policy OR describe briefly the policy:** The College does not currently have a formal written policy for disclosing information to other Colleges or systems partners. However, the College regularly collaborates with other regulators and system partners within the legal framework, including conducting joint investigations with other regulators where possible. In 2020, the College conducted joint investigations with the College of Traditional Chinese Medicine and Acupuncturists of Ontario and the College of Chiropractors of Ontario.

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

As permitted under legislation, in 2020, the College Investigations team shared information with the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario, and the College of Homeopaths of Ontario.

The College also shares information with law enforcement. In 2020, the College shared information with several police units regarding registrants subject to College investigations and police investigations and/or criminal charges. Where the College has not yet received a formal complaint from a criminal complainant, the College provides the police with a letter to provide to criminal complainants that explains the College's process and the Funding for Therapy and Counselling Program. The College has also assisted the police with finding expert witnesses who can testify regarding the College's Standards of Practices.

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

In 2021, the College intends to develop and implement a written policy establishing criteria for disclosing information with other stakeholders.

Additional comments for clarification (if needed)

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DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 **The College monitors, reports on, and improves its performance.**		

Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	**The College fulfills this requirement:** Yes ☐ **Partially X** No ☐ • **Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included _OR_ list KPIs and rationale for selection:** In 2020 Council accepted a set of KPIs for use in 2021. The KPIs were selected based on the data currently available, alignment with the goals of the College's strategic plan and to monitor performance in core statutory areas. The KPIs will be monitored by Council on a quarterly basis.

KPI	Rationale
Number of visitors to the public register	This KPI tracks CMTO's performance against the strategic goal of transparency (well-informed public and clients of RMTs) and strategy of public information. CMTO's public register is promoted broadly, including through the annual Look Before You Book Campaign which runs in the fall of each year.
Inquiries from the public	This KPI tracks CMTO's performance against the strategic goal of transparency (well-informed public and clients of RMTs) and the strategy of public information and public engagement.
Feedback received from the public through consultation	This KPI tracks CMTO's performance against the strategic goal of transparency (well-informed public

			and clients of RMTs) and the strategy of public information and public engagement.
		New and returning users to the CMTO website	This KPI tracks CMTO's performance against the strategic goal of transparency (well-informed public and clients of RMTs) and the strategy of public information and public engagement.
		Number of RMTs who have undergone peer assessments	This KPI tracks CMTO's performance against the strategic goal of quality (clients of RMTs receive evidence-informed Massage Therapy) and the strategy of program reporting. This KPI also measures the CMTO's core performance in the statutory area of quality assurance by monitoring RMTs' participation in the Quality Assurance Program.
		Compliance with STRiVE requirements	This KPI tracks CMTO's performance against the strategic goal of quality (clients of RMTs receive evidence-informed Massage Therapy) and the strategy of program reporting and program communication and engagement. This KPI also measures the CMTO's core performance in the statutory area of quality assurance by monitoring RMTs' participation and compliance with the Quality Assurance Program.
		Practice inquiries from RMTs	This KPI tracks CMTO's performance against the strategic goal of quality (clients of RMTs receive evidence-informed Massage Therapy) and the strategy of program communication and engagement.
		% of complaints closed within 150 days or notice of delay issued	This KPI measures whether CMTO is meeting its statutory notice obligations under the RHPA. Target is 100%.
		% of complaints where notice of complaint was issued to the RMT within 14 days of receipt	This KPI measures whether CMTO is meeting its statutory notice obligations under the RHPA. Target is 100%.
		% of complaints where acknowledgement of complaint was issued to the complainant within 14 days of receipt	This KPI measures whether CMTO is meeting its statutory notice obligations under the RHPA. Target is 100%.

		% of contested hearings	This KPI measures the number of contested hearing each quarter.
		% of decisions upheld by HPARB	This KPI measures the reasonableness of the Registration Committee and ICRC's decisions. Target is 100%.
		Work with system partners	This KPI tracks CMTO's performance against the strategic goal of regulatory modernization (proportionate, risk- and outcomes-based regulation that protects the public, and clients of RMTs, and advances the public interest) and the strategy of risk assessment.
		# New RMTs # of RMTs IN to GC # of RMTs GC to IN # of RMTs Resigned	This KPI allows Council to monitor the number of RMTs entering and leaving the profession (or moving to an inactive class of registration). This KPI is of particular importance in 2021 as it will allow Council to assess the impact of the COVID –19 pandemic on the profession and its potential financial implications.
		# of questionable security activities that have been identified	This KPI allows Council to monitor IT risk at the College.
		% of staff who left the College	This KPI allows Council to monitor attrition rates at the College and ensures the College has sufficient human resources in achieving its statutory objectives and regulatory mandate.

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

Council will begin using KPIs in 2021. Council will provide input on KPIs in 2021 in order to refine and modify the KPIs to meet Council's needs going forward.

Additional comments for clarification (if needed)

| | b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes. | **The College fulfills this requirement: Yes X   Partially ☐   No ☐**

• **Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes**:

CMTO has a management and organizational Risk Policy which was approved in 2014 and was implemented in 2015. It was a 5 year plan and all risk mitigation action items identified were completed in 2019. An update of this policy is planned for 2021.

The Registrar reports to Council quarterly through the Quarterly Registrar's and Administration Report. The most recent report (Q4 of 2020) is included in the February 9, 2021 Council meeting package (item 6.4, page 24). The report is broken down into six key areas:
    • Strategic Vision and Direction Setting
    • Working with External Partners
    • Development and Achievement of Goals
    • Financial Management
    • Human Resources Management
    • Council Relations

Council also monitors risk through the CMTO Workplan. The Workplan is presented to Council quarterly and monitors the College's performance on all projects/initiatives to achieve the College strategic goals or advancement in key operational areas. The most recent report (Q4 of 2020) is included in the February 9, 2021 Council meeting package (item 7.2, page 57).

Risk Management is also part of the Terms of Reference of the Executive Committee (page 60 of the Governance Handbook). Risks are reported quarterly to the Executive Committee.

Assessing and addressing regulatory risk (in the practice environment) is an area identified on CMTO's workplan as a priority for 2021 and beyond |

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	**The College fulfills this requirement: Yes Partially X No ☐** • **Insert a link to Council meeting materials where relevant changes were discussed and decided upon** The annual renewal fee discussion with Council in May 2020 recognized that the uncertainty associated with a global pandemic and the impact on registrants' ability to practice. Because of this risk, the annual renewal fee discussion required a different approach to budgeting. Based on the information obtained and presented, Council decided to keep the renewal fees for 2021 at the same cost as 2020 but split the fee into two installments to assist registrants. This activity still resulted in a residual risk to CMTO, in that the total revenue for 2021 will not be known until March 2021 in contrast to November 2020. The 2021 Budget may need to be adjusted again in late March 2021 after the 2nd installment is received. May 11, 2020 – Council Agenda Item 9.1: COVID-19 and 2021 Renewal Period (page 114 of the package): July 20, 2020 – Council Agenda Item 4.1: 2021 Renewal Fees and COVID-19 Update (page 2 of the package). September 21 – 22, 2020 – Council Agenda Item 7.1: 2021 Budget Development Process – please refer to Council Meeting Minutes (page 23 of the package).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes X No ☐

		Though CMTO regularly monitors risk and directs action in response to risk, CMTO will begin using KPIs in 2021.
		Additional comments for clarification (if needed)
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	T**he College fulfills this requirement:** **Yes X** **Partially** ☐ **No** ☐
		• **Insert a link to College's dashboard or relevant section of the College's website:**
		The College's Annual Report provides updates of performance results related to CMTO's strategic objectives and regulatory activities.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (if needed)
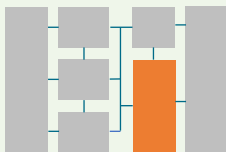
PART 2: CONTEXT MEASURES

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

In order to facilitate consistency in reporting, <u>a recommended methodology to calculate the information is provided in the companion document</u> "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

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

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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

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

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

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

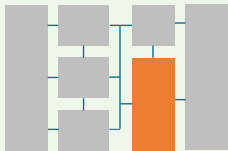| Type of QA/QI activity or assessment	#
i. E-Learning Module	12,799
ii. Self-Assessment (bi-annual requirement, first introduced in 2019)	728
iii. Learning Plan	12,799
iv. Experiential Learning Exercise (annual requirement, first introduced in 2020)	12,071
v. Practice Assessments (completed an assessment in 2020)	436

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

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

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 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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

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

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

Context Measure (CM)			
	#	%	*What does this information tell us?* If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2020	436	3.4%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	320	69.4%	*The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.*
Additional comments for clarification (optional)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*			
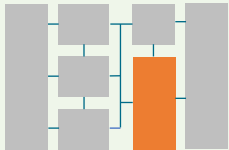
DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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

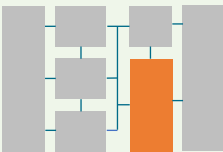Statistical data collected in accordance with recommended methodology or College own methodology: **X** Recommended   ☐ College methodology

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

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	***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**	101	31.5%	
II. Registrants still undertaking remediation (i.e. remediation in progress)	219	68.5%	

Additional comments for clarification (if needed)

In 2020 there was lower than usual compliance rate due to the COVID-19 pandemic. COVID-19 had an impact on the availability of workshops to complete SCERPs. For example, in-person workshops that were required as part of the SCERP were cancelled prior to transitioning online. There were also increased requests for extensions due to the pandemic.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

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

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		
Themes:	#	%	#	%	
I. Advertising	7	7.7%	NR	NR	
II. Billing and Fees	NR	NR	5	3.9%	*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.
III. Communication	5	5.5%	NR	NR	
IV. Competence / Patient Care	10	11.1%	NR	NR	
V. Fraud	13	14.4%	7	5.5%	
VI. Professional Conduct & Behaviour	8	8.8%	67	52.7%	
VII. Record keeping	NR	NR	NR	NR	
VIII. Sexual Abuse / Harassment / Boundary Violations	32	35.5%	20	15.7%	
IX. Unauthorized Practice	NR	NR	6	4.7%	
X. Other *<please specify>*	6	6.6%	13	10.2%	
Total number of formal complaints and Registrar's Investigations**	**90**	**100%**	**127**	**100%**	

*   **Formal Complaint**: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.   **Registrar's Investigation**: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days. ǂ   **NR** = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.*

Additional comments for clarification (if needed)
The majority of matters labelled as 'Other' pertain to allegations of registrants failing to comply with government Orders and College recommendations during the pandemic.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

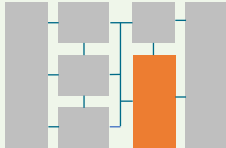*If College methodology, please specify rationale for reporting according to College methodology:*

Context Measure (CM)

	#	%	
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	139		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	170		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	109		
CM 9. Of the formal complaints* received in CY 2020:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ǂ	NR	NR	
II. Formal complaints that were resolved through ADR	NR	NR	
III. Formal complaints that were disposed** of by ICRC	92		**What does this information tell us?** *The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.*
IV. Formal complaints that proceeded to ICRC and are still pending	NR	NR	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	6	6.5%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	40	25%	

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

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

ǂ **ADR**: *Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*
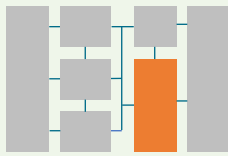
Δ   *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.*

*May relate to Registrars Investigations that were brought to ICRC in the previous year.*

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

ϕ   **Registrar's Investigation:** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*

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

Additional comments for clarification (if needed)

Formal complaints received in CY 2020 are those Complaints with Panel Disposition Date in 2020 (not also with Received Date in 2020), based on Ministry's clarification of this measure on February 11, 2020.

The denominator for CM9 vii is 160.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

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

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

Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions‡						
Nature of issue	Take no action	Provides advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	7	NR		NR			
II. Billing and Fees	NR		NR	NR			NR
III. Communication		NR	NR	6			
IV. Competence / Patient Care	8	8	NR	NR			
V. Fraud	NR	NR	NR	9	NR	9	
VI. Professional Conduct & Behaviour	6	5	NR	5	NR	NR	NR
VII. Record keeping	NR	NR	7	9	NR	NR	
VIII. Sexual Abuse / Harassment / Boundary	7	6	NR	5	5	27	
IX. Unauthorized Practice	NR	NR		NR	NR		
X. Other *<please specify>*	NR	NR		NR			NR

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

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

++ *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or findings.*
What does this information tell us? *This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

Statistical data collected in accordance with recommended methodology or College own methodology: **X** Recommended   ☐ College methodology
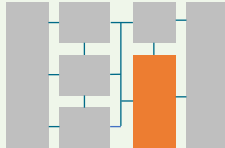
If College methodology, please specify rationale for reporting according to College methodology:
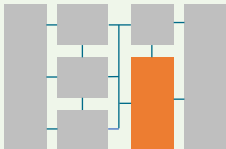
Context Measure (CM)		
CM 11. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2020	538	*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 2020	659	

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

Additional comments for clarification (if needed)
"Days" represents net working days, where weekends and Canadian statutory holidays observed by the CMTO were excluded from the count.
Where the allegations the College is investigating are also subject to criminal charges and proceed through the court system, the College holds its investigation in abeyance until the court matter is concluding. The College ensures that our investigation process does not interfere with criminal court proceedings and cooperates with the police and other justice system stakeholders.
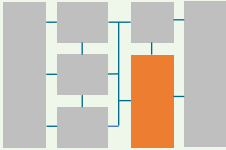
DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

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

Context Measure (CM)

	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. **
CM 12. 90th Percentile disposal* of:	Days	
I. An uncontested^ discipline hearing in working days in CY 2020	228	*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*
II. A contested# discipline hearing in working days in CY 2020	715	*stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*

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

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

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

Additional comments for clarification (if needed)

"Days" represents net working days, where weekends and Canadian statutory holidays observed by the CMTO were excluded from the count.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

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

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#	
I. Sexual abuse	11	
II. Incompetence		
III. Fail to maintain Standard	18	
IV. Improper use of a controlled act		
V. Conduct unbecoming	8	***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	21	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records	6	
XII. False or misleading document	13*	
XIII. Contravene relevant Acts	NR	

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

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

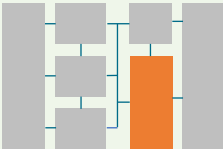*Additional comments for clarification (if needed)*

* This figure captures findings made under two provisions of O. Reg. 544/94 made under the *Massage Therapy Act, 1991*: para. 29 (signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement) and para. 30 (submitting an account or charge for services that the member knows is false or misleading).

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

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

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#	
I. Revocation$^+$	13	***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**	NR	
IV. Reprimand^ and an Undertaking#		
V. Reprimand^	14	

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

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

\$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:
- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

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

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

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

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

Additional comments for clarification (if needed)

Appendix A: Public Interest

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

PUBLIC INTEREST
in the context of the College Performance Measurement Framework

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

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

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

Public Interest

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

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

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

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