



The College of Massage Therapists of Ontario's 2022 College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

- 1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
- 2. Help Colleges improve their performance;

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

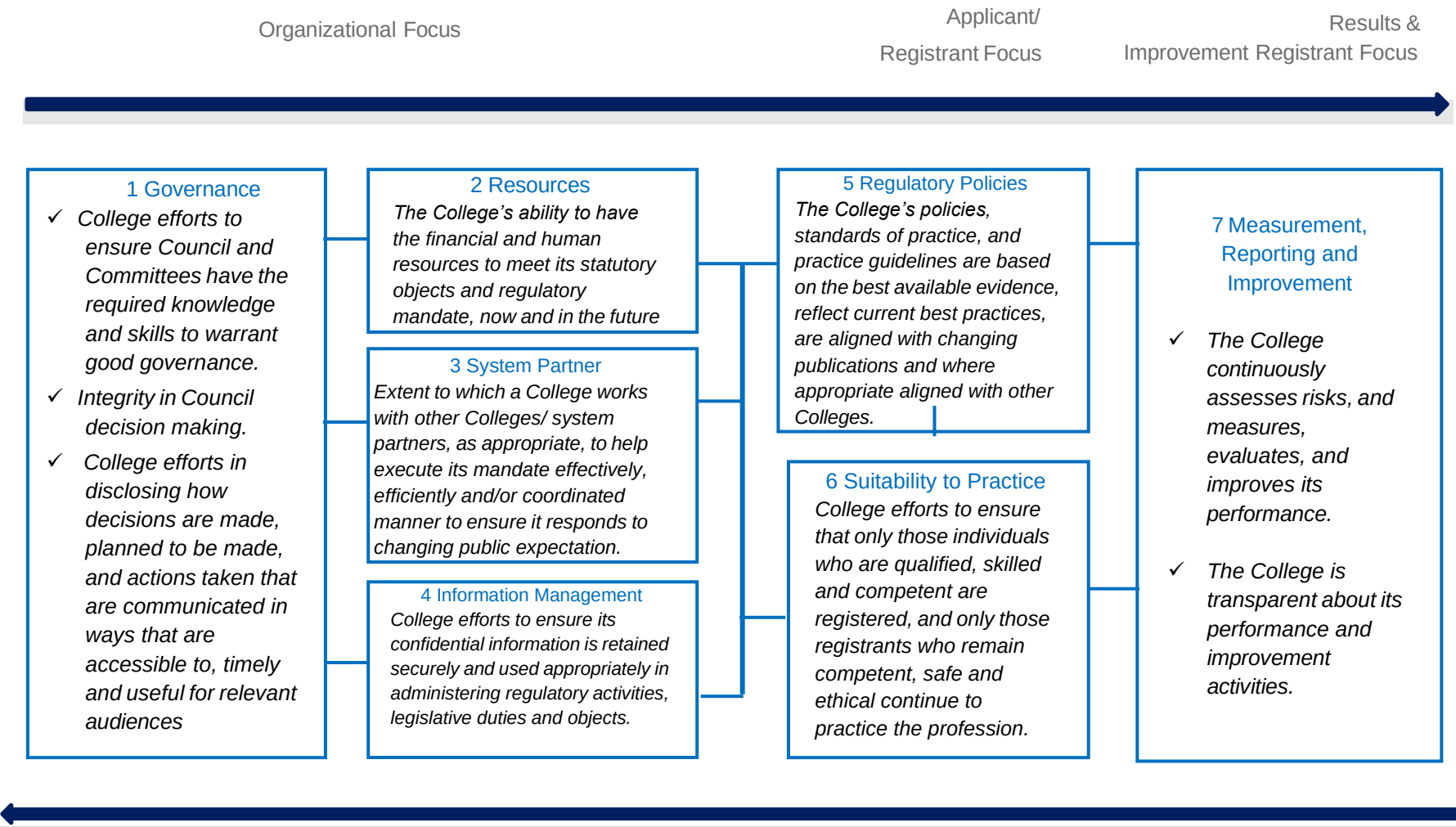


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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

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

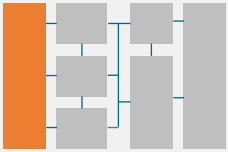
What has changed in 2022?

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

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

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Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and <u>Benchmarked Evidence</u>	The College fulfills this requirement: Yes
			The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> Candidates for election to Council must complete a competencies assessment and submit this as part of their nomination package. Candidates must also declare on the candidate declaration form that they have completed the competencies assessment. This is confirmed by CMTO staff before the potential candidate is deemed eligible to stand for election. CMTO also has position descriptions and required competencies for Council members and the roles of president, vice-president, executive officer, committee chair and panel chair. These can be found starting on page 21 of the Governance Handbook. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. All candidates must complete CMTO's orientation program relating to the duties, obligations and expectations of Council and committee members before being deemed eligible to stand for election. Potential candidates must declare on the candidate declaration form that they completed the program and CMTO then verifies completion. The training takes 1.5 - 2 hours to complete and consists of three modules with accompanying quizzes. Topics include an overview of health profession regulation in Ontario, how health regulatory colleges operate, and the role of Council and committees.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	
		b. Statutory Committee candidates have:	The College fulfills this requirement:	Yes
		i. Met pre-defined competency and suitability criteria; and	• The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> Candidates for election to Council must complete a competencies assessment and submit it as part of their nomination package. Candidates must also declare on the candidate declaration form that they have completed the competencies assessment. There are specific competencies for non-Council members, and applicants for non-Council committee positions must complete a competencies assessment.	
		Benchmarked Evidence		

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. Committee training is either a half-day or a full day, with additional training days scheduled throughout the year to address specific areas in greater detail (e.g., understanding sexual abuse, determining credibility). Orientations are conducted in-person or virtually and are facilitated by senior staff and/or legal counsel. Training topics include: • Applicable sections of the <i>Regulated Health Professions Act, 1991</i> and relevant regulations; • Committee terms of reference, procedures manual, policies and position statements; • Confidentiality and conflict of interest; • Perception of bias; • Risk assessment frameworks and decision-making tools/templates; • Discipline and fitness to practise; and • Relevant case law. Orientations are augmented with training developed by the Health Profession Regulators of Ontario (HPRO).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional):</i>
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		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. All public appointees to Council attend an in-person or virtual orientation session with Registrar/CEO and President. This training provides an overview of: • The strategic plan; • Council, committees and meetings; • Legislation and by-laws; • Regulatory processes; • The Massage Therapy profession; and • College administration and governance. CMTO's Orientation Program relating to the duties, obligations, and expectations of Council and committee members is available to all public appointees. Training provided by CMTO is augmented by training provided by the Health Profession Regulators of Ontario (HPRO) and public appointees also have access to various professional development opportunities (e.g., attendance at regulatory conferences).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (optional):</i>
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		Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
		Required Evidence	College Response
		a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement:
			Met in 2021, continues to meet in 2022
			• Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> Council conducts an annual self-assessment and an evaluation after each Council meeting in accordance with the CMTO Council Evaluation & Continuous Improvement Policy (starting on page 51 of the Governance Handbook). The assessment and evaluation is administered by an external governance advisor. The policy was last updated in 2019. Committee effectiveness is also assessed and reviewed after each meeting. A recent example of the Council evaluation can be found starting on page 3 of the September 2022 Council meeting materials and a recent example of the annual evaluation can be found starting on page 28 of the May 2022 Council meeting materials.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			Choose an item.
		<i>Additional comments for clarification (optional)</i>	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes - If yes, how often do they occur? - Please indicate the year of last third-party evaluation. A third party evaluates Council effectiveness annually. Rather than conducting an assessment 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, 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, and targeted coaching and training for all of Council and individual Council members. The last evaluation took place in 2022.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Training for Council and committee members is informed by the results of Council's annual evaluation (see page 28 of the May 2022 Council meeting package). The training priorities for 2022 were: • Financial oversight; • Diversity, equity and inclusion; • Strategic planning; and • Governance. Council has also implemented a mentoring program with senior/experienced Council members acting as mentors for new Council members. Details about the mentoring program can be found starting on page 48 of the Governance Handbook. Mentoring supports new members to further develop their understanding of CMTO and the role of Council as a whole, and to become effective contributors. Areas of concern are brought to the president's attention and the president discusses them with the external governance advisor, who then 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?	Choose an item.

			<i>Additional comments for clarification (optional):</i>
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		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. In 2022, Council participated in several sessions on topics that responded to changing public expectations, including: • Training on understanding bias (February 2022 Council meeting); • An overview of governance modernization at other Ontario regulators (Annual education day in June 2022); • The importance of data to drive regulatory decision-making (Annual education day in June 2022); • Risks and supports to health professionals’ competence (Annual education day in June 2022); and • Equity in healthcare and what contributes to health inequity in Canada (November 2022 Council meeting).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes - Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. - Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. The Council and Committee Member Code of Conduct was updated in 2019 (see page 113 of the Governance Handbook) and the Conflict of Interest policy was updated in 2020 (see page 92 of the Governance Handbook).
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			<i>Additional comments for clarification (optional)</i>

		ii. accessible to the public.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022	
			Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.			
			The Code of Conduct can be found on page 113 of the Governance Handbook , the Conflict of Interest policy can be found on page 92 of the Governance Handbook and the Governance Handbook is available on CMTO's website .			
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (optional)			
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022	
			- Cooling off period is enforced through: By-law - Please provide the year that the cooling off period policy was developed OR last evaluated/updated. - Please provide the length of the cooling off period. - How does the College define the cooling off period? - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR - Where not publicly available, please briefly describe the cooling off policy.			
			CMTO enforces cooling off periods through its by-laws and policies. By-Law No. 2- Election of Members to Council , which includes cooling off provisions, was updated in September 2021. The Conflict of Interest Policy was updated in December 2020 (see page 92 of the Governance Handbook).			
			The eligibility criteria in By-Law No. 2 state that candidates for election cannot have been on the board, a committee of, or employed or contracted by the Registered Massage Therapists' Association of Ontario or a similar professional association within the last two years. Candidates running as an academic Council member also cannot have had a financial interest in the educational institution in the last 12 months. All candidates running for election cannot have been employed or contracted by CMTO within the last two years.			

			The Conflict of Interest Policy states that Council members cannot hold any other position, contract or appointment with CMTO 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 CMTO. This includes, but is not limited to, peer assessor, investigator, examiner or staff positions.
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			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u>	The College fulfills this requirement:	Partially
		i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. All Council members are asked to complete a declaration stating that they understand and will adhere to the CMTO's Conflict of Interest Policy (starting on page 92 of the Governance Handbook). They are also asked to declare any conflicts of interest. Although Council members do not formally update a written declaration at each meeting, a declaration of conflicts of interest is included on each Council and committee agenda immediately following the call to order. All conflicts are declared specific to any agenda item at the beginning of every meeting and are publicly reported in the Council meeting minutes.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional)	
			CMTO will review this process in 2023.	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:		Yes
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.		
			All Council meeting packages are available on CMTO’s Council Meetings webpage . Examples of public interest rationales can be found on pages 31 and 52 of the November 2022 Council meeting package .		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (if needed)		

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:	Yes
		<u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. In 2014, Council approved an Organizational Risk Management Policy and Plan (starting on page 129 of the Governance Handbook). The policy indicates that management will monitor the plan annually and report to Council. The Risk Register is now updated and reported to Executive Committee and Council quarterly. An example of the Risk Register can be found starting on page 33 of the November 2022 Council meeting package. Council also assessed and discussed organizational risk when developing its 2023 – 2025 Strategic Plan.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 - Please insert a link to the webpage where Council minutes are posted. - Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. Approved Council minutes and updates on the implementation of Council decisions to date can be found on CMTO's Council Meetings webpage.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. As part of every Council meeting package posted to the website, CMTO includes a report from the Executive Committee. An example can be found starting on page 14 of the November 2022 Council meeting package. The reports include: • Dates of Executive meetings since the last Council meeting; • Itemized decisions that affect Council or will be brought forward to Council; and • Information on whether the item will need to be ratified/approved by Council.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

		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.	<i>Additional comments for clarification (optional)</i>
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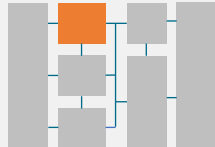
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Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence		College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Council meetings dates and all meeting materials can be found on CMTO's Council Meetings webpage .	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	Please insert a link to the College's Notice of Discipline Hearings. Notice of discipline hearings are posted on CMTO's Discipline Hearing Schedule webpage . All notices are posted as soon as a hearing is scheduled. Related materials, such as Statements of Allegations, are posted within two weeks of the Inquiries, Complaints and Reports Committee signing a decision to refer specified allegations to the Discipline Committee, and in all cases, more than one month before a hearing.	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>		
		Measure:		
		3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
		Required Evidence	College Response	
		a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement: • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. In November 2022, CMTO’s Council approved a Strategic Plan for 2023 – 2025 . The plan includes a strategic goal around diversity, equity and inclusion (DEI). CMTO has committed to: 1. Embedding DEI into organizational programs and processes. 2. Publicly reporting on DEI progress. CMTO is also an active contributor to the Health Profession Regulators of Ontario (HPRO) Anti-Racism Working Group and supports efforts to advance DEI in health profession regulation. CMTO continues to monitor the group’s progress and will use the tools developed by the group to support its DEI efforts.	Yes
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement: • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. CMTO staff actively participate in the Health Profession Regulators of Ontario (HPRO)’s Anti-Racism Working Group and the group recently initiated an Anti-Racism in Health Regulation (ARHR) Project. The project will produce an Equity Impact Assessment toolkit and a training package to help colleges uncover unconscious bias and create a strategic framework for becoming more inclusive organizations. Once developed, CMTO will use these tools to enhance its own diversity, equity and inclusion efforts.	No
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> CMTO will implement the equity impact assessment once the final product is received from HPRO. In 2023 CMTO will also launch a dedicated DEI webpage and report at the end of the year on its DEI efforts.	

		Measure:	
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement: Yes - Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.
		<u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	Each year the Senior Management Team develops an annual workplan consisting of projects and activities that support the strategic plan and operations. Projects and activities are selected based on a needs analysis, priority, and risk assessment. A draft workplan is then presented to Council for review and approval. After approval of the draft workplan, a draft budget is prepared based on the workplan and finalized for presentation to Council in November of each year. Once the budget is approved, the workplan is updated and if there are any cost mitigation measures approved by Council in the budget that affect the workplan, it is updated and finalized for implementation in January of the following year. As an example, Council approved the draft 2022 workplan at its September 2021 meeting (starting on page 43 of the Council meeting package). At its November 2022 meeting, Council reviewed and approved the 2023 budget (starting on page 46 of the Council meeting package). In May 2022, Council established the Strategic Planning Ad Hoc Committee. The Committee provided oversight to the strategic planning process, and reviewed and recommended a new draft strategic plan for Council’s consideration. Council approved the 2023 – 2025 strategic plan at its November 2022 meeting (starting on page 2 of the Council meeting package).
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.		

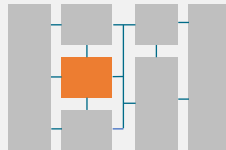
			<i>Additional comments for clarification (optional)</i>
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		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:		Yes
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes		
			The Policy – Surplus Retention (financial reserve policy) is part of CMTO's Finance Policy Manual. As outlined in the policy, unrestricted net assets should not fall below three months or exceed six months of operating expenses. In November 2019, Council reviewed and approved the Finance Policy Manual (which includes the Surplus Retention Policy). As of December 31, 2022, the amount of money in reserve was equal to 3.6 months of operating expenses.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (if needed)		

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Yes
			• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The Registrar/CEO reports to Council on human resources quarterly through the Registrar/CEO Report. An example is available starting on page 27 of the November 2022 Council meeting package. In some cases, human resources-related discussions may be held in-camera (i.e., not in a public meeting). The Office of the Registrar also maintains an internal senior staff succession plan that is updated as needed. CMTO continues to include its anticipated resource allocation requirements in the budget and multi-year forecasting analysis. To ensure that CMTO maintains a capable and competent workforce, CMTO utilized SHIELD, an internal learning management system (LMS) provided by Harvard Manage Mentor. SHIELD provides a curated learning program to all staff on administrative and leadership topics to enhance skill development and promote a continuous learning culture. Learning topics are assigned in alignment with strategic objectives, and staff are encouraged to explore additional learning topics relevant to their role and professional skill development. CMTO provides an annual professional development allowance to all staff to be used for additional learning and development opportunities. At the end of 2022 CMTO began to re-evaluate SHIELD and made the decision to upgrade to a new platform, LinkedIn Learning in 2023. LinkedIn Learning provides a larger scope of learning topics, further strengthening the skill development opportunities available to CMTO staff. In 2022, CMTO also fostered employee engagement by introducing several new initiatives, including a staff social committee, an internal diversity, equity and inclusion committee, and several smaller interest-based social clubs.	

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

		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. CMTO has in place an IT strategy that enables the organization to adapt to changes in technology, while improving its processes and maintaining security. Per the plan, CMTO ensures: - Its data is protected by a backup server and multiple layers of user authentication. As part of the IT security strategy, regular updates and patches are applied to staff computers. Through the Cyber Security Program, CMTO continues to improve infrastructure security controls and provides training and awareness to all users annually. - Security license updates are maintained to provide early threat detection and mitigate against the risk of viruses, cyber-attacks and email phishing. - Continued the use and improvement of Thentia Cloud, the system used to manage application and registration processes, the Public Register, and the complaints and mandatory reporting forms. - Document, signature, and approval processes have been updated and automated by implementing DocuSign. The documents are encrypted and a complete audit trail is maintained. - Continued the use of Tableau, the reporting and analytics platform, to enhance CMTO's reporting capabilities and data visualization to support data-driven decision making.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> In 2022, CMTO engaged with several partners to continue strengthening its oversight mandate. Examples include: Other regulators: Health Profession Regulators of Ontario (HPRO): CMTO staff actively participate on HPRO’s Anti-Racism Working Group. This work is on-going, and meetings occur 1-2 times per month. The Working Group recently initiated an Anti-Racism in Health Regulation (ARHR) Project. This project aims to build anti-racism capacity within HPRO by providing a consistent approach, framework, and tools to advance and sustain diversity, equity and inclusion (DEI). This project will result in the development of a/an: - High-level Action Plan to direct current and future DEI initiatives among HPRO members.	

	▪ DEI self-assessment checklist and reporting tool for HPRO members to evaluate themselves on key domains that contribute to the effective delivery of statutory functions and organizational aspects in the context of DEI best practices. ▪ Equity Impact Assessment (EIA) toolkit and training package to assist colleges in uncovering unconscious bias and creating a strategic framework for becoming a more inclusive organization. ○ College of Physicians and Surgeons of Ontario: Council approved exploring a pilot project with the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT). The project, if approved, will involve the appointment of experienced adjudicators to the Discipline Committee to conduct active case management and chair complex hearings. These enhancements are expected to streamline hearings and deliberations and achieve more separation between Council and the Discipline Committee. ○ Ontario Regulators for Access Consortium (ORAC): CMTO staff is part of ORAC, which includes a network of health and non-health regulators that share registration practice information. Meetings occur throughout the year. In 2022, CMTO consulted ORAC members on professional liability insurance collection/retention, accommodations for applicants and registrants, and practice hour requirements. ● Educators: In 2022, CMTO worked to develop a new strategic plan for 2023 – 2025 and prioritized consultation with educators. Through focus groups educators shared their perspectives and ways to collaborate to enhance regulatory effectiveness. ● Government: Over the past year, CMTO worked more closely with Ontario Government to request the tools to improve the delivery of its mandate (e.g., accreditation, committee quorum and composition changes). ● Associations: CMTO collaborates regularly with the Registered Massage Therapists’ Association of Ontario (RMTAO). In 2022, issues of focus included COVID-19 guidance and spousal exception. CMTO also worked with RMTAO to deliver a webinar to RMTAO members on the new Standards of Practice. ● Employers: CMTO staff met with employers to discuss COVID-19 guidance and other regulatory issues. Several employers participated in the strategic planning process (via interview and survey) to provide feedback to CMTO on risks to the public, regulatory effectiveness and ways to strengthen collaboration.
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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

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

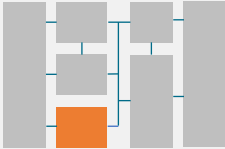
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe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

Examples of how CMTO engaged with partners, including patients/public, to respond to changing public expectations include:

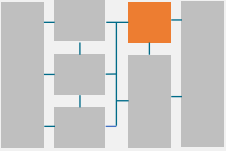
- **Diversity, Equity and Inclusion (DEI):** CMTO partnered with several colleges to deliver two webinars for regulated health professionals that explored DEI in the workplace and within the therapist/client relationship. More than 1,200 people registered for the free sessions and have access to the materials. Council also composed a DEI Ad Hoc Committee that provided input into the strategic plan.
- **Public engagement:** CMTO joined several other colleges in engaging the Citizen Advisory Group (CAG) on how to better communicate with the public. The consultation asked how CAG members would like to engage with colleges, which channels are best to reach them and the type of information they want from colleges (in addition to mandatory postings/consultations). The findings from this engagement will help CMTO plan initiatives to better engage clients and the broader public in 2023 and beyond.
- **Practice guidance:** CMTO is in the early stages of engaging other colleges to partner on the development of social media guidance for regulated health professionals. Recognizing that professionals often have questions about how to interpret advertising regulations and how they apply to social media, and that clients increasingly rely on social media to find out information about health professionals, CMTO is drafting guidance to share with colleges and begin a collaborative process to align guidance where possible.
- **New strategic plan:** In 2022, CMTO worked to develop a new strategic plan to guide its work from 2023 – 2025. CMTO heard from 138 clients of RMTs through its online survey and the Citizen Advisory Group (CAG). The survey asked respondents their thoughts on Massage Therapy as a profession, their understanding of CMTO and its role, and issues/trends CMTO should be aware of. Results helped inform the development of CMTO’s new strategic goals and associated activities.

CMTO works with several partners and identifies partners based on its legislative and operational needs, and the needs of the public and RMTs. These relationships are maintained through regular or ad hoc meetings, and communication on issues as needed. Examples of how these relationships were leveraged to respond to changing public expectations include:

- **The insurance industry:** In 2022, CMTO worked with insurers to clarify what is considered Massage Therapy. One question related to float therapy, which is not considered Massage Therapy, and this engagement led to CMTO developing guidance on the scope of practice that was released at the end of 2022.
- **The Citizen Advisory Group (CAG):** CMTO engaged CAG members twice in 2022, once on the development of its strategic plan for 2023 – 2025, and again on patient/client engagement in regulators’ work.
- **Police services:** This engagement is on-going and 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*.
- **Canadian Massage Therapy Council for Accreditation (CMTCA):** CMTO provided comments on the review of CMTCA’s accreditation standards. The comments focused on prioritizing sexual abuse prevention, ensuring clients know what to expect from student therapists, the importance of an evidence-informed approach to practice and promoting the importance of regulation.

		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: Yes Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. CMTO's Privacy Policy outlines the processes governing the collection, use, disclosure, and protection of personal or sensitive information (both health and non-health). CMTO also provides secure laptops and CMTO email addresses to all Council, non-Council committee members and others acting on CMTO’s behalf (e.g., peer assessors). CMTO uses a consent form signed by RMTs before assisting with telephone renewal and has a policy for RMTs requesting to keep contact information off the Public Register due to a safety concern.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

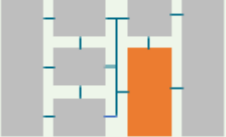
		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. Benchmarked Evidence	The College fulfills this requirement:	Yes
			- Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. CMTO uses multiple measures to protect information from unauthorized disclosure or access that are classified as technology, human resource and policy measures. - The technology measures include firewalls, single sign-on, VPN, anti-virus software, email verification rules and the utilization of Office 365 Security Center policies. - The human resource measures include the communication of cyber security threats and employee orientation on safe computing. - The policy measures include items such as password complexity and multi-factor authentication requirements. In the event of a disaster or unauthorized data access, CMTO has established a crisis communication plan and an action plan to mitigate and inform affected stakeholders.	
			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 - Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). CMTO actively monitors for developments in the practice of Massage Therapy or the regulatory environment, and tracks questions to the Practice Specialist (who would receive feedback on policies, Standards of Practice and practice resources). If there was a need to update or provide a new direction, this would be guided by CMTO's Practice Resource Framework and Practice Resource Development Process. However, a more immediate evaluation would be triggered if: - Significant feedback was received (e.g., implementation concerns); - There was a change to the practice of Massage Therapy; and/or - There was a legislative change to the health profession regulatory environment.
		<i>Benchmarked Evidence</i>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Yes
			- Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. The development of and updates to policies, Standards of Practice and practice resources is guided by CMTO's Practice Resource Framework. CMTO's Practice Resource Development Process outlines the steps taken from start to finish when developing or updating policies, Standards of Practice and practice resources. The Framework explains: - Why CMTO would use a certain type of resource (e.g., regulation vs. a standard); - How CMTO prioritizes the development of practice resources; - The process for developing practice resources (including soliciting feedback); and - How changes are communicated to RMTs and the public. Other policies relevant to the practice of Massage Therapy that may fall outside of a practice resource are reviewed and updated by the appropriate committee. Changes to policies are typically driven by changes to legislation and the regulatory environment, and by monitoring best practices.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. In January 2022, CMTO’s new Standards of Practice came into effect. While all the Standards place greater emphasis on client-centred care, there is now a dedicated Standard of Practice: Client-centred Care. This Standard sets the expectation that RMTs must provide fair and equitable care to all clients, and respect and consider each client's unique needs, views, preferences and concerns. In November 2022, CMTO’s Council approved a Strategic Plan for 2023 – 2025. The plan includes a strategic goal around diversity, equity and inclusion (DEI), and CMTO has committed to: 1. Embedding DEI into organizational programs and processes. 2. Publicly reporting on DEI progress. CMTO is also an active contributor to the Health Profession Regulators of Ontario (HPRO) Anti-Racism Working Group and supports efforts to advance DEI in health profession regulation. CMTO continues to monitor the group’s progress and will use the tools the group develops to support its DEI efforts.	

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

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). Below is a summary of how CMTO verifies registration requirements: • Effective January 1, 2022, CMTO receives transcripts from applicants and/or educational institutions to confirm graduation from a Massage Therapy program. Previously, CMTO was receiving graduation information from Prometric, the third-party exam administrator. • CMTO receives examination results directly from Prometric. • Letters of standing are received directly from other regulators. • All applicants must submit a vulnerable sector check from their local police service. • Most options for demonstrating language proficiency for candidates whose first language is not English or French, and who did not complete at least three years of secondary education in English or French, require documentation to be submitted by a third party (e.g., language assessment agency, Massage Therapy education program, etc.). Registration policies, including those related to the processes above, 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.

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

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. To meet CMTO's registration requirements, applicants must: • Have completed a Massage Therapy education program not more than three years before the date of application. • Meet the requirements of the Language Fluency Policy. This policy was last updated in December 2022 to include assessment accepted by the federal government for the purposes of immigration. • Submit a vulnerable sector check. This policy was last updated in 2019. • If their education was completed more than three years before the date of application, the applicant must complete a refresher course. In 2022, the Refresher Course policy was updated to include a new jurisprudence program, flexible remote tutoring options and specified requirements for the different participant categories. • If regulated in another jurisdiction, submit a letter of standing. This process was updated in May 2020 to ensure that all relevant information is provided by other regulators. • Pass the certification examinations. The content outlines or the examination are reviewed and approved by Council annually. When reviewing its criteria and processes for determining whether an applicant meets its registration requirements, CMTO consults with other regulators to determine best practices. CMTO also keeps an internal listing of its policies that includes when they are up for review.	Yes
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. CMTO's currency and competency requirements are outlined in the Registration Regulation. The Refresher Course and Direct Client Care policies enable CMTO to operationalize the regulation. The Refresher Courses Policy was adopted in September 2004 and was updated in 2022. The Direct Client Care Policy was adopted in September 2004 and last updated in May 2017. The Registration Regulation states that to hold a General Certificate of Registration, RMTs 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. Inactive registrants moving to a General Certificate must have been inactive for less than three years or completed a Refresher Course in the previous 15 months. CMTO monitors RMTs to ensure they meet currency and competency requirements through the registrant self-declaration at annual renewal. Inactive registrants moving to a General Certificate more than three years after becoming inactive are automatically asked to complete a Refresher Course (per the Registration Regulation).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)

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

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: - Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. - Where an action plan was issued, is it: No Action Plan Issued CMTO's latest submission to the Office of the Fairness Commissioner was the 2021 Fair Registration Practices Report. No action plan was issued following the submission of this report.
		Met in 2021, continues to meet in 2022
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Met in 2021, continues to meet in 2022 - Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided - Does the College always provide this level of support: Yes If not, please provide a brief explanation:
		<u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	In 2022, CMTO released several plain-language resources in various formats to help RMTs implement the Standards of Practice and regulations, including: - A guide to advertising requirements; - A guide to record keeping requirements; - A guide to practising more than one health profession; - A video series on scope of practice and what it means to practise within scope. - Standard and Regulation Spotlights These new resources were promoted in TouchPoint, CMTO's e-newsletter, and on social media. Where appropriate, FAQs were developed to support understanding. These resources continue to be available on CMTO's Standards and Rules webpage and articles are available for three years on the TouchPoint page.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
		Choose an item.	

			<i>Additional comments for clarification (optional)</i>
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Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: No • <i>If yes, please insert link to the policy.</i> Throughout 2022, CMTO's Quality Assurance assessment process continued to transition with the introduction of a new risk-based approach. Testing of various concepts were completed throughout the year, with the official program launch scheduled for 2023. Utilizing the Standards of Practice as a foundation, development of a blueprint has been supported by the Quality Assurance Committee that considers areas of high risk for CMTO (e.g., prevention of sexual abuse) and identifies four select topics of focus annually for the next five years. The initial topics of focus were: 1. Safety and risk management; 2. Record keeping; 3. Prevention of sexual abuse; and 4. Infection prevention and control. RMTs that were selected for a practice assessment were encouraged to review the four select Standards of Practice and corresponding Standard Spotlights before completing a pre-interview assignment and connecting virtually with an Assessment Advisor to answer questions designed to assess understanding and competence of identified requirements.
		Met in 2021, continues to meet in 2022
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item.

			<i>Additional comments for clarification (optional)</i>
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³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> – Public No – Employers Yes – Registrants Yes – other stakeholders Yes CMTO has been working with a team of expert consultants to develop a new risk-based approach to assessment that focuses on risks and supports to health professionals' competence. To further support the identification of additional risk factors, the process is designed to consider literature and historical CMTO data related to registration, quality assurance, and professional conduct. As the project evolved, decisions have been guided and tested with input from a Risk-based Assessment Advisory Group (comprised of RMTs), the Quality Assurance Committee and Council.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria.	
			The Quality Assurance (QA) Committee is provided with frameworks with supportive outcomes to address identified knowledge gaps from the assessment process, which help ensure a proportionate and consistent outcome for RMTs. The QA Committee reviews the assessment report and written submission from the RMT (if provided). The Committee considers the risk 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.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

		Additional comments for clarification (optional)	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.	
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. CMTO’s new Compliance Office tracks remediation activities mandated by any College committee or undertaken by an RMT. Completion of directed activities and outcomes are monitored and enforced using an internal tracking tool that includes: • Assigned activity date; • Next action date • Completion deadline; • Actual completion date (when applicable); and • Source/committee that assigned activities. CMTO determines that an RMT has demonstrated the required knowledge, skill and judgement following remediation through: • Re-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 relevant to the assigned activity; • Workshop completion and subsequent knowledge test; and/or • Submission of a certificate of completion from approved consultant/course provider. Terms, conditions or limitations imposed by the Quality Assurance Committee, remediation directed by the Inquiries, Complaints and	

			Reports Committee and most undertakings are posted to the Public Register.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

DOMAIN 6: SUITABILITY	STANDARD 11	Measure 11.1		
		The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	College Response	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy);	The College fulfills this requirement: • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. • File a Complaint webpage - Describes the complaints process, potential outcomes and supports available to complainants. The page also includes audio guides that explain the complaints process in Arabic, Cantonese, French, Mandarin, Punjabi, Spanish and Tagalog. The page includes a link to the online complaint form. PDF copies are provided on request. • Funding for Therapy and Counselling webpage - Describes the process to access funding for clients who were sexually abused by an RMT. The page details the eligibility criteria and provides instructions on applying. The Funding for Therapy and Counselling Policy was updated in 2022 to streamline program administration and enhance fairness, transparency, and consistency for those who wish to access the program. When a complaint is received, staff assess whether more information is needed from the complainant before notifying the RMT of the complaint. Depending on the nature of the allegations the Inquiries, Complaints and Reports Committee may, at its discretion, appoint an investigator. Alternatively, CMTO may allow the RMT an opportunity to respond and allow the complainant a further opportunity to respond and/or provide information.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
Choose an item.				

		and;	<i>Additional comments for clarification (optional)</i>
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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. Upon final disposition, CMTO sends a survey to complainants and RMTs to gather feedback on the process. The survey asks parties whether they found CMTO's complaints process information clear and useful, and questions about other aspects of their experience during the complaints process. The feedback is reviewed by staff regularly and shared with the Inquiries, Complaints and Reports Committee annually to consider how CMTO can improve the complaints process.	
		<i>Benchmarked Evidence</i>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).	
			In 2022, the College responded to 99% of inquiries from the public within five business days.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

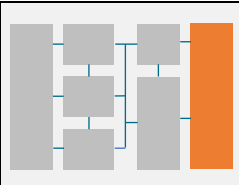
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:		Met in 2021, continues to meet in 2022	
			• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. • All complaints are acknowledged within 14 days of receipt. This acknowledgement includes an information sheet about the complaints process and, if applicable, information and an application for CMTO's Funding for Therapy and Counselling Program. • Within three business days, staff respond to questions about the complaints and reports process. • Investigators who conduct interviews with the complainant are trained to explain and answer questions about CMTO's complaints process, including providing the complainant with information about CMTO's Funding for Therapy and Counselling Program. • Each complainant is assigned a single contact at CMTO, so the complainant always speaks to the same person when questions arise. If a sexual abuse matter is referred to the Discipline Committee, the Director of Professional Conduct contacts the complainant to explain the Discipline Committee process and answer questions. • 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 relating to sexual abuse have current knowledge of CMTO’s responsibilities around sexual abuse and understand the impact of sexual abuse on individuals, families, and society. Staff communicating directly with individuals who may have been sexually abused are trained to carry out this work in a sensitive manner, which includes receiving trauma-informed investigation training. • Interpreter and translation services are available as required. • Where appropriate, investigators and staff use video calls for complainant interviews.			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (optional)			
		Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.				

		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. In addition to the supports outlined in question 11.1(C) above, CMTO ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process through: • Prompt responses to all parties to the complaint. • Regular status update letters to complainants/RMTs as required under legislation explaining the current status of the investigation. • Frequent scheduling updates to hearing participants, including complainants. • Technical tests before virtual hearings (including an assessment of hardware and software needs, a review of videoconference platform functionalities) • Instructional guides on the Zoom hearing platform distributed to hearing participants. • A post-hearing survey to evaluate how well the process met participants' needs and identify areas for improvement. • Testimonial accommodations for complainants/vulnerable witnesses as part of trauma-informed hearing practices (e.g., in cases where the registrant is self-represented, the appointment of a lawyer to cross-examine vulnerable clients; the use of Zoom screen configurations to create a comfortable hearing environment by enabling a witness to choose which participants they can see). • Offering interpretation services as necessary to hearing participants.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

DOMAIN 6: SUITABILITY TO PRACTICE			Additional comments for clarification (optional)	
	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			- Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. - Please provide the year when it was implemented OR evaluated/updated (if applicable).	
			CMTO implemented a risk score calculator used by staff for all complaints and reports received. Risk scoring is done when a matter is received and as new information becomes available. The score is based on the nature of the allegations, whether the RMT has a history of other concerns or complaints, and specified aggravating/mitigating factors. The score produces a number from 1 to 10, which is categorized as “low”, “medium” or “high risk”.	
The Inquiries, Complaints and Reports Committee (ICRC) uses the Advisory Group for Regulatory Excellence (AGRE) risk assessment tool to assess the risk of matters that have been investigated. The ICRC reviews the AGRE risk assessment tool annually. The 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. CMTO also has an interim orders guidance document that states criteria for identifying and prioritizing high-risk matters. The document assists the ICRC in its consideration of whether to impose an interim order and the type of interim order to impose.				
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	

			<i>Additional comments for clarification (optional)</i>
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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). CMTO collaborated with other colleges through a Health Profession Regulators of Ontario (HPRO) working group to develop a formal policy on sharing information with third parties, which CMTO has adopted. When applicable, CMTO also shares Professional Conduct information with other regulatory bodies and the police, as permitted under legislation. In 2022, CMTO conducted several joint investigations with other colleges where an RMT was also registered. CMTO shared information with several police units about RMTs subject to a CMTO investigation, and police investigations and/or criminal charges. Where CMTO has not yet received a formal complaint resulting from a criminal matter, CMTO provides the police with a letter for criminal complainants that explains CMTO's investigation process. CMTO has also assisted the police with finding expert witnesses who can testify regarding CMTO's Standards of Practice.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		Choose an item.		
<i>Additional comments for clarification (if needed)</i>				

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response		
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. Council continued its use of KPIs that were approved in 2020. KPIs are monitored by Council quarterly and an example of CMTO's KPIs can be found starting on page 36 of the November 2022 Council meeting package. CMTO will be developing new KPIs for its 2023 - 2025 Strategic Plan. The following KPIs were selected to track CMTO's performance against the strategic goal of Transparency (well-informed public and clients of RMTs): Number of visits to the public register; Number of professional conduct and practice inquiries received from the public; Feedback received from the public through consultation; and New and returning users to CMTO’s website. The following KPIs were selected to track CMTO's performance against the strategic goal of Quality (clients of RMTs receive evidence-informed Massage Therapy): Number of RMTs who have undergone peer assessments; Compliance with STRiVE requirements; and Practice inquiries from RMTs. </td></tr></table>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes				
- Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. Council continued its use of KPIs that were approved in 2020. KPIs are monitored by Council quarterly and an example of CMTO's KPIs can be found starting on page 36 of the November 2022 Council meeting package. CMTO will be developing new KPIs for its 2023 - 2025 Strategic Plan. The following KPIs were selected to track CMTO's performance against the strategic goal of Transparency (well-informed public and clients of RMTs): Number of visits to the public register; Number of professional conduct and practice inquiries received from the public; Feedback received from the public through consultation; and New and returning users to CMTO’s website. The following KPIs were selected to track CMTO's performance against the strategic goal of Quality (clients of RMTs receive evidence-informed Massage Therapy): Number of RMTs who have undergone peer assessments; Compliance with STRiVE requirements; and Practice inquiries from RMTs.					

			The following KPIs were selected to track 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, in some cases, obligations under the RHPA: • Percentage of complaints closed within 150 days or notice of delay issued (RHPA obligation); • Percentage of complaints where notice of complaint was issued to the RMT within 14 days of receipt (RHPA obligation); • Percentage of complaints where acknowledgement of complaint was issued to the complainant within 14 days of receipt (RHPA obligation); • Percentage of contested hearings; • Percentage of decisions upheld by Health Professions Appeal and Review Board (HPARB); and • Work with system partners. The following KPIs were selected to allow Council to monitor the number of RMTs entering and leaving the profession (or changing their class of registration). • New RMTs registered to practise; • RMTs moving from Inactive to Active registration; • RMTs moving from Active to Inactive registration; and • RMTs who resigned. Number of security incidents: This KPI was selected to allow Council to monitor information technology risks. Number of staff who left the College: This KPI was selected to allow Council to monitor attrition rates and ensures the College has sufficient human resources to achieve 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? Choose an item.

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			- Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. Council receives a quarterly update on the items below. These items can be found in the November 2022 Council meeting package: - Workplan report, which details progress towards achieving yearly corporate projects (pages 29 – 30); - Key performance indicators (page 36); - The Registrar's Report, which covers activities related to the CEO performance criteria that are not covered in any other quarterly report (pages 27 – 28); - Financial report (pages 37 – 41); and - Organizational Risk Register, which helps CMTO identify and manage risks that may impact its ability to fulfill its regulatory functions (pages 31 – 35).	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. Benchmarked Evidence	The College fulfills this requirement:	Yes
	Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.	
	In February 2022, Council reviewed the organizational risk register and discussed the sharp increase in applications for funding for therapy and counselling. The cost of administering CMTO’s program was also increasing. In response, Council considered proposed changes to the Funding for Therapy and Counselling Program in November 2022 (starting on page 52 of the November 2022 Council meeting package). The changes would streamline program administration and ensure fairness, transparency, and consistency for those who wish to access the fund.	
	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
Measure:		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Yes
	Please insert a link to the College’s dashboard or relevant section of the College’s website.	
	Council receives the reports noted below that describe CMTO’s performance against its strategic objectives. The Council meeting package is posted to CMTO’s website and is available for the public to access. In 2022, CMTO began livestreaming Council meetings to make it easier for observers to attend. The reports noted below are from the November 2022 Council meeting package.	
	- Registrar's Report (starting on page 27); - A workplan update (starting on page 29); and - Key performance indicators (page 36).	

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

Part 2: Context Measures

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

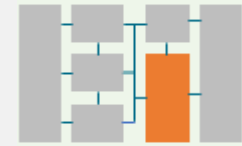
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<i>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).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
i. E-Learning Module	12,566		
ii. Self-Assessment (bi-annual requirement, first introduced in 2019)	1,176		
iii. Learning Plan	12,566		
iv. Experiential Learning Exercise (annual requirement, first introduced in 2020)	12,566		
v. Practice Assessments (completed an assessment in 2021)	376		
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			

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

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

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

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

Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2022	376	2.9%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	167	44.4%	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.

[NR](#)

Additional comments for clarification (if needed)

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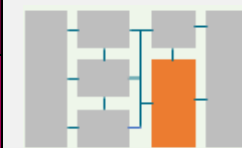
Please note that for CM 2, this number is lower than previous years as CMTO is transitioning to a new risk-based assessment process that was undergoing testing in 2022.

Please note that for CM 3, this number also includes RMTs who were directed to undergo remediation as a result of assessments that took place in 2021.

Table 3 – Context Measure 4

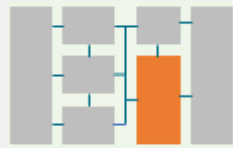
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**		#	%
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		109	65.3%
II. Registrants still undertaking remediation (i.e., remediation in progress)		58	34.7%
<i>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>			
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.			
Additional comments for clarification (if needed)			
Streamlined CMTO practices have resulted in fewer matters requiring remediation and improved outcomes.			
-			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations	<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	NR	NR	NR	NR	
III. Communication	14	16%	NR	NR	
IV. Competence / Patient Care	9	10%	NR	NR	
V. Intent to Mislead including Fraud	9	10%	9	21%	
VI. Professional Conduct & Behaviour	6	7%	6	14%	
VII. Record keeping	NR	NR	NR	NR	
VIII. Sexual Abuse	39	45%	16	38%	
IX. Harassment / Boundary Violations	NR	NR	NR	NR	
X. Unauthorized Practice	NR	NR	NR	NR	
XI. Other <please specify>	NR	NR	NR	NR	
Total number of formal complaints and Registrar’s Investigations**	86	100%	42	100%	

Formal Complaints NR Registrar's Investigation <i>**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.</i>	
<i>Additional comments for clarification (if needed)</i>	

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

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data collected in accordance with the recommended method or the College’s own method: College Method				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2022		120	
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022		112	
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022		42	
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR	
II.	Formal complaints that were resolved through ADR	NR	NR	
III.	Formal complaints that were disposed of by ICRC	85	71%	
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	NR	NR	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	
What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.				

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	20	9%	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
<i>Additional comments for clarification (if needed)</i> The denominator for CM9-VII is CM6 (total complaints brought forward to ICRC in the reporting period) and CM7 (total number of ICRC matters brought forward as a result of a Registrar's Investigation in the reporting period).			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	NR	5	NR	NR	NR	NR	NR
IV. Competence / Patient Care	6	5	NR	NR	NR	NR	NR
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	7	NR
VI. Professional Conduct & Behaviour	6	12	NR	10	NR	NR	NR
VII. Record Keeping	NR	NR	5	5	NR	NR	NR
VIII. Sexual Abuse	5	9	11	17	13	9	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	NR

Table 7 – Context Measure 11

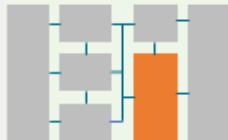
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2022	478	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2022	592		
Disposal			
Additional comments for clarification (if needed)			
“Working days” represents net working days, where weekends and Canadian statutory holidays observed by CMTO were excluded from the count.			
Where the allegations CMTO is investigating are also subject to criminal charges and proceed through the court system, CMTO holds its investigation in abeyance until the court matter is concluded. CMTO ensures that its investigation process does not interfere with criminal court proceedings and cooperates with the police and other justice system stakeholders.			

Table 8 – Context Measure 12

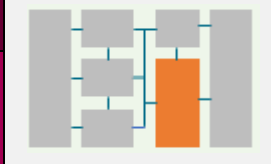
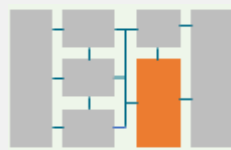
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>	
I. An uncontested discipline hearing in working days in CY 2022	368		
II. A contested discipline hearing in working days in CY 2022	539		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
-			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



Statistical data collected in accordance with the recommended method or the College’s own method: Recommended

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

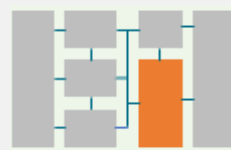
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	5	
II. Incompetence	NR	
III. Fail to maintain Standard	14	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	7	
VI. Dishonourable, disgraceful, unprofessional	22	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	7	
XII. False or misleading document	9	
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](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		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.	
Type	#		
I. Revocation	5		
II. Suspension	15		
III. Terms, Conditions and Limitations on a Certificate of Registration	15		
IV. Reprimand	19		
V. Undertaking	NR		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 5](#)

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

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)