College Performance Measurement Framework (CPMF) Reporting Tool

College of Homeopaths of Ontario

March 31, 2022

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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; and
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

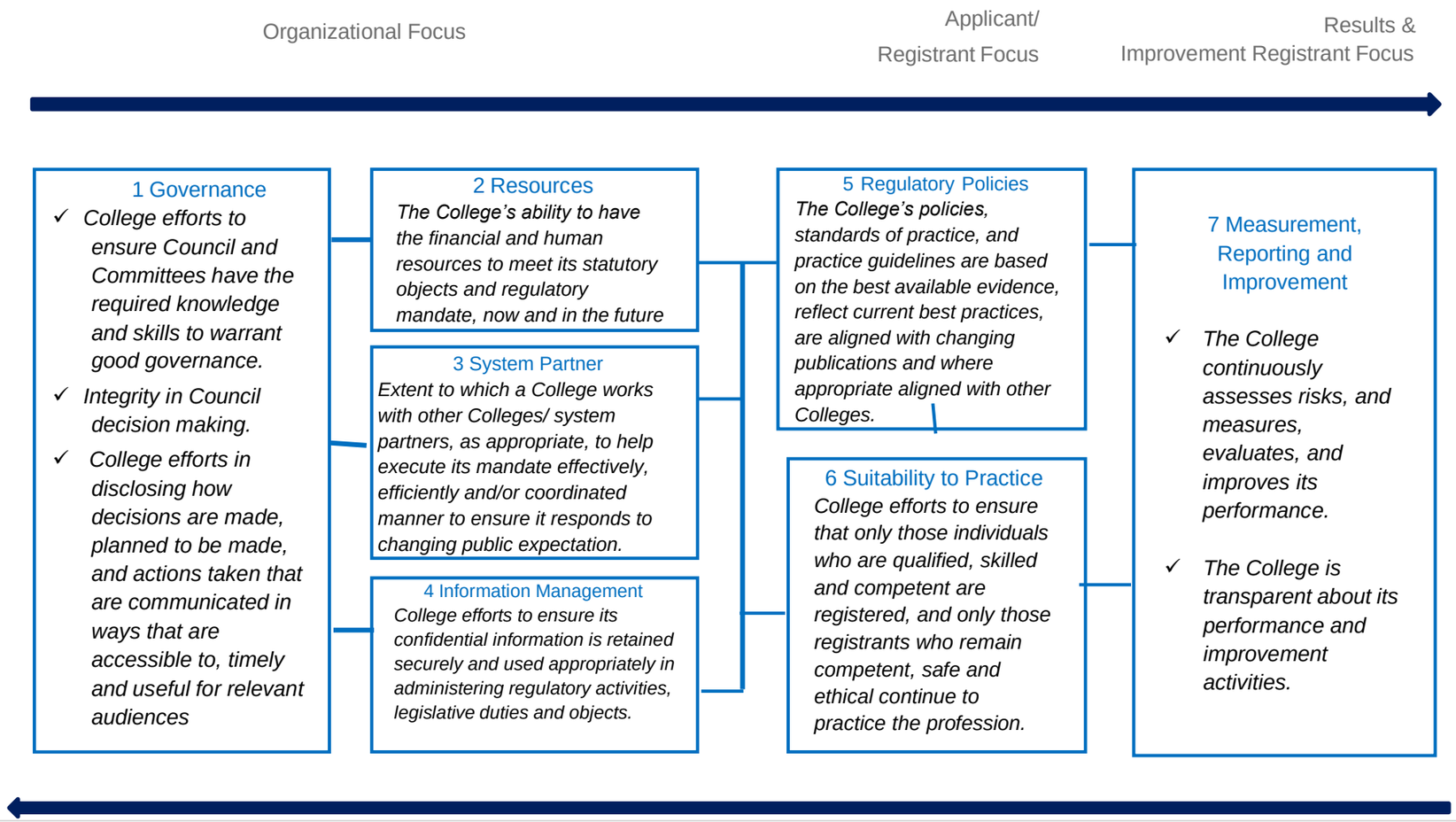


Figure 2: CPMF Domains and Standards

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

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a Collegemeets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools 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 and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations 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 2021 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 2020 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 is available:
In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and
In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.[1]

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 activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.

- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

[1] Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

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 areeligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and	The College fulfills this requirement: Partially • The competency and suitability criteria are public: Yes *If yes, please insert a link to where they can be found, if not please list criteria.* Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined suitability criteria defined in the College's Bylaws, ii. Reviewing the elections manual which details pre-defined competency criteria, and iii. Attending an interactive online orientation training about the College's mandate and expectations pertaining to the individual's roles and responsibilities as a Council member. (This training is a requirement as detailed in the College's Bylaws). **Suitability Criteria as per Bylaw 10.04 - Eligibility for Election** A Registrant is eligible for election to Council if the Registrant has been nominated in accordance with the bylaws, has completed and returned the conflict of interest questionnaire and if, on the deadline for the receipt of nominations and up to and including the date of the election, (i) the Registrant holds a certificate of registration; (ii) the Registrant is principally engaged in the practice of the profession in the electoral district for which he or she is nominated or, if the Registrant is not engaged in the practice of the profession, the Registrant principally resides in the electoral district for which he or she is nominated; (iii) the Registrant is not in default of payment of any fees to the College; (iv) the Registrant is not the subject of any disciplinary or incapacity proceeding; (v) the Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three (3) years; (vi) the Registrant's certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason; (vii) the Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee; (viii) the Registrant has agreed to resign and does, before taking office, any position such as director, owner, board member, officer or Employee that the Registrant holds with a Professional Association relating to homeopathy; (ix) the Registrant has not been disqualified from Council or a Committee within the preceding three (3) years; (x) the Registrant is not a member of a council of any other college regulated under the RHPA; (xi) the Registrant is not currently and has not been for the previous two years an Employee of the College;

(xii) the Registrant does not have a conflict of interest to serve as a member of Council or has agreed to remove any such conflict of interest before taking office;
(xiii) the Registrant has substantially complied with the Election Guidelines of the College;
(xiv) the Registrant is not in any default of returning any required form or information to the College; and
(xv) the Registrant provides acceptable evidence of successful completion of the Council-approved training program relating to the duties, obligations and expectations of Council and Committee members.

The following pre-defined competencies for Council members are identified in the elections manual.

Effective Council members should also demonstrate the following general competencies:

1. **Continuous Learning** - Takes actions to improve personal capability and has the ability to quickly understand and apply information, concepts, and strategies. Demonstrates an interest in continuous personal learning.
2. **Creativity** - Generates new solutions, develops creative approaches and implements new approaches that lead to improved performance. Anticipates and leads change that contributes to organizational success.
3. **Effective Communication** - Is willing and able to see things from other perspectives. Demonstrates accurate insight into the behaviour and motivations of other individuals and groups and responds appropriately. Accurately listens, understands, and responds effectively with individuals and groups.
4. **Leadership** - Creates strong morale and spirit in his/her team. Shares wins and successes. Demonstrates integrity, a positive attitude, energy, resilience, stamina and the courage to take risks.
5. **Planning & Initiative** - Recognizes and acts upon opportunities or addresses problems. Displays effective use of time-management skills. and ability to plan and organize workflow and meetings in an efficient manner to address the opportunity or problem.
6. **Relationship-Building** - Works to build and maintain ethical relationships and networks of contacts with people who are important to achieving College-related goals and the Council mission.
7. **Results-Oriented** - Makes specific changes in own work methods or systems to improve performance beyond agreed standards (i.e., does something faster, at lower cost, more efficiently; improves quality, stakeholder satisfaction, revenues, etc.).
8. **Stakeholder-Focused** - Desires to help or serve others, meets the organization's goals and objectives. Focuses efforts on building relationships keeping the College's mandate in mind and discovering and meeting stakeholders' needs in the context of that mandate. Recognizes that partnerships among internal colleagues within the Council are essential to meet external stakeholder's needs.
9. **Strategic Thinking** - Understands the implications of decisions and strives to improve organizational performance. Has an awareness of organizational issues, policy, procedures, and outcomes as they impact key stakeholders and the organization's strategic direction.
10. **Teamwork** - Demonstrates cooperation within and beyond the Council. Is actively involved and “rolls up sleeves.” Supports group decisions, even when different from one's own point of view. Is a good team player and does his/her share of work. Compromises and applies rules flexibly and fairly and adapts tactics to situations or to others' responses. Accepts setbacks and changes own behaviour or approach to suit the situation. Is candid about opinions and raises justified concerns.

Council members are not measured on these competencies.

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): As operating plan goals and objectives are being developed going forward, this item is among many under priority consideration. Performance will be dependent on progress and particulars of governance reform process. The College is interested in pursuing the adoption of required standardized pre-defined competencies for Council and Committees as well as reasonable screening criteria. Council will be looking to align and/or adopt an existing framework with minor modifications from the other RHPA colleges.

		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 to the website if training topics are public ***OR*** list orientation training topics. CHO has developed the following levels of Council training: • Pre-election – four-hour online overview of introduction to Council. No knowledge test. • Post-election – three hours - In the past, this has been via video-conference with a staff member; however, starting in 2022 this is moving to online video on demand. No knowledge test. • Additionally, CHO has a pre-Executive training session - three hours via video-conference with a staff member; however, starting in 2022 this is moving to online. No knowledge test. (Bylaw) o CHO Bylaws further require that a Council member must be on Council at least one year prior to sitting on Executive Committee. Plus one year on Executive Committee prior to standing for President or Vice President. o The President and Vice President undergo three hours of orientation. No knowledge test. **Topics:** **Pre-Election:** o understanding Health Profession Legislation and the Purpose of RHPA, overview of Schedule 2 The Code o other legislation and regulations governing the profession o role of RHPA Colleges - including regulating in the public interest, defining public interest, key differences between a regulatory college and an association, college mandate and RHPA objects, the role and responsibilities of Council and committee members o governing documents including the role of regulations, bylaws, professional practice standards and guidelines and policies in governing the work of the College o Accountability o Importance of transparency o Governance overview, policies and principles **Council Member Orientation** (post-election for professional members, post-appointment for public appointees) o Policies and principles for internal processes o What to expect at a Council meeting	

			o Council member conduct and rules including conflict of interest, confidentiality, dealing with bias, procedural fairness o In-depth introduction to committees and panels o Introduction to CHO operations, information management and access to resources o Understanding reporting tools **Executive Committee** (See below) President and Vice President o Chairing skills in a regulatory environment including agenda development, rules of order, motion development, parliamentarian processes, etc. o Enforcing Council member Code of Conduct, addressing conflict of interest o Signing authority policies and processes o College stakeholder relations and external reporting obligations o Planning and oversight responsibilities including strategic planning and operational plans overview o Human resources matters - processes for handling non-registrant complaints, in-depth understanding of election process and terms, registrar/CEO annual review process and contract renewal, awareness of employee manual and policies, and Council/Council member evaluation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	
		b. Statutory Committee candidates	The College fulfills this requirement:	Partially

		have: i. Met pre-defined competency and suitability criteria; and	• The competency and suitability criteria are public: Yes • *If yes, please insert a link to where they can be found, if not please list criteria.* CHO has suitability/eligibility criteria detailed in its bylaws. While the general competencies outlined above for Council apply, there are not yet committee-specific competencies. **Bylaw 13.13 - Eligibility for Committee Appointment** A Registrant is eligible for appointment to a Committee if, on the date of the appointment, (i) the Registrant holds a certificate of registration; (ii) the Registrant is not in default of payment of any fees prescribed to the College; (iii) the Registrant is not the subject of any disciplinary or incapacity proceeding; (iv) the Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three (3) years; (v) the Registrant's certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason; (vi) the Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee; (vii) the Registrant has agreed to and does resign, before taking office, any position such as director, owner, board member, officer or Employee that the Registrant holds with a Professional Association relating to homeopathy; (viii) the Registrant has not been disqualified from Council or a Committee within the preceding three (3) years; (ix) the Registrant is not a member of a council of any other college regulated under the RHPA; (x) the Registrant is not currently and has not been for the previous two years an Employee of the College; (xi) the Registrant is not in any default of returning any required form or information to the College; and (xii) the Registrant does not have a conflict of interest to serve as a committee member or has agreed to remove any such conflict of interest before sitting on the committee or panel.

			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): As operating plan goals and objectives are being developed going forward, this item is among many under priority consideration. Progress will be dependent on particulars of governance reform process. The College is interested in pursuing the adoption of required standardized pre-defined competencies for Council and Committees as well as reasonable screening criteria. Council will be looking to align and/or adopt an existing framework with minor modifications from the other RHPA colleges and/or any recommended resources developed by HPRO.	
		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 to the website if training topics are public ***OR*** list orientation training topics for Statutory Committee. **Committee: Duration, Format and Orientation Training Topics** **Discipline Committee**: 1/2 day, live webinar with Independent Legal Counsel. Legal framework, principles of administrative law, hearing process, responsibilities of panel members **Inquiries, Complaints and Reports Committee**: 3 hours, live webinar Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios, procedural fairness **Patient Relations Committee**: 1.5 hours, live webinar Role and statutory mandate of the committee **Quality Assurance Committee**: 1.5 hours, live webinar Role and statutory mandate, confidentiality, the Quality Assurance Program, possible decisions, suitable remedies and continuing education activities, suitable demonstration of remedy **Registration Committee**: 6 hours, live webinar	

			Role of the College, legislation and regulations, by-laws, policies, types of certificates of registration, ETP requirements, role of Registration Committee, appeals/reviews, types of commonly reviewed applications and potential outcomes, role of the Office of the Fairness Commissioner, unconscious bias, fair access, procedural fairness, assessments of qualifications processes, process of approved programs, refresher programs **Executive Committee**: 1.5 hours, live webinar Statutory powers of Executive Committee between Council meetings and duty to report to Council; understanding the statutory roles and responsibilities of college committees and rights and limitations of Council/EC over the authority of committee/panel decisions; planning and oversight responsibilities; budgeting, financial reporting, procurement process and annual financial audit process; deep dive on the bylaws, policies, and regulatory requirements; Registrar/CEO annual review process. **Fitness to Practice Committee**: 1.5 hours, live webinar Role and statutory mandate of the committee, rules of procedure. The Council also serves as the Fitness to Practice Committee. As of the end of the reporting period there had not been a need to strike a panel of the Fitness to Practice Committee for the purpose of holding a hearing. Training/orientation will be provided in the event that the committee is required to hold a meeting.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional):

		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:	Yes met in 2020, continues to meet in 2021
			• 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 to the website if training topics are public ***OR*** list orientation training topics. Council Training Report CHO staff conduct a four-hour online video-conference introduction to Council (professional and public appointees). No knowledge test. **Topics**: o introduction to the College o duties and mandate of the College o fiduciary duties of Council and committee members o understanding Health Profession Legislation and the purpose of RHPA, overview of Schedule 2 The Code o other legislation and regulations governing the profession o role of RHPA Colleges - including regulating in the public interest, defining public interest, key differences between a regulatory college and an association, college mandate and RHPA objects, the role and responsibilities of Council and committee members o governing documents including the role of regulations, bylaws, professional practice standards and guidelines and policies in governing the work of the College o accountability o importance of transparency o governance overview, policies and principles including confidentiality, conflict of interest and corporate solidarity o overview of the homeopathy profession **Council Member Orientation** (post-election for professional members, post-appointment for public appointees) o Policies and principles for internal processes o What to expect at a Council meeting o Council member conduct and rules including conflict of interest, confidentiality, dealing with bias, procedural fairness o In-depth introduction to committees and panels o Introduction to CHO operations, information management and access to resources o Understanding reporting tools	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	**College Response**
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: Yes
	• Please provide the year when Framework was developed ***OR*** last updated. 2021 • Please insert a link to Framework ***OR*** link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • *If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.* Resources and Reports section of website, Materials for October 21, 2021 Council Meeting (item 10.4) Evaluation Form: https://www.surveymonkey.com/r/QM5RLSL The online evaluation covers the issues of: General satisfaction with the meeting, satisfaction with how Council accomplished its agenda items, the way in which Council members worked together and the chair's skills to facilitate discussion. Additionally, the evaluation covers time/timeliness and adequacy of background materials to help Council members prepare. Questions designed to ascertain the major strengths of the meeting, how the meeting could have been improved and if there was anything about the meeting that hindered the Council's work. If concerns are raised, Council members are invited to identify themselves for personal follow-up.
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			• A third party has been engaged by the College for evaluation of Council effectiveness: Choose an item. • *If yes, how often over the last five years?* • Year of last third-party evaluation. At present, College financial resources do not allow for independent engagement of a third-party evaluator.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional)	
		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:	Partially
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last year.	
			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) Following development by the Governance Panel, a self-evaluation survey was approved by Council in March 2021. It was distributed in April 2021, with results reported at the October 21, 2021 Council meeting (see item 10.4, here). Further refinement of the process was undertaken in late 2021 and the revised version was distributed in early 2022. This iteration was accompanied by a second survey primarily seeking input on training topics and methods. Based on the results of the training survey the College will implement a quarterly training plan trailed to meet the needs of Council members. In-person training/education will be provided at Council meetings in three of the four quarters. In one quarter Council members will be requested to participate in self-directed learning through an online portal. The training cycle is being introduced starting in March 2022. The College will utilize outside resources where possible, cost-effective and appropriate. During the reporting period, additional training was provided to the ICRC and the Discipline Committee.	

		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:	No
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found ***OR*** • Please briefly describe how this has been done for the training provided <u>over the last year</u>.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional):	

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, stakeholdersand 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: **Partially** • Please provide the year when Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. 2016 • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the review. The College's Conflict of Interest policy is found in 1. Section 16 of the Bylaws and 2. Governance Policy GOV-07. These documents are included in the Council Reference Binder. The Conflict-of-Interest Bylaw was first adopted by the transitional Council of CHO in November 2009. It has not been re-evaluated since and only the cooling off bylaw has changed to lengthen the amount of time prior to when a Council member can become an employee from one year to two years. CHO Human Resources/ Employee Policies Handbook (last approved by Council in June 2015) also contains a Conflict of Interest Policy (#HR - 17) which is based on CHO Bylaw 16. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **No** *Additional comments for clarification (optional)* The College is in the process of setting a regular policy review schedule for all policies across the organization. In accordance with this standard the Conflict of Interest policy will be reviewed every three years. Diversity, Equity and Inclusion will be integrated into the next iteration of the policy.

		ii. accessible to the public.	The College fulfills this requirement:	Yes
			• Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy ***OR*** Council meeting materials where the policy is found and was discussed and approved. The College's Code of Conduct is Schedule 3 of the Bylaws, and the Conflict of Interest policy is found in Bylaws Section 16.	
			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).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
		Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. 2009 • Please provide the length of the cooling off period. Two years • 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; CHO Bylaws – Insert a link to Council meeting where cooling of period has been discussed and decided upon; ***OR*** – Where not publicly available, please describe briefly cooling off policy. **Council to Staff** CHO Bylaw 16.10 - Staff (Employee) Positions A member of Council or a Committee member may not hold any other position, employment, contract or appointment with the College while serving as a member of Council or its Committees. There is a two-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to, positions as peer assessor, investigator, inspector, examiner or other management or administrative staff. **Staff to Council or Committee Member** CHO Human Resources/Employee Policies Handbook (Last approved by Council in June 2015)	

			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) **6. Council Positions** A member of staff may not hold any position on Council, Committee, or Panel with The College. There is a two-year waiting period before the individual may apply for a Council, Committee or Panel position with The College. **Association Authority ♦☐ Council** CHO Bylaw 16.03 - Conflicts Relating to Involvement with a Professional Association A member of Council or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its Committees at all if he or she holds a responsible position such as director, owner, board member or officer in or is an Employee of any Professional Association relating to homeopathy. **Other Organization Authority ♦☐ Council** CHO Bylaw 16.04 - Conflicts Relating to Position in Other Organizations A member of Council or a Committee member should refrain from participating in any discussion or voting if he or she holds a responsible position such as director, owner, board member or officer in or is an Employee of another organization where his or her duties may be seen by a reasonable person as influencing his or her judgment in the matter under consideration by the Council or its Committees. For example, an educator in a school should not participate in any decisions relating to the status of that school, its program(s) or the acceptability for registration of graduates from that school. The CHO bylaws reflect various other cooling off periods that apply to different circumstances which may give rise to an actual or perceived conflict of interest in connection with the member's role on Council or committee. This may include recent employment with the College (within two years), maximum consecutive term of an officer of the College in one position (three (3) consecutive, full-year terms), or where an officer has been the subject of any professional misconduct, incompetence or incapacity finding in the preceding 3 years, or where the officer has had his or her certificate of registration revoked or suspended in the preceding 6 years, or for disqualification for any reason from Council or Committee (preceding 3 years), or reaching the nine year term limit for board members (3 years). **Action required but no cooling off period:** The Registrant a) has agreed to resign and does, before taking office, any position such as director, owner, board member, officer or Employee that the Registrant holds with a Professional Association relating to homeopathy. b) does not have a conflict of interest to serve as a Council or committee member or has agreed to remove any such conflict of interest before sitting on the committee or panel. **Other Eligibility Requirements** A Registrant is eligible for election to Council or appointment to a committee if the Registrant has been nominated in accordance with the bylaws, - is not in default of payment of any fees to the College; - is not the subject of any disciplinary or incapacity proceeding; - his/her certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee; - is not in any default of returning any required form or information to the College.	

		c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest 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 specific to the meeting agenda.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. Implemented in 2009/evaluated in 2021. • 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. The Conflict of Interest form was implemented in 2009 and last updated/evaluated in 2021. Currently, all Council members are required to sign an annual acknowledgment of their fiduciary duties and responsibilities that includes an acknowledgment and undertaking to declare any conflicts of interest. Council members are also required to complete a Declaration of Conflict of Interest form which provides members with a copy of the College's Bylaws and conflict of interest policy. The document asks the member to declare his or her current and recent affiliations with Professional Associations and other organizations. Both new and returning nominees for professional seats on Council are also required to complete a conflict of interest form. In relation to standard 2.1c. the College demonstrates the following: i. A summary of each Council member's identified affiliations is provided in the Council package. ii. The questionnaire provides a copy of the conflict of Interest policy and bylaw which defines real and perceived conflict of interest. iii. While the conflict of interest policy is Council approved, the questionnaire/form contains no specific questions based on areas of risk identified by Council that are specific to the profession and/or College. At the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda. Materials for the October 21, 2021 Council meeting include a summary each Council member's conflict of interest declaration (see agenda item 4).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	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. All briefing notes include a section on public interest considerations as well as alignment with strategic and legislative direction and guiding legislation/bylaw/policy. Specifically, the section relating to purpose of protecting the public is to prompt a discussion on the public interest rationale and/or implications of the decision that is being made by Council. The report writer is to provide context in each one of these areas. Examples of such reports can be found in each of the Council materials packages posted here. Contents of each briefing note include: STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's Operating Plan, Goals and Objectives in the Key Result Area or other requirement: □ 1 Delivering on Legislative & Legal Mandate □ 2 Practicing Good Governance □ 3 Achieving Growth □ Fulfilling RHPA Objects □ Meeting a Legislative/Regulatory or Bylaw Requirement □ Other, specify: _____ GUIDING LEGISLATION/BYLAW/POLICY: PROTECTING THE PUBLIC: Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations. Meeting minutes do not include a link to publicly available briefing notes; however, prior Council meeting packages are available online and content reports discussed in public.	
			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. <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.	The College fulfills this requirement:	Partially
			• Please provide the year 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. The CHO has an established risk-assessment framework, primarily used to assess risks of undertaking (or not undertaking) major projects. It was developed in 2012 and last employed in 2016. An informal risk-assessment approach is used in the development of each year's strategic goals and objectives. Additionally, risk assessment measures are built into the processing and review of Inquiries, Complaints and Reports and System Partner Initiative review process (developed in 2021).	
			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)	

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: Partially
		• Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. Council minutes are posted as part of Council meeting packages here. Status updates on the implementation of Council decisions and other action items are included as part of the minutes. Status updates on ongoing items included in each set of Council meeting materials. The College's annual operating goals and objectives (OPGO) are reported on in the OPGO status report.
		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)

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. Executive Committee reports are included in the Council package for each meeting and are available on the website. Information provided includes the meeting date, rationale for the meeting, a report on discussions and decisions of Executive Committee when it acts on behalf of Council or discusses or deliberates on matters or materials that will be brought forward to Council, and finally indicates if decisions will be ratified by Council.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure 3.2 Information provided by the College is accessible and timely.		
		Required Evidence	**College Response**	
		a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
			• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. Notice of Council meetings and materials can be found here until the date of the meeting. Following the meeting, materials are posted here.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
			• Please insert a link to the College's Notice of Discipline Hearings. Notice of Discipline Hearings can be found here.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		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: No
			• 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.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? No
			Additional comments for clarification (optional) DEI will be addressed as resources permit and in conjunction with HPRO and other RHPA colleges. The College is not anticipating addressing DEI integration in 2022.
		b. The College conducts EquityImpact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	The College fulfills this requirement: No
			• Please insert a link to the Equity Impact Assessments conducted by the College ***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.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? No
			Additional comments for clarification (optional) DEI will be addressed as resources permit and in conjunction with HPRO and other RHPA colleges. The College is not anticipating addressing DEI integration in 2022.

DOMAIN 2: RESOURCES	STANDARD 4	**Measure** **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.**

Required Evidence	College Response	
a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	No
	• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to most recent approved budget. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Agenda item 8.2, October 21, 2021 Council meeting (*in camera*) The CHO has a small human resource complement and a limited financial budget. All responsibilities are managed by a staff of four. One staff member is responsible for registration; one is responsible for communication and support to Council and Executive Committees and provides additional support as required. Two senior staff manage all other components of the College's activities and mandate and provide direction to support staff. Small teams of assessors have been contracted and trained to conduct substantially equivalent evaluation of applicants and academic program-based assessments. Staff support regulatory programs in addition to the tasks identified in the operating plan goals and objectives (OPGO), although in many cases there is an overlap between the two. The OPGO is tied to three Key Result Areas including: 1. CHO Effectively Delivers its Legislative & Legal Mandate; 2. CHO to Practice Good Governance; and 3. CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels). Staff are supported by outside services in the areas of bookkeeping, legal, investigations and database support. The current CHO budget provides limited discretion for additional initiatives or expenditures. All activities undertaken must fit within the budget and existing staff complement. College work is somewhat variable as far as catering for contingencies such as complaints which may not altogether be predictable (e.g., the number of complaints received and when they arise, discipline cases resulting in investigations and hearings, and other directives from the Ministry or other external agencies). Consequently, any attempt to predefine human resources allocation can be challenging especially with a small staff.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
	Additional comments for clarification (optional) As operating plan goals and objectives are being developed going forward, this item is among many under priority consideration.	

		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:	No
			• Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved. • 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? No	
			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) While it is certainly the intent of the College to achieve the level of reserves set out in the policy, the ability to do so is largely contingent on factors outside its control, namely the number of new and returning registrants and the number of complaints received, and especially those that go on to require investigations and referral to the Discipline process. The College has conducted a review of best practices employed by other RHPA colleges and will endeavor to complete development of a draft reserve policy in 2022.	

		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).	The College fulfills this requirement:	Partially
			• 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. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The College addresses sustainability in its annual operational plan goals and objectives. The College has a growth plan and a goal to maintain membership at a level which is supportive of the operations of the College. Council and Executive Committee review the plan and monitor progress at each meeting. The College currently does not have operational policy which address staffing complement. Annually the Executive Committee is to review the Registrar's performance. Going forward, this review will be closely aligned with the specific goals and objectives approved for the review period. The Registrar is responsible for the management of the College's staff and ensuring fulfillment of the College's mandate and annual operating plan goals and objectives.	
			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. 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:	Partially
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. College systems are digitally based. Changes to the database will enhance the registration process and add digital access for quality assurance and the complaint process. The College operates on a Microsoft Office 365 for Business platform with enhanced capacity for administrative and committee management, as well as an electronic file storage/records management and telephone system. As part of the College's Operating Plan Goals and Objectives, a number of technology goals have been identified: 1. To update the College's existing database with a move to a new database allowing additional features such as online complaint submissions, and online applications for individuals who are seeking substantially equivalent review and determination of eligibility for registration. It should be noted that the College's existing applicant and registrant portal supports a variety of digitalized processes which makes registration from anywhere in the world an easier and possible experience. 2. Development of a secure registrant portal will allow improved access to information, resources and educational offerings which will support understanding of the registrant's legal, professional and quality assurance obligations. The College does not have a separate technology plan. Technology implementations are currently monitored by staff with input from an IT consultant.	
			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) Work on the two goals identified above will continue. As operating plan goals and objectives are being developed, the development of an annual technology plan is a priority consideration.	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response ***Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.*** ***Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.***
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health. 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 theprofession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* Since submitting the 2020 CPMF report, the College has focused on initiatives – particularly those involving system partners – through a CPMF lens. Key result areas and system partner initiatives (SPI) are -- now and going forward – inextricably linked. To this end, during the reporting period significant time was dedicated to establishing a framework for identifying and executing future system partner initiatives, including a comprehensive tool to evaluate potential options. Using this tool, two major projects were identified as being both high priority and achievable. As operating plan goals and objectives are being developed going forward, a project to satisfy standard 5 is among many under priority consideration. In 2021, prior to implementing the SPI tool and framework, CHO system partner initiatives included a variety of activities: 1. Ongoing collaboration with HPRO has proven invaluable, especially in working through the preparation of the CHO's CPMF submission and making adjustments to operations in alignment with CPMF areas of focus. 2. A fruitful discussion (January 12, 2021) was had between CHO President Mark Heller, Basil Ziv, CHO Registrar, and Michael Feraday from the Ontario

Massage Therapists Association. Ideas collected from that meeting furthered those previously cultivated between the College of Homeopaths and Corinne Flitton, Registrar, Massage Therapists (CMTO). Similarities in the way the colleges developed historically, and the evolution of the respective professions were identified, and both the brand and image of professions were recognized as being significant factors in ensuring public protection through education. Future collaborations between RHPA Colleges at a variety of levels is contemplated.

3. During the development of the 2021-2022 operating plan, it was decided to establish a triad of system partners, which would include CHO, Educational Institutions, and Member Associations, all working collaboratively. The intent of this framework is to focus on the public interest by improving relationships between triad partners and finding ways to improve access by the public to homeopathy services. The CHO reached out to the identified triad organizations, including the Canadian College of Homeopathic Medicine, the Ontario College of Homeopathic Medicine, the Ontario Homeopathic Medical Association, and Registered Homeopaths of Ontario. Discussions will continue as resources allow.
4. The CHO participated fully with the Ontario Health Units during the vaccine rollouts ensuring that all homeopaths who wished to be vaccinated had the opportunity to do so. This required coordination with homeopaths within their jurisdictions and the respective Health Units ensuring registrants were aware of vaccination availability, thereby assisting the province with its vaccine rollout.
5. The CHO Registrar participated in an advisory capacity to help a coalition comprised of homeopathy product manufacturers, CHO members, homeopaths from other provinces, the public (consumers), understand the role of the CHO. This resulted in Increased awareness of the role of the College and a strengthening of collaboration among a wide array of stakeholders.

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). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

The College has responded to changing public expectations largely through registrant education. For example, significant effort went into empowering registrants to practice remotely, thereby expanding geographic possibilities for safe care via remote means.

At present, the CHO does not have a regular mechanism for interacting with patients/public (other than receiving complaints) but does provide resources to its

	registrants to improve their interactions with patients. In 2021, CHO hosted two different workshops on improving the remote practice experience for patients. These were conducted in March and April, with approximately 100 registrants taking part in each. The workshops were recorded and are available on the CHO website. Staff reviewed Anti-BIPOC racism working group recommendations put forward by HPRO on June 7th, 2021. CHO is planning to adapt further resources developed by HPRO on DEI and Anti-BIPOC Racism. As well, staff participated on July 5th, 2021, in an Anti-BIPOC racism workshop led by Dr. Javeed Sukhera. On September 29, staff members attended the town hall meeting addressing the results of the survey of health professionals via a survey distributed by RHPA colleges. The outcome of these exercises has been increased knowledge and exposure of staff to the issue. By participating in HPRO's collaborative development of learning tools, the College is prepared to adopt and implement tools created to address these issues going forward. Increased awareness of barriers that exist within the profession has set the stage for expanded education which, in turn, may help to expand access to care for a broader community of patients. College staff took the opportunity on September 30 to engage in a day of education and reflection on Indigenous history in Canada. Resources explored by staff were shared with Council members. During the reporting period, significant time was dedicated toward establishing a framework for future system partner initiatives, including a comprehensive tool to evaluate potential options. Using this tool, one potential project identified is a multi-stage exercise in direct patient engagement. As operating plan goals and objectives are being developed going forward, the patient engagement project is among many under priority consideration.

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Measure** **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
	• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. Policy documents pertaining to Privacy and Confidentiality Bylaws CHO By-Laws Bylaw 17 Confidentiality SCHEDULE 3 TO THE BYLAWS Code of Conduct for Council and Committee Members **Human Resource Policies** HR - 22 Confidentiality HR - 27 Standards for Telecommuting HR - 28 Email and Internet Use **Operations and Governance Policies** OP - 01 Records Management OP - 02 Privacy Code OP - 03 Privacy Breach Reporting Process COM - 06 Privacy Code - Website **GOV -15 Confidentiality** The College has policy which defines a privacy breach, provides an overview of applicable privacy legislation, and describes how the College will address breaches. The College relies on the best practices approach of the Information and Privacy Commissioner of Ontario and Office of the Privacy Commissioner of Canada. The College has a records management policy adopted from that of the College of Physicians and Surgeons. This policy describes how the College stores information, how long information is retained and how it should be destructed. All board and committee members sign a confidentiality agreement on an annual basis.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		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.	The College fulfills this requirement:	Partially
			• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College has implemented several procedural processes including: • Secure online record management through Micr*osoft Office 365.* • Introducing new automated payment processes so that it will no longer be necessary to collect credit card information.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) Over the course of 2021, progress was made on the implementation of a new database and registration system. When fully implemented in 2022, this will further help to protect against unauthorized use of information.	

	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: Partially
		• 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 ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). The college regularly monitors changing practice environments and technology through environmental scans and consultations with stakeholders and system partners, including but not limited to homeopathy educators and associations, Health Profession Regulators of Ontario (HPRO), Health Canada, and Ontario Regulators for Access Consortium (ORAC). Standards of Practice and Practice Guidelines were last reviewed in 2018 for currency and are revised as required. The College is in the process of setting a regular policy review schedule for all policies across the organization which will create an expected time framework for review of policies, standards of practice and practice guidelines. In late 2021, the Patient Relations Committee commenced on the review and revision of three professional practice standards/guidelines in addition to one practice guide. While the review and development will continue through 2022, the Committee has proposed the elimination of one practice guideline, to be replaced with three new standards. Additionally, the committee is proposing revisions to two existing standards and the introduction of one new public facing policy.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? No
		Additional comments for clarification (optional)

		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.	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 ***OR*** please briefly describe the College's development and amendment process. The professional practice standard/guideline/policy review started by the Patient Relations Committee looks at documents related to patient communication, patient examination, informed consent, professional boundaries, prevention of sexual abuse, and zero tolerance approach to complaints management. The review considers the following: i. **Evidence and Data**: What do complaints to the college tell the committee about red flag issues? What are the typical questions received from registrants and the public on these topics? Do the existing and proposed standards adhere to legislation? What changes are required? ii. **Risk to Patients/Public**: What information is needed for both the patient and the registrant to eliminate sexual abuse of a patient? What information is required to protect patients/the public from harm? What information is necessary to ensure patients have a clear understanding of what to expect from a Homeopath, and what their rights are? iii. **Current Practice Environment**: How does remote practice impact the patient and practitioner experience in relation to these documents? What has changed in the practice environment since the original documents were created in 2014 (reviewed with editorial updates in 2018)? How has remote practice impacted the patient examination process? What do patients and registrants need to know about sending pictures and data to support examination and assessment while ensuring patient privacy and confidentiality? iv. **Alignment with other Health Regulatory Colleges**: CHO conducts a thorough review of how other RHPA colleges address the same subject and adopts with permission and modification materials which are similar in approach to that of homeopathy. In some cases, the CHO may use an integrated approach to creating documents by using the best approach from several sources. v. **Expectations of the public**: the College works to meet the expectations of the public through consultation and feedback and through a common-sense approach to policy/standards/guideline updates. vi. **Stakeholder views and feedback**: Once the draft professional practice documents have been approved in principle by Council, they are circulated for public consultation for 60 days. The consultation process involves distribution by email to any interested party including all registrants and stakeholders, regular reminders to provide feedback, and posting the documentation on the College'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)	

		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:	No
			• 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.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional) The College will be working with HPRO and other RHPA colleges to develop a framework to promote DEI throughout its policies and operations. The College is not anticipating addressing DEI integration in 2022. To date, the College has taken a number of steps toward increasing awareness of DEI-related issues, namely: • Reviewed Anti-BIPOC racism working group recommendations led by Judy Rigby through HPRO, June 7th 2021. o **Outcome**: CHO is planning to adapt resources that HPRO develops on DEI and Anti-BIPOC Racism. • Participation, July 5th 2021, in an Anti-BIPOC racism workshop led by Dr. Javeed Sukhera. In addition (September 29), staff members attended the town hall meeting addressing the results of the survey of health colleges. o **Outcome**: increased knowledge and exposure of staff to the issue, we participated in HPRO's collaborative approach to College learning, leading to the development of future tools which will be picked up at the College level and implemented. Staff have become aware of barriers that exist within the profession which can also be addressed through education (e.g., workshops) in order to expand access to care for a broader community of patients.	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	**Measure** **9.1 Applicants meet all College requirements before they are able to practice.**

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.)[2].	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021

- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements ***OR*** please briefly describe in a few words the processes and checks that are carried out.
- Please insert a link ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

The following links inform much of the registration process:

- the Guide to Registration, Substantially Equivalent Competence Assessment (SECA) process,
- Substantially Equivalent Interview Preparation Guide, and
- the Homeopathy Individual Assessment Application Guide

In addition, two policies inform the substantial equivalence and individual assessment processes:

- REG CS 08 Substantially Equivalent
- REG AD 02 Individual Assessment Appeals Process and Timelines

Registrants enter the College in one of two ways, as graduates of a post-secondary program in homeopathy which has been approved by Council, or through a process of demonstrating that their education and clinical training is substantially equivalent to that received by a graduate of an approved program.

Ensuring that those who enter the College have an appropriate level of education and clinical training and demonstrate entry to practice knowledge, skill and judgment is a critical role for the College and an important aspect in ensuring public protection.

In 2020 (the most recent statistics available), 58% of applicants graduated from CHO-approved post-secondary programs in homeopathy in Ontario. Some applicants to the College come with a wide and diverse range of education and clinical training, sometimes earned from outside of Ontario. The College's 2020 Fair Registration Practice Report to the Ontario Office of the Fairness Commissioner shows 42% of applicants who went on to become registrants received their initial education outside of Canada. The content of the education and clinical training received by applicants outside of Ontario varies from greatly exceeding the CHO requirements to falling below the complement of courses and skills training required to demonstrate the requirements laid out in Ontario Regulation 18/14 Registration, College policies and/or evidence that the applicant has been taught and evaluated on the competencies laid out in the Entry-to-Practice Competency Profile for Homeopaths Practicing in Ontario.

The CHO has excellent rapport with the administrators of the CHO-approved programs. These schools provide transcripts and any additional support information required (i.e. training logs, supervisor reports, etc.) on a as needed and as requested basis. Sometimes this information is required if an applicant is re-entering the workforce and graduated prior to the program becoming approved. Most applicants who are program graduates from a post-secondary program in homeopathy within Canada, but outside of Ontario, come from one program in Quebec. The CHO also has an excellent rapport with that school.

			Between 2015 and 2020, the majority of applicants from outside of Canada received their education from India (59%), Pakistan (18%) or the United States (6%). Typically, the homeopathy programs in India and Pakistan are medically based four-and-a-half-year degree programs followed by one year of internship. While these programs generally meet or exceed the Ontario-based program requirements, all individuals who have not graduated from an Ontario approved program must undergo a Substantially Equivalent Competency Assessment (SECA) review administered by the CHO. Additionally, the individual must provide proof of education and training along with all other registration requirements. Both India and Pakistan have certification boards which oversee and validate the applicant's training and education. These certification bodies provide verification information directly to the CHO. All applications, regardless of the pathway to registration, must include verified proof of identification. Supporting information received from educators, supervisors, or regulators must be submitted directly from source. Applicants who have been or are currently registered with another regulatory body must request that a Certificate of Professional Conduct be issued to CHO. CHO registration process also includes the following components: **Applicants without currency in the past three years**: If an applicant does not have currency, he/she may be directed to undergo a Refresher Program from a CHO approved program in Ontario. This program includes theory refreshment set to CHO entry-to-practice competency profile and clinical supervision. The program provider issues a progress report and a certificate of completion. **Substantial Equivalence Competency Assessment (SECA)**: The SECA review for individuals who have not graduated from an approved post-secondary program in homeopathy includes a thorough examination of the applicant's submission package including training and education, and a comprehensive in-person interview (conducted via video call during 2021, previously the interview may have been in person). The interview is conducted by a trained assessor who is also a homeopath. The applicant must provide proof of identification prior to commencing with the interview. The SECA process can result in one of the following outcomes: 1. Demonstration of substantial equivalence [scored 80% or more on both the theory and clinical requirements] 2. Failure to demonstrate [scored less than 80% on either the theory or clinical requirements or both] Where gaps in the applicant's knowledge, skill and judgment exist, the applicant is notified of the results and is provided with a complete results report. The applicant may remedy the outcome by a. retaking the SECA interview to improve their demonstration or b. the file will be referred to the Registration Committee who provides specific instruction to the applicant on the additional education or clinical training, and the acceptable source, required to satisfy the registration requirements. The SECA process may be undertaken up to three times. If the individual is unable to demonstrate equivalence by the third attempt, the College requires the individual to provide proof of additional training or education prior to again attempting the SECA process. The SECA results can be appealed to the Registration Committee. **Individual Assessment (IA)**: All applicants who have demonstrated the required level of education and clinical training must undergo an Individual Assessment of their knowledge, skill and judgment of a sub-set of the College's Entry to Practice Competency Profile for Homeopaths Practicing in Ontario. The IA is administered by an independent company with designated psychometric experts who are experienced in competency assessment. The IA is a paper-based assessment that consists of a written essay on the theory of homeopathy and a detailed analysis of three of the applicant's own cases which must be current. The materials reviewed by the IA assessor contains only a file number. The IA assessors are specially trained and are registrants of the College. Like other components of the application process, applicants must submit proof of identification with their IA submission. Plagiarism is addressed in a joint policy and is not tolerated. **Individual Assessment Workshop (IAW)**: All applicants are offered the opportunity to participate in an Individual Assessment Workshop designed to assist in understanding CHO competencies and how to demonstrate them within the requirements Individual Assessment. The workshop is conducted remotely by trained staff without cost to applicants.

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

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes

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

Also refer to the answer in 9.1a for information on the validation process to detect fraudulent applications or documents.

CHO's criteria for applicants of full class is outlined in section 6 (1) of Ontario Regulation 18/14 O. Reg. 18/14: REGISTRATION (ontario.ca)

Registration requirements, Full class

6. (1) The following are registration requirements for a Full certificate of registration:

1. The applicant must have,

i. successfully completed a post-secondary program in homeopathy in Ontario that is approved by Council, or another body approved by Council for that purpose, or

ii. successfully completed a program in homeopathy together with other education or training which a panel of the Registration Committee considers, when taken together, to be substantially equivalent to the requirements set out in subparagraph i.

The criteria for an approved post-secondary program in homeopathy in Ontario, supported by 6.(1)1i was approved in 2015 and has remained unchanged since that time.

The criteria, for the determination of applicants who are deemed to have successfully completed education and clinical training which is considered to be substantially equivalent to that of a graduate from an approved post-secondary program in homeopathy in Ontario, have undergone substantial fine-tuning since they were first introduced in 2016. In late 2018 staff undertook a review of the substantially equivalent process to make the process more transparent for the applicant while enhancing public protection.

Throughout the 2020 and 2021, the College continued to work on strengthening its SECA (substantially equivalent competency assessment) review process to include a thorough interview process intended to provide a deeper understanding of an applicant's knowledge, education and training and to determine if gaps exist between the applicant's training and the College's requirements. This interview process, utilizing trained assessors, who are also homeopaths, provides the College and the public with a greater level of confidence about the entry-to-practice readiness of future registrants. Where a gap or gaps are identified, the College provides the applicant with clear direction on additional education and/or training required to demonstrate eligibility to register in Full Class. Once the applicant demonstrates substantial equivalence, they are still required to successfully complete all remaining registration requirements including the Individual Assessment (IA) process.

			The IA, first adopted in 2014, is administered by an independent third-party psychometric assessment company. Together the substantial equivalence review and the individual assessment requirement help to ensure registrants are knowledgeable and appropriately trained on entry to practice competencies and requirements. The in-depth review of substantial equivalence has been developed in accordance with the general and specific duties outlined in the *Fair Access to Regulated Professions and Compulsory Trades Act* and supporting materials provided by the Office of the Fairness Commissioner of Ontario. The process meets both the applicant's needs for a process which is transparent, objective, impartial and fair, and the public's need for protection and confidence in their health care providers.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

Measure **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
a. A risk-based approach is used to ensure that currency[3] 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. CHO's currency requirements are outlined in section 7(1) of Ontario Regulation 18/14 O. Reg. 18/14: REGISTRATION (ontario.ca) **Terms, etc., Full class** 7. (1) Subject to subsection (2), the following are terms, conditions and limitations on every Full certificate of registration: 1. The member shall practise the profession a minimum of 750 hours during every three-year period, with the first three-year period beginning on the day that the member is issued a Full certificate of registration, and each subsequent three-year period beginning on the first anniversary of the commencement of the previous period. 2. At all times the member must be certified in health care provider CPR and standard first aid. O. Reg. 18/14, s. 7 (1). These requirements were last reviewed in 2014. Monitoring of currency requirements occurs through self-declaration once a year at renewal time. The annual reporting on actual currency hours is provides a detailed recording of the registrant's practice hours during their selected 12-month reporting period. This information is reviewed for completeness and is followed up by staff and confirmed. Once the information is confirmed, the registrant maybe referred for peer assessment by the College's Registrar. Registrants are required annually to reaffirm matters of good character. The registrant has the option to provide additional information at the time of renewal. Any matter that is flagged by the registrant is followed up by staff. Additionally, at the time of renewal registrants are required to provide proof of renewal of their certificate in health care provider CPR and standard first aid and insurance.	
	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)	

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

		Measure **9.3 Registration practices are transparent, objective, impartial, and fair.**		
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Partially
			• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, it is In Progress. In September 2021 the OFC notified CHO that "Based on our review of how your organization has performed against these indicators, the OFC has determined that the College of Homeopaths should be assigned a "substantial compliance" provisional rating. This means that, following completing this review, there remain several compliance recommendations that are outstanding." The CHO is continuing to work on addressing all its outstanding 16 compliance issues and three recommendations with the expectation this work will be fully completed in 2022.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed)	

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 practiceguidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Partially
	• 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:* In 2021, much of the College's registrant support in this regard was a continuation of the previous year's work related to COVID-19 protocols and adaptation to remote practice. During 2020 the College released a "Simple Guide to Practicing Homeopathy during the Pandemic." The guide, released in May 2020, was based on the best recommendations of public health officials and deals with practicing remotely and the appropriate steps and infection control protocols for returning to practice in person. Additionally, the College continued to update an extensive Coronavirus website linking registrants and the public to a series of reputable websites and other resources aimed at answering patient questions in a variety of languages, helping registrants maintain practice and understand the critical and salient points related to the disease profile, patient screening, and infection control. Resources were gathered and links provided to the Ontario Government, Ministry of Health, Public Health Ontario, Health Canada, the World Health Organization, CHO practice standards and guidelines, and other medical and regulatory sources. In addition to providing print support materials, the College continued to field phone calls and email queries from Registrants and answered questions on infection control, remedy dispensing, definition of essential services, limitations on scope of practice during the pandemic, management of in-person patient visits, patient communication and outreach. In March and April 2021, the College hosted two interactive webinars on remote practice. Each was presented by a different pair of registrants with expertise in the subject matter. Feedback indicated that participants found the webinars very useful. These webinars were recorded and are available for registrants viewing on the CHO website. The College did not specifically track statistics on the percentage of registrants reached or the degree of uptake in the resources or inquiries to the College office, however website visits increased substantially during the period. Approximately 20 percent of registrants or 100 of 479 registered for each of the two webinars on Remote Practice. This is consistent with preferences indicated in the survey of registrants conducted in the fall of 2020.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional) The College is proposing a number of changes to standards of practice linked to sexual abuse prevention. The consultation and launch of these documents will require enhanced communication and education for registrants and patients.	

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[4].**		
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:	No
	• 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. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. *If yes, please insert link to policy:*	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional) The implementation and expansion of the CHO's QAP will move forward in 2022 and will focus on the required criteria for assessment and remediation mentioned above. By the end of 2022/2023 fiscal year, all registrants will have completed one cycle of the Quality Assurance Program and the results will be in the hands of the Committee for review. The action plan will bring CHO into the required alignment of both program offerings and monitoring/registrant compliance. This will be done in conjunction with seeking mentorship assistance, as required, from some fellow RHPA colleges.	

[4] "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:	No
			• 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 ***OR*** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Choose an item. – *Employers* Choose an item. – *Registrants* Choose an item. – *other stakeholders* Choose an item.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The implementation and expansion of the CHO's QAP will move forward in 2022 and will focus on the required criteria for assessment and remediation mentioned above. By the end of 2022/2023 fiscal year, all registrants will have completed one cycle of the Quality Assurance Program and the results will be in the hands of the Committee for review. The action plan will bring CHO into the required alignment of both program offerings and monitoring/registrant compliance. This will be done in conjunction with seeking mentorship assistance, as required, from some fellow RHPA colleges.	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	No
			• Please insert a link to the document that outlines criteria to inform remediation activities ***OR*** list criteria.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The implementation and expansion of the CHO's QAP will move forward in 2022 and will focus on the required criteria for assessment and remediation mentioned above. By the end of 2022/2023 fiscal year, all registrants will have completed one cycle of the Quality Assurance Program and the results will be in the hands of the Committee for review. The action plan will bring CHO into the required alignment of both program offerings and monitoring/registrant compliance. This will be done in conjunction with seeking mentorship assistance, as required, from some fellow RHPA colleges.	

		Measure: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.**		
		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 practising.	The College fulfills this requirement:	No
			• 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.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) The implementation and expansion of the CHO's QAP will move forward in 2022 and will focus on the required criteria for assessment and remediation mentioned above. By the end of 2022/2023 fiscal year, all registrants will have completed one cycle of the Quality Assurance Program and the results will be in the hands of the Committee for review. The action plan will bring CHO into the required alignment of both program offerings and monitoring/registrant compliance. This will be done in conjunction with seeking mentorship assistance, as required, from some fellow RHPA colleges.	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure** **11.1 The College enables and supports anyone who raises a concern about a registrant.**		
		Required Evidence	**College Response**	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and	The College fulfills this requirement:	Partially
			• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. The College's website includes a page describing the complaints process in detail. Additionally, a number of downloadable resources are available: Information Package on How to Make a Complaint How to make a complaint What should you do if you suspect sexual abuse by a homeopath? I Have Been or Know of a Client Who has Been Sexually Abused by a Homeopath. What do I do? Understanding sexual abuse Information and support are provided to the complainant throughout the process both by telephone and email. The College will capture the steps in procedure and develop any policy necessary to complete the demonstration of this measure.	
			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)	

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Partially
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The College has reviewed all of the materials on its website related to the complaints process, and specifically reviewed the information intended for the public. Further it compared this information to other RHPA websites with special attention to those Colleges who have already conducted such an evaluation. Generally, the CHO information for complainants is clear and useful. However, additional resources and presentation methods have been identified as areas of improvement including the addition of video and audio material, and translation of materials into French, Hindi, Punjabi, and Bengali.	
			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)	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). • In 2020, 10 inquiries were received. 90% (all but one) of these inquiries received a response within 3 days, with an average of 2 days. • in 2021, 5 inquiries were received. 80% (all but one) of these inquiries received a response within 3 days, with an average of 2 days. Two of five formal complaints received were resolved by the Registrar within two days. One was pursued but the complainant did not respond further. Two went through the process of referral to ICRC, appointment of an investigator, and referral to Discipline. Of these two, one was resolved by the Discipline Committee in February 2022. The other was awaiting the results and resolution of a police investigation. This information was received in February 2022 and is awaiting further consideration by the Discipline Committee. In all cases, a response was sent and action initiated within one to five business days.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Yes
			• Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The College staff provide complainants access to the following supports throughout the complaints process. Their availability is detailed on the College's website and in the available materials. • Information on the college's website with additional access to sexual abuse funding for therapy and counselling. • Providing a list of resources and hotlines for victims of abuse for immediate assistance and support. • One-on-one discussions with Registrar to use the right-touch approach, where appropriate, to address matters raised by the complainant. This is not the approach taken with matters of sexual abuse which are prioritized and referred to ICRC in a prompt and timely manner. • Responding to email and phone inquiries about the complaints process. • Helping members of the public identify a homeopath for the purpose of making a complaint. • Helping complainants to record or transcribe their complaint if they were unable to write their complaint. • Providing status updates. • Making adjustments to the ways that documents or information are communicated in order to accommodate a complainant's needs or preferences. • Recording and resolving concerns about the complaints process.	
			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 ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process ***OR*** please provide a brief description. The College communicates regularly, by email and telephone, with the parties throughout the complaints process and each stage of the matter. Complainants and respondents are provided with any new relevant information that is received by the college during the complaints investigation process and invited to make submissions. If the complaint is not disposed of within 150 days, the College notifies the parties that the investigation is still ongoing. If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time (if known). The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of. Once the ICRC has met and made a decision, the College advises the parties that a decision has been made, and that the decision will be issued during a particular time frame. College staff also respond to all inquiries from parties about the status of matters. In these communications, staff describe the next steps for the matter. As of the end of 2021, the College had not yet had a complaint addressed by the Discipline Committee. The procedure manual directs that complainants be notified by the college if allegations of professional misconduct arising out of their complaint are referred to the Discipline Committee. Complainants subsequently receive updates from the prosecutor representing the college in the discipline matter, either directly or through their legal counsel or representative. In the case of discipline matters, information about hearing dates and the specific allegations that have been referred are available on the College's website, and the prosecuting lawyer will advise the parties of hearing dates. This process was underway in the case of two complaints dealt with during the second half of 2021 and which will proceed to discipline hearings in early 2022.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO	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:	Partially
			• Please insert a link to guidance document ***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). While the risk assessment/triage protocol for assessing complaints and reports at intake is not formally documented, every complaint and report is reviewed by the manager within two business days to assess risk, determine whether any urgent action is required (e.g., appointment of an investigator) and otherwise prioritize the matter for investigation.	
			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)	

DOMAIN 6: SUITABILITY TO	STANDARD 13	Measure **13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**		
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Partially
			• Please insert a link to the policy ***OR*** please briefly describe the policy. • Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'). Information is sought and/or shared with other colleges or other relevant system partners on a case-by-case basis. Legal counsel is consulted prior to disclosing any confidential information with another college or system partner. In 2021, the College did not receive any complaints involving dual registrants or other regulatory colleges. Information on complaints made by the public on COVID-19 related claims were received from Health Canada and followed up on. Additionally, the College provided a follow-up response to Health Canada. The College is looking to the HPRO ICR working group for policy development assistance for the coming year.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed)	

DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	STANDARD 14	Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	
		Required Evidence	**College Response**
		a. Outline the College's KPI's, including a clear rationale for why each is important.	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 ***OR*** list KPIs and rationale for selection. **Key Result Area 1: CHO Effectively Delivers its Legislative & Legal Mandate** The College's activities are outlined in the Objects under section 3 of the Health Professions Procedural Code, embedded as Schedule 2 of the Regulated Health Professions Act. The Objects give structure to the College's role to safeguard public protection by ensuring that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession. These programs come in the form of registration, quality assurance, patient relations, inquiries/complaints and reports, fitness-to-practice and disciplines. **Key Result Area 2: CHO to Practice Good Governance** It is important for the College's Council (which acts as a Board of Directors) to manage its Governance. The CHO creates efficiency in the work they do, and with current resources, they meet their statutory objects and regulatory mandate. With the oversight provided, the legal and ethical standing that they maintain, they uphold the reputation on behalf of the College. On behalf of the College, the Public and Registrants, the CHO Council practices good governance allowing it to flag potential issue and respond efficiently and appropriately. They make decisions with integrity and transparency through the setting and achieving of goals, training Council and statutory committee members, with monitoring of programs and activities under its legislative and legal mandate. The CHO imparts transparent communication about its performance and the College strives to effectively manage its activities, keep its stakeholders informed and fulfil its mandate. **Key Result Area 3: CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels)** The College strives to achieve the growth of its membership along with keeping the organization and registrant base strong and viable. In addition to delivering its legislative and legal mandate, it practices good governance. The College endeavors to work with other Colleges and system partners, where appropriate, to help execute its mandate in an effective, efficient and/or coordinated manner to ensure it is responsive to changing public expectations. Embedded in these

			activities, is the added intent to improve patient access to quality care and advance the College's ability to protect the public.	
			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:	Partially
			• Please insert a link to Council meetings 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. Council meeting materials including discussion of the College's progress against stated strategic objectives: Agenda and Meeting Materials, October 21, 2021 (agenda item 9) Agenda and Meeting Materials, March 17, 2021 (agenda item 6) Agenda and Meeting Materials, January 28, 2021 (agenda item 10) The College regularly reports to the President, Executive Committee and Council on the College's performance of the initiatives identified under each KRA in the College's strategic and operating goals and objectives. Risk and impact assessments are built into each item on the College's annual operating plan goals and objectives. This assessment ranking is reviewed annually. While the College has a risk management policy, more refinement of the reporting process is required to integrate the risk management approach and policy framework into the process.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	No
	• 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. As in b. above. Council meetings include discussion of the College's progress against stated strategic objectives and with improvement activities in mind. The improvement process also needs to be better integrated into the reporting cycle.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	
Measure **14.3 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 met in 2020, continues to meet in 2021
	• Please insert a link to the College's dashboard or relevant section of the College's website. Council meeting materials, including discussion of the College's progress against stated strategic objectives, can be found here.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

Part 2: Context Measures

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

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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 11	
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. *If a College method is used, please specify the rationale for its use:*	
Context Measure (CM)	
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*	
Type of QA/QI activity or assessment:	#
i. Completion of CEPD	345
ii. Currency of Hours reported for 2020/2021 period of April 1, 2020 to March 31, 2021	438

What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QIactivities its registrants undertook to maintain competency in CY 2021. The diversityof QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.

** 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 11

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

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.* *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 2021, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2021	0	0	
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 as of the start of CY2021.	0	0	

NR

Additional comments for clarification (if needed)

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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 2021:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I.	Registrants who demonstrated required knowledge, skills, and judgment following remediation*	0	0	
II.	Registrants still undertaking remediation (i.e. remediation in progress)	0	0	

NR

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.*

***This number may include any outcomes from the previous year that were carried over into CY 2021.*

Additional comments for clarification (if needed)

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data is collected in accordance with the recommended method or the College's own method: Choose an item.

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

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2021		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising	3	50	1	33
II.	Billing and Fees				
III.	Communication				
IV.	Competence / Patient Care	1	17	0	0
V.	Intent to Mislead including Fraud				
VI.	Professional Conduct & Behaviour				
VII.	Record keeping				
VIII.	Sexual Abuse	2	33	2	67
IX.	Harassment / Boundary Violations				
X.	Unauthorized Practice				
XI.	Other <*please specify*>				
Total number of formal complaints and Registrar's Investigations**		6	**100%**	3	**100%**

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.

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

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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 2021	3		*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021	3		
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 2021	3		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2021**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending	1	33	
V. Formal complaints withdrawn by Registrar at the request of a complainant			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	2	67	

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

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

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

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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 2021							
Distribution of ICRC decisions by theme in 2021*	# 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						1	
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse						2	
IX. Harassment / Boundary Violations							

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

** Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2021.*
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.
NR

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

Additional comments for clarification (if needed)

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

The data collected in these documents relate to complaints that were received by the College and addressed through right-touch regulation which included registrar's dialogue with the complainant and the registrant. Using educational monitoring, the registrant was asked to rectify the issues of concern and demonstrate compliance. These steps were taken prior to determining referral to ICRC. Only those complaints referred to ICRC are reflected on this page.

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
I. A formal complaint in working days in CY 2021		
II. A Registrar's investigation in working days in CY 2021		

Disposal

Two of five formal complaints received were resolved by the Registrar within two days. One was pursued but the complainant did not respond further. Two went through the process of referral to ICRC, appointment of an investigator, and referral to Discipline. Of these two, one is slated for a hearing of a panel of the Discipline Committee in February 2022, the second in April 2022.

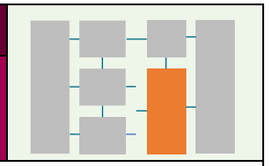
One carryover file from 2020 is awaiting the results and resolution of a police investigation.

In all cases, a response was sent and action initiated within one to five business days.

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13



Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.* *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. An uncontested discipline hearing in working days in CY 2021	N/A	
II. A contested discipline hearing in working days in CY 2021	NA	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

As of the end of the reporting period, two of the cases referred to the Discipline Committee were scheduled for hearings in early 2022. The third was awaiting disposition by the courts.

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.* *NR*
While two cases had been referred to Discipline, none had been completed by the end of the reporting period.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		*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	N/A	
II. Suspension	N/A	
III. Terms, Conditions and Limitations on a Certificate of Registration	N/A	
IV. Reprimand	N/A	
V. Undertaking	N/A	

** 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 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 Professionals Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registranthas committed an act of professional misconduct or is incompetent he/she 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