

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

Table of Contents

Introduction4

 The College Performance Measurement Framework (CPMF)4

 CPMF Model.....5

 The CPMF Reporting Tool.....7

 Completing the CPMF Reporting Tool.....8

 What has changed in 2022?8

Part 1: Measurement Domains.....9

 DOMAIN 1: GOVERNANCE9

 DOMAIN 2: RESOURCES 27

 DOMAIN 3: SYSTEM PARTNER 31

 DOMAIN 4: INFORMATION MANAGEMENT.....33

 DOMAIN 5: REGULATORY POLICIES 35

 DOMAIN 6: SUITABILITY TO PRACTICE 38

 DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT 51

Part 2: Context Measures..... 54

 Table 1 – Context Measure 1 55

 Table 2 – Context Measures 2 and 3..... 57

 Table 3 – Context Measure 4 58

 Table 4 – Context Measure 5 59

 Table 5 – Context Measures 6, 7, 8 and 9..... 61

Table 6 – Context Measure 10 63

Table 7 – Context Measure 11 65

Table 8 – Context Measure 12 66

Table 9 – Context Measure 1367

Table 10 – Context Measure 14 69

Glossary 70

Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

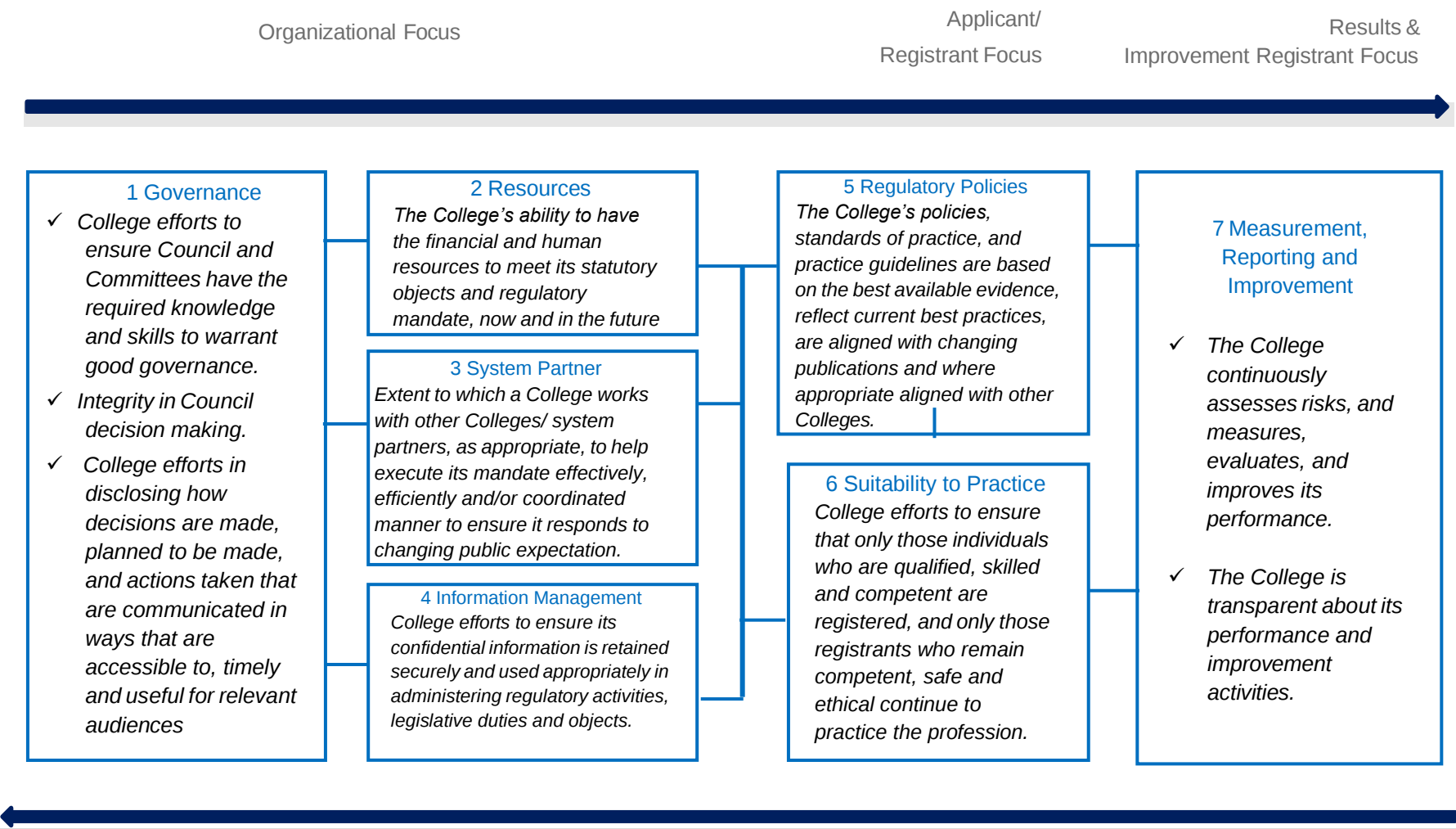


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

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

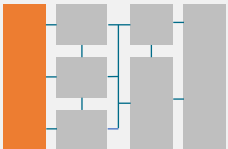
What has changed in 2022?

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

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

-

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and <i>Benchmarked Evidence</i>	The College fulfills this requirement:
			Partially
			The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> Eligibility (or suitability) criteria for election are set out in s 5.08 of the College’s General by-law (page 12), which is available on the website here: https://www.cmo.on.ca/wp-content/uploads/2018/10/General-Bylaw-December-2020-FINAL.pdf The competency criterion (paragraph z) requires that all midwives successfully complete the College’s training program relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> Our College currently does not have pre-defined competencies as an eligibility requirement, however our College did assess competencies of current Council members as part of its annual evaluation. This process is currently under review for consideration of pre-defined competencies as a requirement for eligibility for election/appointment. This review is expected to take place over the 2023/2024 fiscal year. While our College is seriously considering competency-based criteria for eligibility for election, the College is not yet committed to a firm date for implementation unless directed by legislative change. While not a pre-defined competency, our College does also request that election candidates self-disclose as identifying with key demographic populations to encourage diverse representation on our Council. The nomination form can be found here: https://cmo.on.ca/wp-content/uploads/2023/03/Appendix-A-and-B-Nomination-Form-COI-2023.pdf

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			- Duration of orientation training. - Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). - Please insert a link and indicate the page number if training topics are public OR list orientation training topics. Currently, all candidates running for election must complete the College’s governance education modules, including completion quizzes. Evidence of completion is obtained once final quizzes are successfully completed and automatically submitted to the College. As part of their election nomination form, all candidates are required to complete Confirmation of Eligibility that includes a signed declaration that they have satisfactorily completed the governance education modules. The form can be found here: https://cmo.on.ca/wp-content/uploads/2023/03/Appendix-A-and-B-Nomination-Form-COI-2023.pdf The governance modules consist of three distinct themes: the first module focuses on legislation and regulations that provide the governance framework for regulating midwifery as a profession, the second module focuses on the College as a regulatory institution, and the last module focuses on the role of the College Council and its Committees. In addition, the Governance Manual that accompanies the modules provides an overview of governance, its meaning and purpose as it applies to the regulation of midwifery by the College of Midwives of Ontario. It also provides detailed information relating to the duties, obligations and expectations of Council and committee members, including time commitment expectations. It can be accessed here: https://www.cmo.on.ca/wp-content/uploads/2019/03/GOVERNANCE-MANUAL-2021-Revisions-1.pdf - The governance education modules and completion quizzes can be accessed here: https://www.cmo.on.ca/resources/governance- education	
			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):	
			The College fulfills this requirement:	Partially

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. The suitability criteria for statutory committee candidates are set out in College by-law. See ss 6.10-6.12 (pages 18-20): https://www.cmo.on.ca/wp-content/uploads/2018/10/General-Bylaw-December-2020-FINAL.pdf Our time commitment guidelines further lay out the expectations of Council and Committee members and can be found here: https://cmo.on.ca/wp-content/uploads/2020/07/Time-Commitment-Guidelines-2020.pdf As per the eligibility criteria outlined in the By-laws for Non-Council Committee appointments, each candidate must successfully complete the College’s training program relating to the duties, obligations and expectations of Council and Committee members prior to appointment.
--	--	---	--

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> As noted above, our College currently does not have pre-defined competencies as an eligibility requirement, however our College did assess competencies of current Council members as part of its annual evaluation. This process is currently under review for consideration of pre-defined competencies as a requirement for eligibility for election/appointment. This review is expected to take place over the 2023/2024 fiscal year. While our College is seriously considering competency-based criteria for eligibility for election, the College is not yet committed to a firm date for implementation unless directed by legislative change.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. <table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. Half day orientation sessions are provided to all statutory committees once appointments are made by Council in December. Members who join committees mid-year receive separate orientation. In 2022 all orientation trainings were provided virtually. Discipline and Fitness to Practise committee trainings involved external speakers. Orientation sessions are all specific to the role of each committee and generally include the following components: • General governance training • College mandate under the RHPA • Relevant legislation and regulations that govern health professions and the midwifery profession in Ontario • Accessibility for Ontarians with Disabilities Act Training. • The concept of procedural fairness • College obligations under the fairness legislation and labour mobility legislation • The concepts of reasonableness and reasonableness review • Confidentiality and conflicts of interest • Sexual abuse prevention program • Discipline and fitness to practise procedures • Review of decision making tools • Finance training and introduction to the various tools used by the Executive Committee (audit review tools, Registrar review tools, evaluation tools, etc.) • Chair training </td></tr></table>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes			
• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. Half day orientation sessions are provided to all statutory committees once appointments are made by Council in December. Members who join committees mid-year receive separate orientation. In 2022 all orientation trainings were provided virtually. Discipline and Fitness to Practise committee trainings involved external speakers. Orientation sessions are all specific to the role of each committee and generally include the following components: • General governance training • College mandate under the RHPA • Relevant legislation and regulations that govern health professions and the midwifery profession in Ontario • Accessibility for Ontarians with Disabilities Act Training. • The concept of procedural fairness • College obligations under the fairness legislation and labour mobility legislation • The concepts of reasonableness and reasonableness review • Confidentiality and conflicts of interest • Sexual abuse prevention program • Discipline and fitness to practise procedures • Review of decision making tools • Finance training and introduction to the various tools used by the Executive Committee (audit review tools, Registrar review tools, evaluation tools, etc.) • Chair training				

			There is no knowledge testing built into these sessions. The annual reports of each statutory committee, include listing of their committee specific trainings and can be found in the June 22, 2022 Council meeting materials (pages 15-40): https://cmo.on.ca/about/council-meetings/	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics.	
			Public members, as part of their onboarding and orientation are required to complete our College's Governance Education Modules. They also meet with the Registrar and Chair of Council prior to their first Council meeting.	
			The governance modules consist of three distinct themes: the first module focuses on legislation and regulations that provide the governance framework for regulating midwifery as a profession, the second module focuses on the College as a regulatory institution, and the last module focuses on the role of the College Council and its Committees. In addition, the Governance Manual that accompanies the modules provides an overview of governance, its meaning and purpose as it applies to the regulation of midwifery by the College of Midwives of Ontario. It also provides detailed information relating to the duties, obligations and expectations of Council and committee members, including time commitment expectations. It can be accessed here:	
			https://www.cmo.on.ca/wp-content/uploads/2019/03/GOVERNANCE-MANUAL-2021-Revisions-1.pdf -	
			The governance education modules and completion quizzes can be accessed here: https://www.cmo.on.ca/resources/governance-education	Choose an item.
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <i>Additional comments for clarification (optional):</i>	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	College Response
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: Met in 2021, continues to meet in 2022
	- Please provide the year when Framework was developed OR last updated. - Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. The College’s Governance Policies were initially developed in 2014 and last updated in 2022. They include a Governance Evaluation Policy available on page 14 here: https://cmo.on.ca/wp-content/uploads/2015/06/Governance-Policies-APPROVED-December-9-2020.pdf - Evaluation and assessment results are discussed at public Council meeting: Yes - If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed. Council’s 2021-22 Annual Evaluation Report was included in the March 2023 Council meeting materials posted on the College’s website. See pages 48-65 here: https://cmo.on.ca/wp-content/uploads/2023/03/Meeting-Book-Council-Meeting-for-web.pdf Our College also regularly solicits feedback from Council and Committee members after both training days and meetings using post-meeting evaluations. This is used as an opportunity to have on-going and current feedback, as well as a way to address issues should they occur. Examples of our post-meeting surveys are linked below: Copy of Training Day Evaluation – for reference only Copy of Post-Council Meeting Evaluation – for reference only
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
Choose an item.	

			<i>Additional comments for clarification (optional)</i>
--	--	--	---

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes <i>If yes, how often do they occur?</i> Annually. - Please indicate the year of last third-party evaluation. A third-party evaluation of Council effectiveness takes place annually and most recently in the fall of 2022. The final report and key recommendations were presented to Council in March 2023. See agenda item #7 - Executive Committee report to Council: https://cmo.on.ca/wp-content/uploads/2023/03/Meeting-Book-Council-Meeting-for-web.pdf	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			- Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Council and Committee members have the opportunity at their December training day, post the annual Council evaluation, to debrief results and direct areas of focus for continuous improvement and priority planning for Council and Committee members in the upcoming year. The results from Council evaluations are used by the Executive Committee (as the College's governance committee) to develop an annual training plan. Trainings are provided four times a year (in person or virtually). The evaluation results are also used to make changes to College governance policies and processes as needed. The following trainings/sessions were provided to Council in 2022: March 2022: - Lessons From Governance Transitions presented by the Ontario College of Teachers - Finance Training led by staff - Equity & Anti-Racism presented by Dr. Javeed Sukhera June 2022: - Chair Training, led by current Council Chairs - Discipline Training presented by Luisa Ritacca of Stockwood Barristers September 2022: - Council & Committee Governance presented by Cathi Mietkiewicz of Mietkiewicz Law - Equity & Disability Justice presented by David Lepofsky, Professor at Osgoode Hall Law School December 2022: - Council Year-End Evaluation Debrief & Continuous Improvement Priorities Planning with Sam Godwin of Goodwin Consulting - Designated Drugs & Laboratory Testing Regulations Presentation led by staff	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (optional):</i>
--	--	--	--

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Council training sessions provided in 2022 were informed by evolving public expectations as they relate to the principles of Diversity, Equity, and Inclusion and risk management. Following the Ministry’s consultation on a policy proposal for health regulatory college governance reform, in March 2022 our College invited representatives from the Ontario College of Teachers to share their experiences and lessons learned from their own governance reforms to inform our own preparation and readiness should legislative changes take effect. In September 2022, Council and Committee members engaged with disability advocate David Lepofsky for a training session on Equity and Disability Justice. Topics included issues of accessibility and disability and the role regulatory bodies have in policy-making. In addition, governance training was provided by Cathi Mietkiewicz to further understanding on the objectives, mandate, roles and responsibilities of Council and statutory Committees, including the quasi-judiciary function of panels.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		ii. accessible to the public.	The College fulfills this requirement:	Yes
			Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.	
			The College’s Governance Policies can be found here: https://cmo.on.ca/wp-content/uploads/2015/06/Governance-Policies-APPROVED-December-9-2020.pdf	
			The General By-law can be found here: https://www.cmo.on.ca/wp-content/uploads/2018/10/General-Bylaw-December-2020-FINAL.pdf	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			Additional comments for clarification (optional)	
			The College fulfills this requirement:	Met in 2021, continues to meet in 2022

	b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Last reviewed December 2020. • Please provide the length of the cooling off period. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. Article 5.08 of the College’s General By-law, Eligibility for Election (see pages 12-13) establishes a cooling off period of 12 months and defines when a cooling off period is required and will be enforced. https://www.cmo.on.ca/wp-content/uploads/2018/10/General-Bylaw-December-2020-FINAL.pdf
--	--	--

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u>	The College fulfills this requirement:	Yes
		i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. The conflict of interest questionnaire was last reviewed in June 2022. All Council and committee members are required to complete a conflict-of-interest questionnaire on an annual basis. They also declare any conflicts as they arise in between the meetings and before each Council meeting. All completed conflict of interest forms are attached to Council packages. For example, see the December 2022 Council package here (agenda item 2 – page 5, and pages 67-80): https://cmo.on.ca/about/council-meetings/	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:		Met in 2021, continues to meet in 2022	
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.			
			All Council meeting materials include the College’s Strategic Framework document and all briefing notes include a Public Interest Rationale for Council’s consideration. All meeting materials are posted to the college’s website. In addition, if a regulatory tool is being brought forward for Council’s approval, for example, a Professional Standard, it is accompanied by a Regulatory Impact Assessment. For an example of such Council meeting materials, see pages 132-154 of the June 22, 2022 Council meeting available here: https://cmo.on.ca/about/council-meetings/			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
Additional comments for clarification (if needed)						

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:	Yes																						
		<u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. As a risk-based regulator, the College ensures that its regulatory activities remain focused on risks to the public. The College conducts risk assessment as part of its strategic planning to proactively reduce the risks posed to its regulatory outcomes by targeting its strategic priorities at the greatest areas of need. Such risk assessment was last conducted in 2020 as part of a year-long strategic planning process and the risks shown were identified below: <table><tr><th>#</th><th>High Priority Risks</th><th>Level</th></tr><tr><td>1</td><td>Risks arising from changes in the midwifery environment that may affect midwifery practice.</td><td></td></tr><tr><td>2</td><td>Risks arising from a lack of adequate training, including bridging and remedial opportunities for midwives with identified gaps and deficiencies in professional knowledge.</td><td></td></tr><tr><td>3</td><td>Risk that a midwife does not maintain the knowledge and clinical skills necessary to provide safe and effective care to clients</td><td></td></tr><tr><td>4</td><td>Risk that a midwife fails to meet legislative or regulatory requirements</td><td></td></tr><tr><td>5</td><td>Risk that the College grants eligibility to (re)enter practice to an individual who does not have the knowledge & skills to practice safely, ethically and competently</td><td></td></tr><tr><td>6</td><td>Risk arising from a lack of data and records mismanagement</td><td></td></tr><tr><td>7.</td><td>Risk arising from increased expectations of information, openness in decision-making and demonstrating our value as the regulator</td><td></td></tr></table> Based on these identified risks the following priorities were approved by Council for the College’s Strategic Plan 2021-2026 • Strategic Priority 1: Regulation that enables the midwifery profession to evolve (to mitigate risks 1-5) • Strategic Priority 2: Effective use of data to identify and act on existing and emerging risks (to mitigate risk 6)	#	High Priority Risks	Level	1	Risks arising from changes in the midwifery environment that may affect midwifery practice.		2	Risks arising from a lack of adequate training, including bridging and remedial opportunities for midwives with identified gaps and deficiencies in professional knowledge.		3	Risk that a midwife does not maintain the knowledge and clinical skills necessary to provide safe and effective care to clients		4	Risk that a midwife fails to meet legislative or regulatory requirements		5	Risk that the College grants eligibility to (re)enter practice to an individual who does not have the knowledge & skills to practice safely, ethically and competently		6	Risk arising from a lack of data and records mismanagement		7.	Risk arising from increased expectations of information, openness in decision-making and demonstrating our value as the regulator
#	High Priority Risks	Level																								
1	Risks arising from changes in the midwifery environment that may affect midwifery practice.																									
2	Risks arising from a lack of adequate training, including bridging and remedial opportunities for midwives with identified gaps and deficiencies in professional knowledge.																									
3	Risk that a midwife does not maintain the knowledge and clinical skills necessary to provide safe and effective care to clients																									
4	Risk that a midwife fails to meet legislative or regulatory requirements																									
5	Risk that the College grants eligibility to (re)enter practice to an individual who does not have the knowledge & skills to practice safely, ethically and competently																									
6	Risk arising from a lack of data and records mismanagement																									
7.	Risk arising from increased expectations of information, openness in decision-making and demonstrating our value as the regulator																									

	• Strategic Priority 3: Building engagement and fostering trust with the public and the profession (to mitigate risks 7) The Risk Matrix (including the Risk Register) can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Risk-Matrix-2020.pdf Council meeting materials where relevant changes were discussed and decided upon can be found here: December 2020 Council meeting (agenda item 9): https://www.cmo.on.ca/wp-content/uploads/2020/11/meeting-book-council-meeting-3.pdf Risk assessment scale (that the College uses to assess the likelihood of a risk even occurring and the severity of outcome see the risk assessment scale) can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Risk-Assessment-Scales.pdf
	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 following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Executive Committee reports are provided at every Council meeting, including the meeting date, issues discussed, decisions made (including decisions made on behalf of Council) and recommendations brought to Council for review and approval. All executive committee reports provided in 2022 can be found in council packages posted on College website here: https://www.cmo.on.ca/about-the-college/governance/councilmeetings/	
			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. All Council packages are posted to the website 2 weeks in advance of the meeting and remain on the website indefinitely.	
	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. All notices of discipline hearings are posted to the website at least one month in advance and include a link to allegations posted on the public register. Discipline notices can be found here: https://cmo.on.ca/clients-and-the-public/complaints-and-concerns/#discipline	

		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
	Measure:		
	3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
	Required Evidence	College Response	
	a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
		• Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.	
		In March 2021, Council approved the 2021-2026 Strategic Framework which incorporated DEI into our guiding principles. The College’s guiding principles define how we strive to work as an organization, shape our culture and our relationships with the public, midwives, and partner organizations. The new principle Equity was added, committing to identifying, removing and preventing systemic inequities in our work. In addition, we broadened our definition of our guiding principles of Accountability and Integrity. Accountability: we make fair, consistent and defensible decisions incorporating diverse and inclusive views. Integrity: we act with humility and respect and apply a lens of social justice to our work. Council made the decision to incorporate DEI principles in all the work we do on an ongoing basis rather than make it a separate and time-limited strategic priority.	
		Strategic Framework can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Strategic-Framework.pdf	
		Approved March 2021 Council minutes can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2022/03/FINAL-MINUTES-March-24-2021-COUNCIL-MEETING.pdf	

		In March 2022, Council invited Dr. Javeed Sukhera to review his HPRO-commissioned report entitled “Advancing Equity and Anti-Racism in Health Profession Regulation”. Many members of Council expressed support and enthusiasm for the direction being taken by the sector, particularly noting that the report highlighted that regulators have an important role in addressing equity/anti-racism. This finding represents a potential shift in how regulators traditionally function but also an opportunity to address the impact of equity and anti-racism on health professionals themselves and the relationship to the provision of client care, public interest, and protection. In December 2021, Council met to discuss the results of the Council evaluation conducted by third-party governance consultant, Sam Goodwin. Diversity, Equity and Inclusion priorities for Council were discussed and recorded in the 2022 Council Evaluation Report found in the March 2022 Council meeting materials: https://www.cmo.on.ca/wp-content/uploads/2022/03/Meeting-Book-Council-Meeting-March-30-2022.pdf Draft December minutes (approved in March 2022) can be viewed here (agenda item 4): https://www.cmo.on.ca/wp-content/uploads/2022/03/Meeting-Book-Council-Meeting-March-30-2022.pdf 2022 DEI Priorities of Council included: • Continuing to develop the diversity of Council • Continuing to broaden our outreach so that people are aware of the role and opportunities to become Council members. • Ensuring that for potential new Council members, there are welcoming, safe spaces for initial contact and ongoing engagement with the College, before they are elected or appointed. • Looking for ways to make it easier for people to participate as Council members as a way to make the role more accessible. • Providing additional support in the form of a “buddy system” or mentoring program for new Council members. • Ensuring that diversity is not just about representation on Council, but also about meaningful and valued engagement and input. • Continuing to build relationships with organizations and communities that have traditionally not been part of the outreach process. • Throughout the year, identifying topics/opportunities for outreach. • Developing strategies to engage diverse communities.
--	--	--

			In 2022, responsibilities for initiatives at the College relating to DEI were designated formally under the portfolio of staff (Governance Officer position). The College will be planning and incorporating cross-department strategies, initiatives and/or projects during their annual operational planning in April 2023. The College aims to have an approved plan in 2023. In addition to the Council DEI trainings listed above in measure 1.2 c., as part of its Operational Planning day activities, College staff participated in an Inclusion, Diversity, Equity and Accessibility (IDEA) workshop which identified specific commitments, priorities, and strategies for incorporating these values into the College’s operating structure.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement: • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.	No
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> Throughout 2022, the College worked in collaboration with HPRO partners to build the capacity of health colleges by developing tools for a consistent framework to advance, embed and sustain DEI in our regulatory functions. These tools will be piloted by our College in 2023 which include a self-assessment bench-marking tool, DEI progress indicators, tips and resources.	

		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.															
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response														
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. </td></tr><tr><td colspan="2">The College has developed a Costed Strategic Plan 2021-2026 which details the planned initiatives that will contribute to the delivery of each of the College’s three strategic priorities (identified in the 2021-2026 Strategic Plan) as well as provides the forecasted costs of each strategic priority. In addition, the College’s 2022/2023 Budget included strategic costs allocated for 2022/2023 (Y2 of the Strategic Plan). These costs are broken down into budget area (e.g., expert, database etc.) for inclusion in the budget.</td></tr><tr><td colspan="2">Both the costed strategic plan and the 2022/2023 budget can be found in the March 2022 council materials (agenda item 7, page 105): https://cmo.on.ca/wp-content/uploads/2022/03/Meeting-Book-Council-Meeting-March-30-2022.pdf</td></tr><tr><td colspan="2"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td></tr><tr><td colspan="2">Choose an item.</td></tr><tr><td colspan="2"><i>Additional comments for clarification (optional)</i></td></tr></table>	The College fulfills this requirement:	Yes	- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.		The College has developed a Costed Strategic Plan 2021-2026 which details the planned initiatives that will contribute to the delivery of each of the College’s three strategic priorities (identified in the 2021-2026 Strategic Plan) as well as provides the forecasted costs of each strategic priority. In addition, the College’s 2022/2023 Budget included strategic costs allocated for 2022/2023 (Y2 of the Strategic Plan). These costs are broken down into budget area (e.g., expert, database etc.) for inclusion in the budget.		Both the costed strategic plan and the 2022/2023 budget can be found in the March 2022 council materials (agenda item 7, page 105): https://cmo.on.ca/wp-content/uploads/2022/03/Meeting-Book-Council-Meeting-March-30-2022.pdf		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.		<i>Additional comments for clarification (optional)</i>	
		The College fulfills this requirement:	Yes														
		- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.															
		The College has developed a Costed Strategic Plan 2021-2026 which details the planned initiatives that will contribute to the delivery of each of the College’s three strategic priorities (identified in the 2021-2026 Strategic Plan) as well as provides the forecasted costs of each strategic priority. In addition, the College’s 2022/2023 Budget included strategic costs allocated for 2022/2023 (Y2 of the Strategic Plan). These costs are broken down into budget area (e.g., expert, database etc.) for inclusion in the budget.															
Both the costed strategic plan and the 2022/2023 budget can be found in the March 2022 council materials (agenda item 7, page 105): https://cmo.on.ca/wp-content/uploads/2022/03/Meeting-Book-Council-Meeting-March-30-2022.pdf																	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>																	
Choose an item.																	
<i>Additional comments for clarification (optional)</i>																	

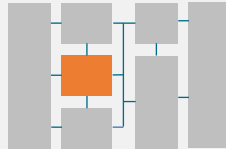
		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022	
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes			
			See Internally Restricted and Unrestricted Net Asset Policy, approved in December of 2020: https://cmo.on.ca/wp-content/uploads/2023/03/Internally-Restricted-and-Unrestricted-Net-Asset-Policy-Dec-2020.pdf			
			See Governance Policies RE2, RE3 and RE4 pages 26-29: https://cmo.on.ca/wp-content/uploads/2015/06/Governance-Policies-APPROVED-December-9-2020.pdf			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (if needed)			

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). <i>Benchmarked Evidence</i>	The College fulfills this requirement: • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. In accordance with the Financial Planning and Budgeting policy (RE2), the Registrar must: • Allocate sufficient resources, both human and financial, to satisfy Council’s intended outcomes • Appropriately balance resources, both human and financial, between the budget and Council’s intended outcomes. The College assesses its human resources on a regular basis as part of annual budgeting to determine if: • staff are compensated at market value to ensure quality recruitment, retention, stability and efficiency • the College has internal capacity, skills and knowledge to meet the demands of an increasing membership volume staff are capable of navigating the complexity of work while satisfying the public safety mandate Based on this analysis relevant recommendations are brought to Council for review and approval. The College entered 2022-23 with a change to the Policy Analyst position moving from full-time to part-time. In addition, the budget included the ability to add one part-time support to supplement key priorities as needed. The 2022-2023 Budget (as it relates to human resource projections) can be accessed here (agenda item 7, page 105 – it was approved by Council in March 2022): https://cmo.on.ca/wp-content/uploads/2022/03/Meeting-Book-Council-Meeting-March-30-2022.pdf Following approval of the 2022-2023 budget and subsequent changes to the staffing complement, the College revised its organizational structure in October 2022. We transitioned to a structure that incorporates a new Governance & Strategy department, including an Officer position dedicated to governance and DEI, a Policy & Professional Practice department that includes Quality Assurance, and an overall structure that will position us for success in the foreseeable future and beyond. The revised organizational structure was presented to Council at the December 2022 Council meeting (see agenda item 6, page 36 and 42): https://cmo.on.ca/wp-content/uploads/2022/11/December-2022-Council-Meeting-Materials.pdf	Yes
--	--	--	---	------------

			In May 2022, as part of its Operational Planning day activities, College staff participated in an Inclusion, Diversity, Equity and Accessibility (IDEA) workshop led by Claire Ramlogan-Salanga which identified specific commitments, priorities, and strategies for incorporating these values into the College’s operating structure. Recruitment procedures were identified for review. As such, the College reviewed our internal and external recruitment procedures to address these issues and changes were implemented in 2022. The College continues to follow its policy to internally post vacancies before posting to the general public.
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			- Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. The data and technology objectives for the College are: - Efficient information technology resources that provide adequate infrastructure - Systems that allow for appropriate storage and dissemination of data - A member portal and public register that meets legislative requirements and best practices - Systems that fulfill the requirements under the College's privacy and security policies Continued support, updates, and investment ensure the following results are met annually: - Strong and effective information technology infrastructure to support the College's work - Appropriate protection of the College's data and information The College works with its database vendor to improve College processes on an ongoing basis. Examples of improvements that were completed in 2022 included improved data reports with respect to renewal and quality assurance program compliance reports. In addition, in September 2021, the College underwent a full Cybersecurity Assessment to review current Information Security Policies; Review of the Network Topology; and interview with the Technical Account Manager of our Information Technology Provider. The College was assessed against the following national and international standards: - Baseline Cyber Security Controls for Small and Medium Organizations v1.2 from Canadian Centre for Cybersecurity - Centre for Internet Security (CIS) Controls v8.0 - ISO 27001 Standard - ISO 27002 Standard Overall, the College received a strong score with many strengths identified. High risks identified have been remedied with our Information Technology Provider and lower risk items are currently being worked on. Cyber security training including defending against phishing threats is ongoing.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
--	--	--	---

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i>	
	The College engages with other health regulatory colleges and other system partners on a regular basis. We recognize that we cannot effectively fulfill our mandate of regulating in the public interest without thoughtful engagement with our partners and that maintaining quality relationships with our system partners will enable us to achieve better regulatory outcomes. More information on our Stakeholder Engagement Strategy can be found here: https://www.cmo.on.ca/wp-content/uploads/2018/12/Stakeholder-Engagment-Strategy.pdf	
	Below are highlights of some of the initiatives that were undertaken in 2022.	

Canadian Midwifery Regulators Council

The College engages regularly with all midwifery regulators in Canada through its membership with the Canadian Midwifery Regulators Council (CMRC). Its mission is “to encourage excellence among Canadian midwifery regulatory authorities through collaboration, harmonization and best practice”. It achieves this by maintaining and administering the national Canadian Midwifery Registration Examination (CMRE), participating in the accreditation process of Canadian Baccalaureate Midwifery Education Programs, setting Canadian competencies for midwives, and developing consistent registration and professional practice standards and/or procedures which is the focus of its standing committees. The College’s Registrar is an active Director and elected Treasurer of the CMRC, and College staff and Council Chair participate in several committees and working groups, including Executive, Registration Affairs, Professional Practice, Equity, Diversity and Inclusion, Pathways to Indigenous Midwifery.

Some significant achievements this past year included:

1. The development and approval of a self-assessment tool. The tool is based on the national competencies developed by the CMRC in 2020 and can be used by midwives throughout Canada to self-assess competencies in a consistent manner. The College’s Quality Assurance Committee approved the tool for use in the Professional Development Portfolio in September 2022.
2. The College is collaborating with other Canadian midwifery regulators to develop a competency assessment program for midwives to be used by trained assessors for assessment of knowledge, skills and judgment of practising midwives who are not able to meet clinical currency requirements; non-practising midwives who want to return to active practice but are not able to meet clinical currency requirements; and former midwives seeking re- registration with the College. This is in the College’s best interest as it saves costs and prioritizes consistency across the country. A Request for Proposals was posted in October 2022, and in early 2023 the Ottawa-based consulting firm HRSG was selected to lead this work. This project is due to be completed by December 2023.
3. In October 2022 the online Canadian Midwifery Registration Exam (CMRE) with a revised blueprint to reflect the updated Canadian Competencies for Midwives was delivered by the Canadian Midwifery Regulators Council (CMRC).
4. With the help of a Federal grant, CMRC continues to update exam questions to reflect the new Canadian Competencies for Midwives and incorporating DEI principles in the questions.

Health Profession Regulators of Ontario (HPRO)

	In 2022, the College sat on the Steering Committee that worked with consultant group Graybright Malkam to develop and deliver: • An equity, diversity, and inclusion (EDI) framework and action plan that sets out the vision, guiding principles, and best practice steps that support the integration of EDI within the Colleges and the professions. • An EDI self-assessment checklist and reporting tool for Colleges to evaluate themselves on key domains that contribute to the effective delivery of the key statutory functions in the context of EDI best practices; and • An Equity Impact Assessment (EIA) toolkit and training package to assist the Colleges in utilizing the EIA and similar tools for uncovering unconscious bias, dismantling systemic barriers, and creating a strategic framework for maintaining inclusive practices and processes. This comprehensive project will provide Colleges with a consistent approach to advance, embed, and sustain equity, diversity, and inclusion (EDI) in our regulatory functions. The tools will be piloted by several Colleges and the College has volunteered to be one of the Colleges to pilot the tools. <u>Midwifery Stakeholders</u> The Ontario Midwifery Strategy Council (OMSC), of which the College is a founding member, met in September 2022 to engage in a strategic planning session to strengthen relationships in the midwifery sector and set clear objectives. The OMSC recognizes that we can develop shared goals despite each organizations’ different mandates and recognizes that our points of divergence are a strength, allowing us to address issues from various perspectives. Our core purpose is to act as a group of midwifery leaders who collaborate and unite to address key issues facing Indigenous midwives, registered midwives, midwifery students, and midwifery clients. We commit to using an anti-racist and decolonial lens in our roles and our work as leaders in the midwifery sector. Bi-annual meetings are a place to identify and seek opportunities to collaboratively address strengthening enablers to the delivery of quality and equitable client care. In 2022, the College held numerous targeted consultations with our midwifery stakeholders that informed the: • Proposed further changes to the Clinical Education and Student Supervision Standard • Proposed changes to the Recordkeeping Standard • Proposed changes to the Second Birth Attendant Standard • Midwifery Scope of Practice Survey
--	--

	Feedback was used to undertake several revisions of proposed standards to ensure the appropriate minimum standards that are achievable, understandable, mitigate the risk of harm and are in the public’s interest. <u>Stakeholder and Public Outreach</u> To help facilitate the introduction of the College’s pilot Orientation and Assessment Program for internationally educated midwives (IEMs), the College engaged with Toronto Metropolitan University (TMU), who ran the former International Midwifery Pre-Registration Program (IMPP), to ensure those who may be looking for information regarding registration as an IEM, would have the most up to date and accurate information about the new Orientation and Assessment Program. TMU directed all inquiries to the College for individual communications regarding our program.
--	---

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

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

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

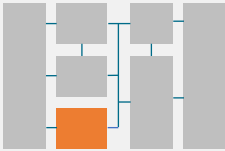
Our 2021-2026 Strategic Plan identified managing increased expectations of information (both about midwifery practice and College procedures), openness in decision-making and demonstrating our value as the regulator as one of the priorities in the College’s new Strategic Plan. The College’s strategic priority #3 of Building engagement and fostering trust with the public and the profession positions us to deliver services and demonstrate our role and value as the regulator through greater engagement, openness and accessibility so that the public and the profession have confidence that we fulfill our public protection mandate effectively, efficiently and fairly. We present information in a format that is accessible and allows the public to understand the College’s role, what it means to regulate in the public interest, how our complaints and discipline processes work, and how we make decisions that affect them.

The College provides the public (complainants) with concise, accessible and understandable information about the complaints process and what they can expect from the College. This information was revised in 2022 to speak directly to the complainant’s experience of our processes.

In 2021, we conducted a needs assessment of our website to determine who accesses our website (public/stakeholders/midwives) and if they found the information they were seeking. The results of the needs assessment encouraged us to redesign our website so that this information is more readily accessible and easy to find for the public. The website redesign and content development was conducted in 2022 and the website was launched in early 2023.

In 2022, the College consulted with the public, midwives, midwifery students, Association of Ontario Midwives and Midwifery Education Programs on midwives’ professional responsibilities when supervising students. Expectations of professional responsibilities of health professionals are changing when it comes to supervising students. Students’ expectations regarding their health and wellness needs are being recognized and

	previously “tolerated” bad behaviours of bullying or discrimination are being exposed and addressed. These realities led the College to make significant changes to its standards so that students are supported and supervised in a respectful and safe environment.
--	---

		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: • Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. The Privacy Code, which is available on the College website (see the below links), describes how the College manages personal information and other sensitive information that it collects in the course of fulfilling its regulatory obligations and activities. It was last reviewed and revised in 2020. https://www.cmo.on.ca/privacy/ https://www.cmo.on.ca/wp-content/uploads/2021/03/Privacy-Code-FINAL.pdf
			Yes
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)	

		ii. 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:	Yes
			- Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. See above (under Standard 4 c ii) on the College’s full Cybersecurity Assessment undertaken in September 2021. The College has an Operations Manual that is made available to all staff, Council, term or temp employees. Section 12 Privacy, Security, Records & Information Management provide for specific policy and procedures for the following: Benchmarked Evidence 12.1 Principles and Definitions 95 12.2 Privacy Code 96 12.3 Secure Information..... 96 12.4 Passwords 98 12.5 Accessing College Resources on Personal Devices and College Issued Cellular Phones and Tablets 99 12.6 Acceptable Use of Email and the College’s Network 100 12.7 Email Management101 12.8 Security When Working Remotely 102 12.9 Acceptable Use of a College Computer 103 12.10 Document Imaging104 12.11 Audits and Testing 105 12.12 Records Retention and Disposition 106 12.13 Information Breach..... 110 The operations manual also includes the following appendices are linked to data management: - APPENDIX E – Digital Signature Agreement - APPENDIX F – Privacy Code In addition, our contractor agreements include confirmation that contractors and vendors abide by our policies for information handling and safeguarding.	

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

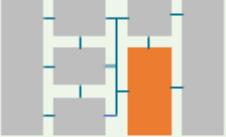
		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback.	The College fulfills this requirement:	Yes
			- Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College's development and amendment process. The College adheres to a rigorous approach to policy development to ensure that its policy decisions are based on a proper evaluation of risk, a solid evidence and a thorough analysis of options and impacts. This process is in place to ensure that regulatory tools are not adopted as the default solution but rather introduced to mitigate risk when other non-regulatory options are unable to deliver the desired results. Our policy development process is based on the principles of good regulation and ensures that: 1. Regulation is proportionate to the risk of harm being managed 2. Regulation is evidence-based and reflects current best practice 3. Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policy making process. All College documents, including bylaws, policies, standards of practice and other guiding documents that are approved by Council or a committee must be formally reviewed within a period not to exceed four years from the date of first issue or the date of the last review. To illustrate how the College takes into account the outlined components, please refer to the following regulatory impact assessment statements, to inform the proposed changes to the Registration Regulation: RIA Statement: Clinical Currency Requirements for Practising Midwives https://www.cmo.on.ca/wp-content/uploads/2022/03/8.2-RIA-Clinical-Currency_2022-FINAL.pdf RIA Statement: New Registrant Conditions https://www.cmo.on.ca/wp-content/uploads/2022/03/8.3-RIA_NR-conditions_Council_FINAL_2022.pdf Registration Regulation: First Consultation Results https://www.cmo.on.ca/wp-content/uploads/2022/03/8.6-Registration-Regulation_First-Consultation-Results.pdf	

Benchmarked Evidence

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

		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: • 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. On January 1, 2022, the Canadian Competencies for Midwives approved by the Canadian Midwifery Regulators Council came into effect. The competencies inform midwifery education program curriculum content and provide the basis for assessment of entry-level Canadian and internationally-educated midwives through the Canadian Midwifery Registration Exam (CMRE). The competencies also support the approval and accreditation of Canadian baccalaureate midwifery education programs, help to assess midwives' continuing competence, guide clinicians and serve as a reference for professional conduct matters. The competencies expect midwives to provide culturally safe care and embrace cultural humility, and are expected to identify and address power imbalances in the health care system, adopting reflective practice to understand personal and systemic biases and acknowledge the experience of others. Throughout 2022, the College worked in collaboration with HPRO partners to build the capacity of health colleges by developing tools for a consistent framework to advance, embed and sustain DEI in our regulatory functions. These tools will be piloted by our College in 2023 which include a self-assessment bench-marking tool, DEI progress indicators, tips and resources. The Professional Standards for Midwives that came into effect in 2018 (and was amended in 2021) that define the fundamental ethical and professional standards that the College expects all midwifery practices and individual midwives to meet when providing midwifery services ensure that DEI principles and values are reflected in the care provided by Ontario midwives. Some examples are provided below: Person-centred care: Person-centred care is focused on the client and their life context. Person-centred care recognizes the central role the client has in their own health care, and responds to their unique needs, values, and preferences. Working with individuals in partnership, person-centred care offers high-quality care provided with compassion, respect, and trust. 14. Listen to clients and provide information in ways they can understand. 15. Support clients to be active participants in managing their own health and the health of their newborns. 16. Recognize clients as the primary decision-makers and provide informed choice in all aspects of care by: 16.1. providing information so that clients are informed when making decisions about their care	Yes
--	--	--	--	------------

		16.2. advising clients about the nature of any proposed treatment, including the expected benefits, material risks and side effects, alternative courses of action, and likely consequences of not having the treatment making efforts to understand and appreciate what is motivating clients’ choices 16.4. allowing clients adequate time for decision-making 16.5. ensuring treatment is only provided with the client’s informed and voluntary consent unless otherwise permitted by law 16.6. supporting clients’ rights to accept or refuse treatment College of Midwives of Ontario Professional Standards for Midwives 16.7. respecting the degree to which clients want to be involved in decisions about their care. 21. Ensure that your personal biases do not affect client care. Integrity: Integrity is a fundamental quality of any member of the midwifery profession. Every midwife has a duty to practise truthfully and honestly, with the best interest of their clients as paramount. Integrity demands that midwives consistently model appropriate behaviour, recognize the power imbalance inherent in the midwife-client relationship, and maintain the reputation and values of the profession. 32. Conduct yourself in a way that promotes clients’ trust in you and the public’s trust in the midwifery profession. 45. Manage practice in a way that supports the physical and mental well-being of all individuals involved in client care.
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

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

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The College is committed to continuous improvement of its regulatory systems to ensure they are effective and efficient. This includes regular review of its registration procedures and processes. In 2022, the College was able to return to most pre-COVID-19 pandemic application processes and registration requirements but maintained several practices which had been adopted during the pandemic to facilitate the timely registration of applicants, while continuing to ensure suitability to practise and registration of qualified individuals. The College continues to: 1. Accept submission of applications and all supporting documents electronically. 2. Maintain a revised payment process to enable payment online by credit card for all fees, including application, jurisprudence course and initial registration fees. 3. Work directly with the Midwifery Education Programs (MEPs) to obtain letters confirming program completion and eligibility to graduate for all applicants prior to applicants having to submit an official transcript. 4. With the development and successful implementation of the updated and revised Canadian Midwifery Registration Examination (CMRE) set and administered by the Canadian Midwifery Regulators Council (CMRC), the Registration Committee re-approved the CMRE as the qualifying examination for the purpose of s. 8(1)3 of the Registration Regulation made under the Midwifery Act, 1991. 5. Require the submission of a current vulnerable sector check in accordance with the College’s Criminal Record Screening Policy.	Yes

			6. The Registration Committee approved changes to the requirements for satisfactory evidence of continuing competency in neonatal resuscitation (NRP), cardiopulmonary resuscitation (CPR) and emergency skills (ES) as required by section 7. 3.-5. of the Registration Regulation. Applicants were required to submit evidence of current valid training, including in-person components, with their application for registration. 7. Accept electronic letters of standing when sent directly from the source organization to the College.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		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. The College's currency and competency requirements are set out in the Registration Regulation under the Midwifery Act and include the following main components (this does not include QA requirements outlined in the Quality Assurance Regulation) 1. Active practice requirements (APR): All practising midwives are required to report on their active practice annually by October 1 each year through the online Member Portal. Each member's active practice report as submitted via the Member Portal is reviewed by staff. If after a review it is determined that a midwife has an APR shortfall, they are referred to a panel of the Registration Committee in accordance with section 12 the Registration Regulation. The following document outlines how the College monitors compliance with these requirements in more detail. https://www.cmo.on.ca/wp-content/uploads/2018/11/APR-Information-November-1-2018_Formatted_UpdateAUG1-2019.pdf 2. Good character: All midwives are required to make disclosures to the College at annual renewal (and throughout the year if there is a change of information) in accordance with the Health Professional Procedural Code, the Registration Regulation and College bylaws. The Registrar reviews all disclosures and assesses the impact of the disclosed conduct on the midwife's suitability to practise midwifery ethically and safely. If the Registrar has concerns about a midwife's conduct, the Registrar can appoint an investigator to investigate the midwife's conduct or can make inquiries and on the basis of such inquiries, can decide whether to appoint an investigator. The results of the investigation will be reported to the ICRC. The College's Good Character Guide provides more information on how midwife's suitability to practise is assessed and what action is taken when risks are identified: https://www.cmo.on.ca/wp-content/uploads/2018/11/Good-Character-Guide-Final-.pdf

		In addition, the Registrar’s Investigation Decision Making Tool assists the Registrar in determining an appropriate outcome relative to risk to the public when information about a registrant’s conduct or actions (that is not a formal complaint) comes to the attention of the College: https://cmo.on.ca/wp-content/uploads/2022/10/2022-10-03-decision-tree-final.pdf 3. All practising midwives must maintain current training in neonatal resuscitation (NRP), cardiopulmonary resuscitation (CPR) and emergency skills (ES) as outlined in the registration regulation. To facilitate this process, all practising midwives must provide the College with confirmation of successful completion of training in the above-mentioned areas by the registration renewal deadline of October 1 each year. More information on these requirements and how they can be met can be found here: https://www.cmo.on.ca/wp-content/uploads/2019/06/Continuing-Competency-Requirements-and-Approved-Courses-January-2021-V2-1.pdf				
		<table><tr><td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr><tr><td colspan="2"><i>Additional comments for clarification (optional)</i></td></tr></table>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (optional)</i>	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.					
<i>Additional comments for clarification (optional)</i>						

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

		Measure:	
		9.3 Registration practices are transparent, objective, impartial, and fair.	
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: - Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. - Where an action plan was issued, is it: Choose an item. Met in 2021, continues to meet in 2022
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
		Required Evidence	College Response	
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided	
			The College implemented a new document describing the midwifery scope of practice that replaced a long-standing document called Consultation and Transfer of Care Standard. This new guiding document (Midwifery Scope of Practice) was implemented to adhere to the principles of risk-based regulation. A webinar was conducted in 2021. In 2022, we conducted a survey of registrants to understand how this document was working in practise and if it was improving continuity of care for clients and interprofessional collaboration. In total, there were 129 responses from midwives. The results of this survey will inform any potential revisions to the document based on registrant identified gaps and to support midwives with uptake and implementation.	
			• Does the College always provide this level of support: Yes If not, please provide a brief explanation:	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.		
		Additional comments for clarification (optional)		

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: Met in 2021, continues to meet in 2022 - Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Peer and Practice Assessment Policy (pg. 4) stipulates that registrants will be randomly selected for assessment. - Is the process taken above for identifying priority areas codified in a policy: Yes Peer and Practice Assessment Policy.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)

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

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:		Met in 2021, continues to meet in 2022	
			Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used.			
			Based on the principles of right touch regulation where the interventions are proportionate to the risk, the College continues to assess members based on our Peer and Practice Assessment Policy . Austin and Gregory (2018) show that competence can be linked to a health care providers’ engagement in their own continuing education and development in their profession. This finding suggests a random selection of all members is preferred over a punitive approach of a stratified sample based on risk factors.			
			- Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <i>Public</i> Choose an item. <i>Employers</i> Choose an item. <i>Registrants</i> Choose an item. <i>other stakeholders</i> Choose an item.			
			Risk-based regulation was implemented as part of the College’s previous strategic plan from 2016-2020.			
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>				Choose an item.		
Additional comments for clarification (optional)						
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:			
			Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. Peer and Practice Assessment Policy			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			

		Additional comments for clarification (optional)	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.	
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. Some decisions made by a College committee, such as the ICRC, or a panel of the Discipline Committee, require monitoring to ensure compliance with committee orders. For example, a panel of the ICRC may require that a midwife complete a Specified Continuing Education Remediation Program (SCERP) or an order can be made that a midwife’s practice must be audited after a specified period of time to ensure that they are able to demonstrate the required knowledge, skill and judgment in an area of practice that required remediation. Staff corresponds with midwives to ensure they are aware of their compliance requirements. If the midwife does not comply with any order made by a committee within the prescribed timeline, the Registrar can decide to commence an investigation into the midwife’s failure to comply.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are:	The College fulfills this requirement: Yes - Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. - Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible.
		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’s complaints process is transparent and there is information provided to the public on the College website in various formats. As well, detailed information is provided to complainants on the process in an acknowledgment of complaint package. Detailed information including about complaints and concerns about a midwife can be found here: https://cmo.on.ca/clients-and-the-public/complaints-and-concerns/ Guide to Filing a Complaint provides guidance and helps complainants understand how to make a complaint, and what each step in the complaints process entails and possible outcomes: https://cmo.on.ca/wp-content/uploads/2018/06/Guide-to-Filing-a-Complaint-for-Complainants.pdf Met in 2021, continues to meet in 2022 Complaints process infographic: https://www.cmo.on.ca/wp-content/uploads/2018/12/complaints-process-flow.jpg The Guide on Funding and Therapy (https://www.cmo.on.ca/wp-content/uploads/2018/05/Guide-on-Funding-for-Therapy-Counselling- final-May-2018-.pdf) sets out information on the process for obtaining funding for therapy and counselling for individuals who were, or may have been, sexually abused by a midwife while they were a client. Additional resources are available to for individuals who are applying for funding and therapy: https://www.cmo.on.ca/public/preventing-sexual-abuse/funding/ Complaints process outcomes and the tool used by the ICRC when deciding which action to take is available: https://cmo.on.ca/wp-content/uploads/2017/11/Revised-Categories-ICRC-Risk-Assessment-Framework-Updated-04JUN18.pdf

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

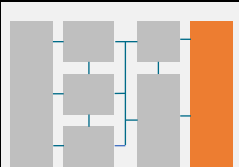
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. Through the complaints process we receive feedback which we use to regularly review and make changes to our templates and information. For example, in 2022 the College updated its Guide to Filing a Complaint to make information clearer and more understandable including using plain language. The College also updated its ADR Policy that includes information so complainants understand and know what to expect in the process. https://cmo.on.ca/wp-content/uploads/2018/06/Guide-to-Filing-a-Complaint-for-Complainants.pdf https://cmo.on.ca/wp-content/uploads/2022/10/ADR-Policy-2022.pdf In addition, the College regularly reviews information and practices to align with our strategic priority #3, Building engagement and fostering trust with the public and the profession. To achieve this, we present information in a format that is accessible and allows the public to understand the College’s role, what it means to regulate in the public interest, how our complaints and discipline processes work, and how we make decisions that affect them. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		<i>Benchmarked Evidence</i>		
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
--	--	--	---

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022		
			• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available.			
			Complainants can file a complaint by mail, email or through an online form here: https://www.cmo.on.ca/public/inquiries-reports-and-complaints/submit-your-complaint/			
			Accessibility requests made by complainants (e.g., help needed to file a complaint) are accommodated by College staff. In addition, the College will translate documents as requested and will provide assistance with identifying a midwife. The College offers a practice advisory service at intake and throughout the process if complainants need advice on clinical, ethical or regulatory issues.			
			All complainants are contacted by College staff within 2 business days of receiving a complaint. As part of the process, College staff will arrange a phone call to explain the complaints process, including what supports are available, and to confirm the issues of the complaint. Staff is available to respond to any further inquiries throughout the process. College has a policy (included in the Operations Manual) that require staff to acknowledge all inquiries within two business days and to provide a timeline in which the inquiry can be addressed if it cannot be addressed within that time. The generic email address: conduct@cmo.on.ca that is used in all formal documents for inquiries relating to complaints have an automatic response programmed that indicate the inquiry is received and give the established timeline of 2 business days for a response.			
			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.						
		The College fulfills this requirement:	Yes			

		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.).	• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. As noted above and in College guiding documents, the complainant and the midwife are provided with a written notice of complaint, that acknowledges the receipt of their complaint or informs a midwife that a complaint was filed against them and advises them of the next steps, including timelines and possible outcomes. All parties are regularly updated on the status of their file and College staff (including professional conduct staff and a practice advisor) is available to respond to any inquiries about the process or provide an update on the status of the case. Once investigation process reaches 150 days since the complaint was received, delay letters are sent to the complainant and a midwife. Subsequent letters are sent at 210 days (including to HPARB) and then every 30 days until the matter is disposed of. If the complaint is referred to discipline, relevant information is available on the website and College staff is available to respond to further inquiries about or provide information about the discipline process. The Discipline Rules of Procedures is available on the website: https://www.cmo.on.ca/wp-content/uploads/2015/07/Discipline-Rules-of-Procedure_30Nov18.pdf For information on how the College supports complainants including how they can contact the College for information, please see above (11.1c).
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

PRACTICE	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:	Met in 2021, continues to meet in 2022
			- Please insert a link to the policy and indicate page number OR please briefly describe the policy. - Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		Choose an item.		
<i>Additional comments for clarification (if needed)</i>				

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.					
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response				
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2021, continues to meet in 2022</td></tr><tr><td colspan="2"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. </td></tr></table>	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.	
		The College fulfills this requirement:	Met in 2021, continues to meet in 2022				
Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.							
<table><tr><td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr></table>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.						

			<i>Additional comments for clarification (if needed)</i>	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Measure:		
14.2 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:	Yes
	Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.	
<i>Benchmarked Evidence</i>	Measuring regulatory performance - internal audit: As part of the College’s commitment to regulatory excellence, a Regulatory Performance Measurement Framework was developed to objectively evaluate the College’s regulatory performance. This framework allows us to review, evaluate and report on our performance using a set of standards that are based on our legislative mandate and expected outcomes. The framework describes the outcomes the College is expected to achieve in four broad domains: Regulatory Policy; Suitability to Practise; Openness and Accountability; Good Governance. In 2021, our first performance review was conducted and the results were posted to the website. The final report can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/11/Performance-Review-2021.pdf June Council meeting materials (see agenda item 10): https://www.cmo.on.ca/wp-content/uploads/2021/06/Full-June-23-2021-Meeting-Book.pdf Risk assessment and strategic priorities: A comprehensive risk assessment is conducted as part of the College’s strategic planning process (every 3-5 years) to ensure that the College’s strategic goals are guided by focusing activity and attention on issues that were identified as high priority risks for the organization. The College assesses its risks by using a risk assessment matrix; the goal is to rank the risks to determine priority. This exercise leads to a list of risks ranked according to their combined score of likelihood and impact which then leads to identifying mitigating strategies and deciding what action to take. The Risk Matrix (including the Risk Register) can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Risk-Matrix-2020.pdf Risk assessment scale can be viewed here:	

		https://www.cmo.on.ca/wp-content/uploads/2021/03/Risk-Assessment-Scales.pdf	
		2021-2026 Strategic Plan (where high-priority risks were identified as strategic priorities) can be viewed here: https://www.cmo.on.ca/wp-content/uploads/2021/03/Strategic-Plan-2021-2026-Web.pdf	
		<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
Measure: 14.3 The College regularly reports publicly on its performance.			
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	Please insert a link to the College’s dashboard or relevant section of the College’s website.		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
	<i>Additional comments for clarification (if needed)</i>		

Part 2: Context Measures

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

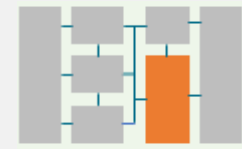
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
i. Annual continuing education and professional development	805		
ii. Annual peer and practice assessments	0		
iii. <Insert QA activity or assessment>			
iv. <Insert QA activity or assessment>			
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
-			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<i>* 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.</i> <u>NR</u>	
<i>Additional comments for clarification (if needed)</i> In compliance with the <u>Quality Assurance Regulation</u> (O.Reg 669/20), the Quality Assurance Committee (QAC) approved a new Quality Assurance Program called the <u>Professional Development Portfolio (Portfolio)</u>. The new program is based on evidence showing that quality assurance activities should give a registrant sufficient time to meet both short and long term goals. With this in mind, the (QAC) developed a program requiring registrants to submit a declaration of completion every three years rather than every year. While midwives are required to participate in CE/CPD activities, including a minimum number of case reviews, every year in accordance with the Portfolio’s requirements, they are not required to report on these activities until their reporting deadline. The first year of reporting is 2024. Thus, the compliance status from 2021 remains stable as it is carried over to 2022. The COVID-19 pandemic was tremendously challenging for Ontario’s primary health care providers, including midwives, as they cared for Ontario’s citizens in a constantly shifting health care environment. Midwives were continually adapting to maintain currency with changes in practice and to fill in gaps with notable health human resource shortages that directly affected their practice. The College looked for ways to ensure practising midwives, which assessors must be, could stay focussed on delivering client care without feeling undue pressures and increased demands. With this in mind, a decision was made not to initiate a random selection of members for the 2022 assessment cycle. This is in compliance with the <u>Quality Assurance Regulation</u> (O.Reg 669/20) which specifies that members must participate in a self, peer and practice assessment but does not require a yearly cycle. This meant midwives and midwifery assessors could focus their time on direct client care to ensure clients received the best care possible. By December 31, 2022, the 2023 Assessment cycle was initiated, and the annual cycle is in process with 10% of general registrants selected..	

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2022	805 compliant	100% of eligible membership	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR		
NR			
Additional comments for clarification (if needed)			
-			

Table 3 – Context Measure 4

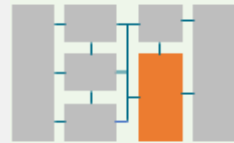
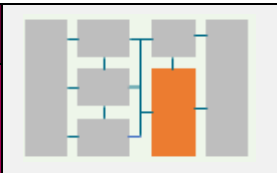
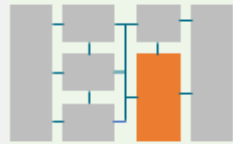
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR		
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR		
NR			
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.			
**This measure may include any outcomes from the previous year that were carried over into CY 2022.			
Additional comments for clarification (if needed)			
-			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations	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.
Themes:	#	%	#	%	
I. Advertising	0	0	0	0	
II. Billing and Fees	0	0	0	0	
III. Communication	35	40	0	0	
IV. Competence / Patient Care	33	38	NR	NR	
V. Intent to Mislead including Fraud	0	0	0	0	
VI. Professional Conduct & Behaviour	14	16	0	0	
VII. Record keeping	5	6	0	0	
VIII. Sexual Abuse	0	0	0	0	
IX. Harassment / Boundary Violations	0	0	0	0	
X. Unauthorized Practice	0	0	0	0	
XI. Other <please specify>	NR	NR	0	0	
Total number of formal complaints and Registrar’s Investigations**	87	100%	0	100%	

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

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

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2022	56		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	1		
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	1		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	16	22	
II.	Formal complaints that were resolved through ADR	12	16	
III.	Formal complaints that were disposed of by ICRC	23	32	
IV.	Formal complaints that proceeded to ICRC and are still pending	21	30	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	5	NR	0	0	0	0	0
IV. Competence / Patient Care	9	NR	0	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	5	NR	0	0	0	0	0
VII. Record Keeping	NR	NR	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	NR	NR	0	0	0	0	0

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d		
If College method is used, please specify the rationale for its use:		
The College used the recommended method for complaints. The College is reporting on the actual number of days under Registrar's investigations as it only had one case.		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.
I. A formal complaint in working days in CY 2022	286	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
II. A Registrar’s investigation in working days in CY 2022	91	
Disposal		
Additional comments for clarification (if needed)		
As noted above, the College is reporting on the actual number of days under Registrar's investigations as it only had one case.		
-		

Table 8 – Context Measure 12

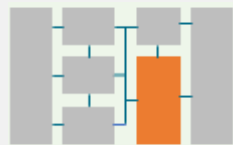
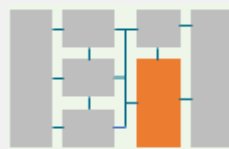
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: College Method		
<i>If a College method is used, please specify the rationale for its use:</i>		
The College is unable to calculate 90th percentile as it only had one case. It therefore is reporting on actual.		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2022	-	
II. A contested discipline hearing in working days in CY 2022	411	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> The College did not have an uncontested hearing in 2022. The 411 days reported for a contested hearing is from the time of ICRC referral to the date of the Discipline Panel’s decision. -		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*			
Type	#		
I. Sexual abuse	0		
II. Incompetence	0		
III. Fail to maintain Standard	0		
IV. Improper use of a controlled act	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		

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

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

[NR](#)

Additional comments for clarification (if needed)

There were no findings of professional misconduct for the one case that was closed.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.		
Revocation		
Suspension		
Terms, Conditions and Limitations		
Reprimand		
Undertaking		
NR		
Additional comments for clarification (if needed)		
There were no findings of professional misconduct for the one case that was closed.		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs. Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases. Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

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

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

Return to: [Table 10](#)

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

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

Act, 1991. Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice. Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee. Return to: [Table 10](#)