College Performance Measurement Framework (CPMF) Reporting Tool

College of Physiotherapists of Ontario
2021 Reporting Year

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and
2. help Colleges improve their performance.

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

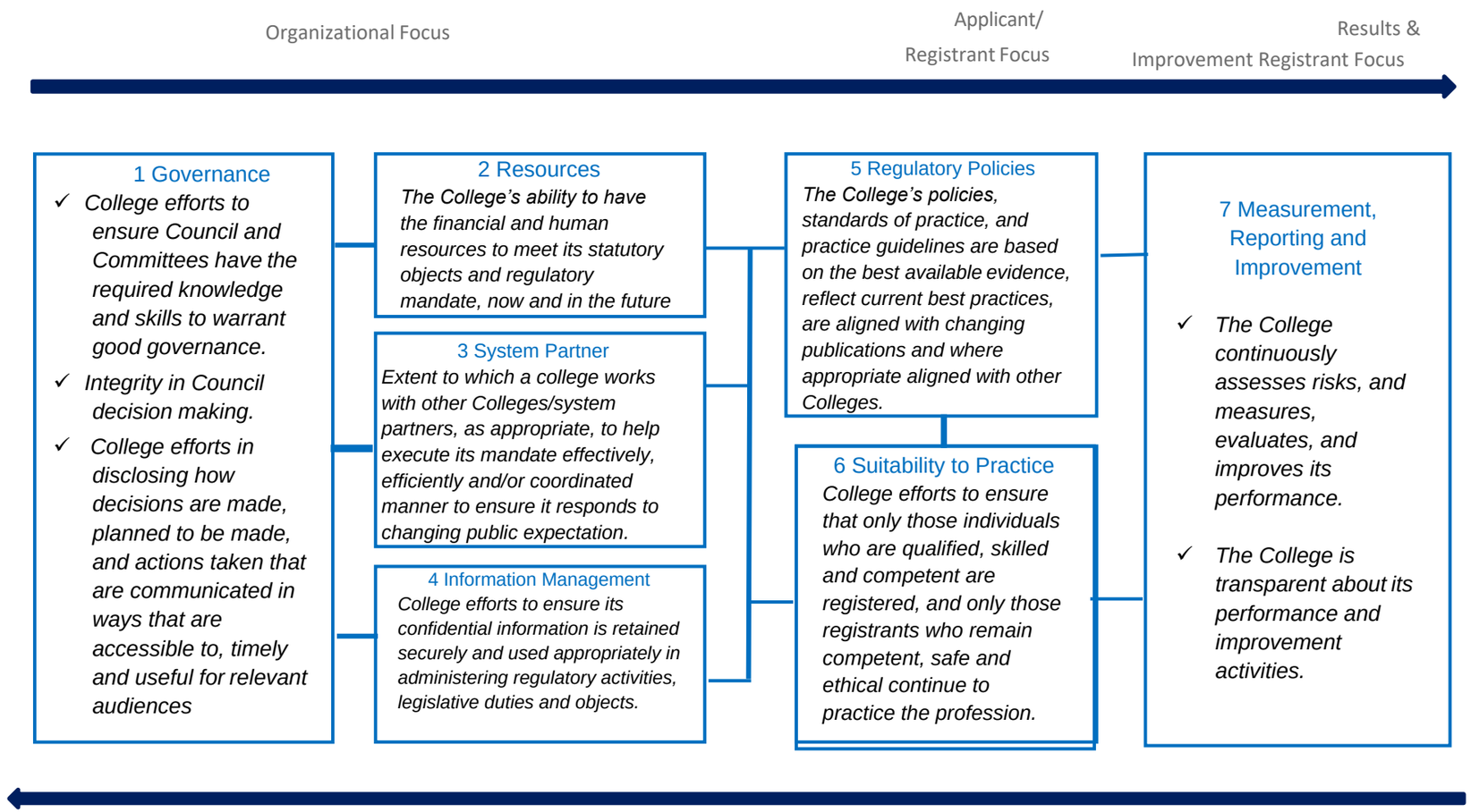


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:
In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and
In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

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

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

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

What has changed in 2021?

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

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

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

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

Part 1: Measurement Domains

Measure
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.

DOMAIN 1: GOVERNANCE

STANDARD 1

Required Evidence	College Response	
a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and	The College fulfills this requirement:	Partially
	• The competency and suitability criteria are public: Yes *If yes, please insert a link to where they can be found, if not please list criteria.* The College has some suitability criteria in place for Council members, though the College does not have competency criteria outlining essential qualifications beyond the minimum requirements. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. They are as follows: • The roles and responsibilities of a Council member are laid out in the College's Governance Manual under Policy #1.2: Role of a Council Member. Further accountabilities are outlined in the College's Code of Conduct. • The College's Council Elections webpage highlights a variety of skills prospective Council members must possess. • Additional election suitability criteria can be found in the By-laws (Part 3: Election or Appointment of Councillors) and as part of the candidate recruitment process on the College website. • The College does not currently have a core competency framework in place prior to being eligible to run for Council election.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
	Additional comments for clarification (optional): The College looks forward to reviewing and implementing any forthcoming changes developed by the Ministry regarding competency-based selection of Council members.	

		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:	Partially

- Duration of orientation training.
- Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
- Please insert a link to the website if training topics are public ***OR*** list orientation training topics.

Orientation Prior to Election to Council

Prospective candidates are required to complete a pre-election orientation module that outlines the mandate of the College and the roles and responsibilities of Council and Council members.

The module must be completed by the nomination deadline to qualify for the Council election. This eligibility requirement was approved by Council during their last By-law and Governance review in June 2021. The module was developed by this College but has been shared with other Colleges to use if they choose.

The purpose of the module is to ensure that prospective candidates are aware of and committed to the mandate of public protection and have the skills and knowledge to effectively govern within their scope as Council members. As we do not currently have competency criteria beyond the minimum requirements, this module provides candidates with opportunities to self-reflect on the expectations of the role to ensure they would be able to align with the College's mandate.

The module is divided into four main sections:

- Eligibility requirements: Outlines the eligibility criteria that must be met to qualify to run for the election.
- The Role of the College: The focus is on public interest and protection, understanding what self-regulation is, the role and core functions of the College, explanation of governance and reinforcing public confidence in the profession through regulation and explanation of roles between Governance (Council and Committees) and Operations (Registrar and operational staff).
- Understanding Council: Provides an overview of what fiduciary duties are, characteristics of an effective Council, explanation of the Council structure including the three types of Council members (elected, academic and public appointees), the roles, responsibilities and duties of Council members, and the time commitment required.
- Becoming a Council Member: Outlines the election process and terms of office.

This module will be evaluated and updated annually to ensure relevance of topics and information, and to make improvements that have been identified by new Council members and individuals who have completed the module.

Orientation after Election/Appointment to Council

The College has an orientation program to familiarize new Council members to the role after they have been elected or appointed. Orientation training outside of the module referred to above is post-election rather than before being eligible to stand for election.

Orientation of newly elected Council members takes place throughout the year. As a first step, new Council members meet with the President and Registrar to discuss the College's role, self-regulation, the Council's role and the fundamentals of good governance. This includes topics such as conflict of interest, bias, public interest, and ex parte conversations. This session is supported by a new Councillor Orientation E-learning Module.

Council members also participate in in-person and online training sessions focused on specialized topics and emerging trends. These topics vary depending on the risks and needs identified at that time. In 2021 Council members participated in the following training sessions:

- Sexual abuse awareness
- Unconscious bias
- Governance

To ensure completion of the online modules and an assessment of the learning that has occurred, members are required to complete an assessment to demonstrate knowledge. Completion of the modules and all training opportunities attended by Council and Committee members is tracked by staff. The e-learning modules available to Council and Committee members are listed below. This year, in-person training was paused due to COVID, and the priority shifted to holding all training sessions virtually.

The Orientation Program is set out in the College's Governance Manual under Policy #7.9: Council Education/Orientation. In-person training was paused due to COVID, and the priority shifted to virtual sessions.

Online orientation training modules include:

- New Council Member Training
- Sexual Abuse Awareness Training
- Decision Writing Training for members of the Discipline and Fitness to Practice Committees
- Inquires Complaints and Reports Committee Training
- Quality Assurance Committee Training
- Registration Committee Training
- Patient Relations Committee Training
- Discipline Committee Chair Training
- Discipline Committee Training

In addition, all members appointed to the Discipline Committee must complete a Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO).

The College offered the Health Profession Regulators of Ontario (HPRO) Reasons Writing Workshop as an optional educational training to members of the Discipline Committee.

The College hosted three, 3-hour lawyer-led education sessions for members of the Discipline Committee. Topics included pre-hearing conferences, Agreed Statement of Facts, Joint Submissions on Penalty, note taking, deliberations and contested hearings. Sessions were interactive, using polling

			questions and breakout rooms to discuss case scenarios. These have all been recorded to ensure future access.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Yes
			Additional comments for clarification (optional): The College is also preparing an orientation learning module for the Finance Committee for implementation over the next reporting period. The module will cover committee member duties and responsibilities, the budget, financial reporting, financial management, and investment procedures, tips, and aids to help committee members understand the technicalities of finance, audit, and risk required for members of a finance, audit and risk committee. The module will be modified for use by Council members to continuously update their financial knowledge.
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and	The College fulfills this requirement: — Partially
			• The competency and suitability criteria are public: Yes • *If yes, please insert a link to where they can be found, if not please list criteria.* The roles and responsibilities of Committee Chairs and Committee members are laid out in the College's Governance Manual under Policies #1.3: Role of a Committee Chairperson and #1.4: Role of a Non-Council Committee Member, respectively. Most Committee appointments are made up of Council members. The appointment of Council members to Committees is based several factors including Committee composition requirements, term limits, Council succession planning, expressions of interest, and distribution of workload. For non-Council Committee members, the College has some suitability requirements in place, though the competency criteria do not outline essential qualifications beyond the minimum suitability requirements. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. Information about Non-Council Committee members eligibility for appointment is available in the College By-laws (7.5: Appointment of Non-Council Committee Members). The College has some suitability requirements outlined in the By-laws; for example, not having any decision-making influence at a physiotherapy body or any other position with a conflict potential and not having been disqualified from Council or Committees in the past three years. However, there is currently a limited definition of competencies beyond these requirements. The College typically recruits Non-Council Committee members using recruitment advertisements on the College website and in our newsletter Perspectives. Similar to a staff recruitment, the recruitment of Non-Council members details any specified competencies within the notice. They are similar to job advertisements and include some competency provisions such as: understanding what is meant by public interest, the ability to make decisions in a collaborative forum, and possessing excellent listening, communication, and analytical skills. In this way, the competencies are more developed than for Council members (as outlined above). Staff screen the applications, conduct interviews and develop recommendations on committee composition based on the qualifications of candidates and the needs of the Committee. The recommendations are considered and may be amended by the Executive Committee, who bring forward a final recommendation to Council. Once appointed, the Chair of the Committee provides feedback about the Non-Council Committee member's performance to the President. Staff do not

			provide feedback.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — No
			Additional comments for clarification (optional): The appointment procedure is outlined in Policy #7.5: Selection of Individuals to Committees, Task Forces, and Advisory Groups in the Governance Manual. Council has not identified this as an improvement priority during the next reporting cycle.
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: — Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public ***OR*** list orientation training topics for Statutory Committee. Orientation for newly appointed Committee members occurs as required and may involve a full-day session, as well as ongoing training throughout the year. Committee members participate in both in-person (when available) and online training sessions focusing on topics related to the Committee and emerging trends. The Orientation program is set out in the College's Governance Manual under Policy #7.9: Council Education/Orientation. Orientation is provided at the first Committee meeting of the newly appointed Committee each year and is facilitated by the Chair, support staff and, where helpful, legal counsel and external speakers. As well, members are required to complete the appropriate Committee specific e-learning modules. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding. The Inquiries, Complaints and Reports Committee, Patient Relations Committee, Quality Assurance Committee, and Registration Committee sessions may include presentations by legal counsel on issues relevant to the Committee, such as bias and decision making. The orientation program for the Discipline and Fitness to Practice Committees is conducted by the Independent Legal Counsel to the Committee and occurs throughout the year. The complete list of online training modules and respective topics outlined above, is under Measure 1.1a(ii). In addition: **Quality Assurance Committee:** • Asynchronous, self-directed eLearning module with Quiz and confirmation of completion Quality Assurance Committee Member - Getting Familiar With Your Role; takes 1.5 hours to complete • March 9, 2021: 1:1 virtual orientation session with one public member for one hour • July 29, 2021: 45-minute question and answer period (Zoom) to answer questions about the eLearning module completed earlier (for three committee members) • August 5, 2021: 2-hour virtual orientation session around Committee decision making **Registration Committee:**

- Asynchronous, self-directed e-learning module with quiz and confirmation of completion.
- August 10, 2021: Registration Committee Orientation (1-hour) facilitated by legal counsel and included a presentation by the Canadian Alliance of Physiotherapy Regulators (CAPR) on credentialling
- December 17, 2021: 1-hour virtual question and answer period to follow up on eLearning module (Chair and legal counsel also present)

Inquiries, Complaints and Reports Committee:

- Asynchronous, self-directed e-learning module with quiz and confirmation of completion.
- March 26, 2021: 3-hour virtual orientation with a new ICRC Committee member
- July 16, 2021: 3-hour virtual annual orientation with ICRC Committee
- November 4, 2021: 3-hour virtual orientation with a new ICRC Committee member
- November 18, 2021: 1-hour training on Interim Orders
- December 3, 2021: 1 hour training on Decision Outcomes

Patient Relations Committee:

- Asynchronous, self-directed e-learning module with quiz and confirmation of completion.
- February 2, 2021: virtual orientation with the Committee
- August 20, 2021: virtual orientation with the Committee

Discipline and Fitness to Practice Committees:

- Asynchronous, self-directed committee orientation eLearning module with Quiz and confirmation of completion
- Asynchronous, self-directed committee decision writing eLearning module with Quiz and confirmation of completion
- Asynchronous, self-directed committee discipline chair eLearning module with Quiz and confirmation of completion
- April 9, 2021 & October 1, 2021: Health Profession Regulators of Ontario (HPRO) Discipline Committee Orientation Workshop
- April 28, 2021: 3-hour, remote lawyer led education session covering pre-hearing conferences
- May 31, 2021: Discipline Committee e-newsletter, key concept: assessing credibility
- August 18, 2021: 3-hour, remote lawyer led education sessions covering, Agreed Statements of Fact, Joint Submissions on Penalty, notetaking and deliberations
- November 23, 2021: Discipline Committee e-newsletter, key concept: contested hearings
- November 25, 2021: 3-hour, remote lawyer led education session covering contested hearings
- December 3, 2021: Health Profession Regulators of Ontario (HPRO) Reasons Writing workshop

Committee Member Eligibility Module

The College is currently in the process of creating a pre-appointment orientation module for prospective Committee members. This is a new eligibility requirement that was approved by Council during their last By-law and Governance review in June 2021. The module will outline the mandate of the College, the roles and responsibilities of Committees and Committee members and the Committee appointment process. It is anticipated that it will be released in Spring of 2022.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): A pre-appointment module for prospective Committee members is anticipated to be launched in 2022, ahead of the next Council year. Further information on the module will be shared in the College's submission for the next reporting period. The College is also preparing an orientation e-module for the Finance Committee for implementation in 2022. The module will cover committee member duties and responsibilities, the budget, financial reporting, financial management, and investment procedures, tips, and aids to help committee members understand the technicalities of finance, audit, and risk required for members of a finance, audit, and risk committee.	
		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:	Partially
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public ***OR*** list orientation training topics. The College generally holds orientation training for public appointments to Council. On occasion, there are exceptions when the appointment is made is too close to an upcoming Council meeting. In that case, orientation takes place after the new public appointee attends their first meeting. **Duration of orientation training:** Public members typically participate in both in-person and online training sessions focused on identified topics and emerging trends. This training is the same as that provided to elected Council members and supplemented by additional profession-specific content. **Format of each orientation training** (e.g. in-person, online, with facilitator, testing knowledge at the end): The Orientation program is set out in the College's Governance Manual under Policy #7.9: Council Education/Orientation. Orientation is provided in-person at the first Council meeting of each year led by the Registrar and President. Council members are also required to complete a series of e-learning modules on a variety of topics. In practice these sessions occur in advance of the first Council meeting. It is possible that new Council members will participate in Committee meetings prior to their first Council meeting.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional): Appointments are made by the Public Appointment Secretariat and do not fall within the College's jurisdiction. We understand that there is a new onboarding program being created to support public appointees however we have not seen the content to date. The College does not have the ability to contribute to defining the competency needs for appointment. In addition, public appointees do not consistently have the scheduling availability to commit to all of the College work. The College supports any governance reform that sees us increasing the number of public members that can be available to support the work of Committees and Council.	
		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: Partially

- Please provide the year when Framework was developed ***OR*** last updated.
- Please insert a link to Framework ***OR*** link to Council meeting materials where (updated) Framework is found and was approved.
- Evaluation and assessment results are discussed at public Council meeting: No
- *If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.*

The College has an assessment framework to evaluate Council and Council meeting effectiveness. Assessment results are not made public in full, however the President will provide a high-level summary of the results of the Council meeting surveys in the President's Report which is delivered verbally at a Council meeting. There is also an opportunity for Council to discuss the results.

The measurement and reporting framework was developed in June 2002 and last updated in March 2015.

The organizational measurement and reporting framework is laid out in the College's Governance Manual under Policy #8.1: Measurement and Reporting.

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

Council Meeting Evaluation: Following each Council meeting, a meeting evaluation survey is sent to all Council members and the results are shared with the President and Registrar. This process is informal and generally deals with the different aspects of the meeting. The President reviews the information, and the results are reported to Council in an aggregate form as part of the President's Report and/or provided to all Councilors ahead of the next meeting. The College plans to include high-level summaries of meeting evaluations in Council materials starting March 2022.

Council Operations Evaluation:
As part of the Council Performance Assessment, Council members are required to complete a yearly Council Operations evaluation. This is an electronic survey sent to each Council member that focuses on seven domains:

- Council Activity
- Mission and Mandate
- Governance/Partnership Alignment
- Organization
- Meetings
- Council Membership
- Administration and Staff Support

Council members are also provided with an opportunity to provide comments and feedback on the work and effectiveness of Council outside of these

			domains. The results of this survey are reviewed by the President and Registrar and help inform changes and/or improvements to governance processes and overall planning for Council meetings, training, and education. As part of the ongoing internal governance improvements, the Operations Evaluation Survey are anticipated to undergo improvements to ensure questions remain relevant and reflect governance best practices, however it is uncertain when the changes will be implemented. **Council Member Evaluation:** Individual Council member evaluations are conducted annually between April and June by the President. Both professional and public Council members are asked to provide feedback about two or three other members of Council. The feedback is compiled and shared with each of the Council members via the President. In addition, Council members complete an annual self-evaluation exercise. The results of these evaluations are not shared with the public. The President conducts annual performance reviews for each Council member. The reviews are not shared with anyone, including the President-Elect, and they are not filed at the College. Reported performance issues are not shared with the Registrar. Staff input is not considered in this review process. **Council or Committee Member Conduct:** If Council or Committee members are the subject of Code of Conduct inquiries, the process is managed by the President. There is no staff involvement, and the President does not retain the services of external organizations. The results are not shared with the Registrar, and they are not filed at the College. The President maintains their own personal files and does not pass the files over to the President-elect or new President when they assume office. If any concerns are brought forward regarding a Committee member, Committee Chairs may share copies of emails, attendance records, or other resources with the President. At the Committee level, staff have the ability to raise concerns with the Committee Chair. There is no centralized file for each Council/Committee member where this information can be stored.	
		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			• A third party has been engaged by the College for evaluation of Council effectiveness: No • *If yes, how often over the last five years?* • Year of last third-party evaluation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional) The College is in the process of planning for a third-party, independent review of Council effectiveness, however it is uncertain at this time when the review will be conducted.	
		c. Ongoing training provided to	The College fulfills this requirement:	Partially

		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	• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last year. Council considers relevant needs when it comes to identifying opportunities for Council training. Not all topics for training come directly from Council members or from evaluation feedback. To date, the College has not published any materials around how evaluations or Council/Committee member needs have informed training for Council and Committees. Policy #7.9: Council Education of the College's Governance Manual outlines the procedures through which Council members receive relevant training and education on an ongoing basis. Training topics are identified based on a risk and needs analysis identified by both Council and staff. Training is repeated based on the turnover rate of new members and is meant to address issues faced by Council. Sexual abuse awareness training is required for all Council and Non-Council Committee members annually. Before completing the session, members must complete a related e-learning module. This module has also been made available to other Colleges. Policy #7.9: Orientation Program of the College's Governance Manual highlights this annual requirement. This requirement is also outlined in Part 5.3(1) of the College By-laws. Additional requirements for annual training include reviewing the College's mandate, governance framework, and organizational culture. Council participated in externally facilitated governance training to build Council working culture and relationships following the election of the new Council members. Council members participated in two learning sessions in June and September of 2021. Session #1 covered general governance theory and a discussion with the Council members. Session #2 was structured so the Council members could discuss in detail through small groups and a plenary session highlighted issues raised in Session #1. A one-hour debrief session, led by the external facilitator, was conducted in November 2021. The debrief session was designed to allow Council members to discuss how they were making decisions and conducting the Council meeting. Finally, Council members were given the opportunity to attend relevant regulatory and stakeholder conferences. An internal process is in place whereby the Executive Committee reviews conference applications from members. At the Committee level, at the end of each Committee meeting, the Committee will have a round table discussion focused on the meeting itself, the ongoing tools and resources required to assist the Committee in carrying out their obligations. These discussions will sometimes feed into other activities that the College should take such as articles focused on patient safety, the need to explore changes to a standard or standard development, newsletter articles and case highlights, outreach opportunities, committee learning needs and learning opportunities for PTs to enhance patient care. As an example, in October 2021, the Quality Assurance Committee heard a 20-minute presentation from the Senior Physiotherapist Advisor on remediation options for the Quality Assurance Committee members. This session was in response to the Committee's request for more information about the types of learning activities available to physiotherapists when the Committee is considering a SCERP. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — No

			Additional comments for clarification (optional): It should be noted education and training for Council during the reporting year of 2021 was a departure from the prescribed process outlined in Governance Policy #7.9 Council Education/Orientation, whereby the Executive Committee is tasked with developing and approving an education plan for Council and Committees. This shift to an ad hoc process was to address the emerging issues related to COVID. It is anticipated that a more formalized education plan will resume in the 2022 reporting year. This will include capturing outcomes from the Council Performance Assessment Framework (member evaluations, meeting evaluations, Council Operations evaluations) as indicators for areas of training, emerging trends based on Governance best practices and input from staff. Additionally, College staff review governance processes in an ongoing way to ensure they are compliant with governance policies and best practices. Council evaluation and Council training are two areas identified for review, and changes to these processes may be introduced in the future. Opportunities for development and change will be reported to the Executive Committee for consideration. The College looks forward to reviewing the potential changes associated with governance reform to ensure consistency with other Colleges.
		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: **Partially** • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found ***OR*** • Please briefly describe how this has been done for the training provided <u>over the last year</u> Council and Committee training sessions consider Equity, Diversity, and Inclusion, though the College has not yet had a training informed by risk management expectations. For example, Council members received an Unconscious Bias training session during their March 2021 meeting. This training took place because annual training in this area was identified as a need for Council and Committee in order to support the work of the Registration, ICRC, and Discipline Committees, and in light of some challenging conversations that were taking place at the time. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **No** *Additional comments for clarification (optional):* In December 2021, as part of the President's Report, it was also noted that Councillors identified Equity, Diversity, and Inclusion as an area where they would like more training, in recognition of the increasing importance of EDI in the College's work. The College hopes to explore these trainings in 2022, though potential training topics and vendors have not yet been identified. The College is in the process of developing an enterprise risk management (ERM) policy and framework that will guide the integration and consideration of risk into daily operations and policy development. The ERM will include risk registries at the department level that will be rolled up to the most important key organizational and strategic decisions for presentation to Council. Management will work with Council to provide general training on risk management to Council members in the next year.

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**		
		Required Evidence	**College Response**	
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Partially
			• Please provide the year when Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the review. The Executive Committee undertook a governance review in 2020 to evaluate and propose updates to the College's governance framework, By-laws and policies, including the Code of Conduct and Conflict of Interest Policy. The review conducted by the Committee was presented at the November 27, 2020 Council meeting and a revised set of governance policies was approved in principle. The changes were then circulated for consultation until May 17, 2021. After considering this additional feedback, Council ultimately approved the proposed changes at their June 23, 2021 meeting. No substantive revisions to the Code of Conduct or Conflict of Interest policies were proposed as part of this review.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional)	
		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 discussed and approved. The Code of Conduct and Conflict of Interest policy are found in the College By-laws (Part 5: Conduct of Councillors and Committee Members). The By-laws are accessible through the College website.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021

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

Eligibility criteria, including cooling off periods, for elected Council members are laid out under section 3.1 (9) of the College By-laws. The By-laws were last updated in 2021. Term limits for Council and Committee members are laid out in By-laws and Governance policies.

Cooling Off Period

The cooling off period is outlined in the College By-laws. To be eligible to run for Council election, the registrant must not have been in the previous 12 months:

- a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
- a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; or
- an employee of the College (College By-laws s. 3.1(9))

The cooling off period applies to elected professional members and appointed academic professional members.

Term Limits

A term on Council is set as three years, per section 3.1 (6) of the College By-laws. Under the Health Professions Procedural Code (HPPC), a member may serve a maximum of nine years consecutively. After such time, the member is not eligible for re-election for at least one year. As part of the College's governance review in 2021, a nine-year consecutive term limit and one year waiting period for elected Council members was codified under section 3.1 (7) of the College By-laws. This is enforced through an internal process of tracking how long each member has served on Council. If they have reached their term limit, they cannot run in the next election or participate on a College statutory committee during the waiting period.

The Public Appointments Secretariat has on one occasion appointed a public member to the College's Council beyond the nine-year consecutive term.

Term limits for any Committee roles are outlined in the College's Governance Manual. For example, officer roles are delineated in Policy #7.2: Succession Planning in the College's Governance Manual. The term limits and waiting period rules align with that of Council members. Non-Council committee

			members can serve a maximum of nine consecutive term limit on any combination of committees, and then cannot be appointed until after a waiting period as per section 7.5(8) of the College By-laws.	
		Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	*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. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	The College fulfills this requirement:	Partially
			• 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: No • Please insert a link to the most recent Council meeting materials that includes the questionnaire. **Not Applicable** While the College does not have a Conflict of Interest questionnaire, Council members do sign a Councilor's Declaration of Office at the beginning of their Council term, which references the Code of Conduct and conflict of interest provisions. The College also mandates that each meeting is predicated by an opportunity for all attendees to declare any anticipated conflicts. The conflict of interest policies are outlined in Part 5: Conduct of Council and Committee Members in the College By-laws. The process is described in 5.1 (6). When presented with a conflict, the Council or Committee member shall declare the conflict at the time of identification, not participate in discussion, consideration, or voting on the matter, withdraw from the meeting when the matter is being discussed, and not attempt to influence other voters. To further assist Council with determining potential conflict of interest, legal counsel attended multiple meetings to provide additional guidance for Council members based on specific agenda items.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional) No further discussions about changes to the College's current conflict of interest processes have taken place.	
		d. Meeting materials for Council	The College fulfills this requirement:	Partially

		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).	• 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. College Council materials currently enable the public to identify the public interest rationale in two areas: (1) the commitment to the public interest declaration stated before the Meeting Agenda; and (2) the "Public Interest in this Decision" section of select College briefing notes. The public interest rationale is understood in relation to the Ministry of Health's matrix of public interest considerations: Accessibility, Accountability, Equality, Equity, Protection of the Public, and Quality of Care. However, not all briefing notes currently contain the public interest clause. For issues with the most direct impact on the public interest, the briefing materials would typically highlight the relevant public interest considerations. For other issues with a less direct impact (for example, College operations), the briefing materials do not typically include a section that speaks to the public interest.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) College staff review governance processes in an ongoing way to ensure they are compliant with governance policies and best practices. The clear articulation of the public interest in Council materials has been identified as an item for review, and changes may be introduced in the future.	
		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives	The College fulfills this requirement:	No
			• Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities. The College does not currently have a formal approach to risk management.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No

		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.	*Additional comments for clarification (optional):* The College is in the process of developing a risk management policy for approval by Council and an Enterprise Risk Management (ERM) program. An ERM approach will take into consideration the risks related to regulation and the public interest in addition to strategic, operational, reputational, and financial risks. The ERM program will include the development of risk registers for departments that are rolled up to a College risk registry for presentation to Council. The risk registries will consider internal and external risks that impact the ability of the College to fulfill its mandate and impact the ability of management to conduct operations. Risk dashboards will be shared within management and presented to Council during regular reporting. Further, the College is planning to conduct a cybersecurity audit and will present the findings to Council.
DOMAIN 1: GOVERNANCE	STANDARD 3	**Measure** **3.1 Council decisions are transparent.**	
		Required Evidence	**College Response**
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Partially • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. The College posts meeting minutes and materials on the website. However, the College does not provide status updates on how Council decisions are implemented. Council minutes are available on the College's website and updated after each meeting when approved. Shortly after each meeting, the College also posts highlights of what was discussed at that meeting. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes *Additional comments for clarification (optional)* College staff review governance processes in an ongoing way to ensure they are compliant with governance policies and best practices. The method for reporting on status updates on the implementation of Council decisions has been identified as an item for review, and changes may be introduced in the future.
		b. The following information about	The College fulfills this requirement: Yes

		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.	• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. The College began publishing Executive Committee minutes to the College website in 2021 once they have been approved. The first Executive Committee meeting minutes were added to the website on September 16, 2021. The minutes include the meeting date, agenda, and brief information on the discussion and decisions that took place with respect to each agenda item. The Executive Committee meets on a quarterly basis based on the requirements from the Terms of Reference, found in Policy #2.3: Executive Committee of the College's Governance Manual. The rationale for any additional meetings outside of the requirements are also listed in the minutes. In certain situations, the Committee met to make decisions on behalf of Council between Council meetings to consider an issue that the Committee believed to be urgent in nature. The Executive Committee considers matters that will be brought forward to Council and when a matter is approved by the Executive Committee and an item is recommended to Council, it is noted in the Executive Minutes. The Committee may also decide not to forward an item to Council. Executive decisions are ratified by Council when the Committee acts as Council for the duration of their meeting. For example, during the COVID pandemic the Committee held multiple meetings in response to the crisis. The Executive Committee elected to meet in place of Council. These minutes were provided as part of the September 2020 Council meeting materials. *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: Partially • Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. The College provides notice of meetings on the College website at least one week in advance when possible. When Council meetings fall outside of the published schedule (such as emergency meetings), the College does its best to notify the public, registrants, and stakeholders in advance of the meeting times. The notices are published on our website and shared through our social media channels. In 2021, the Council determined there was a need to hold emergency meetings due the ongoing unavailability of the national clinical physiotherapy exam and the need to resolve registration issues associated with this issue. This requirement is listed in By-law 4.4(4) (Notice of Meetings) in the College By-laws. It states that "the College shall post the date of every Council meeting on its website at least 7 days before the meeting as well as the meeting materials." Meeting materials for Council are published at least one week in advance on the College website.

		Council meeting materials are accessible on the website for a minimum of three years, and archived materials are available upon request.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
		Additional comments for clarification (optional)	
	b. 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
		The College provides Discipline hearing notices and relevant materials on the College website as soon as the matter is referred to the Discipline Committee for a hearing.	
		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:	Partially
		• 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. Although the College does not yet have a formalized EDI Plan in place, the College did undertake several activities related to Equity, Diversity and Inclusion in 2021. **Land Acknowledgement Statement** At the February 16, 2021, Council meeting, Council approved the development of an Indigenous land acknowledgement that would be read at the beginning of each Council meeting, and posted to the College website. Staff conducted an environmental scan and worked with a consultant to consider possible content for a Land Acknowledgement Statement that the College could use. In October 2021, Council considered the different approaches to a Land Acknowledgement Statement and approved one for use by the College. The approved statement is read at the beginning of each Council meeting, starting with the December 2021 meeting. **Equity, Diversity, and Inclusion Position Statement** At the February 16, 2021, Council meeting, Council discussed and approved the development of a position statement on Equity, Diversity, and Inclusion	

			(EDI). In October 2021, staff presented a draft position statement to Council for their consideration and approval. Council adopted the proposed position statement, which is posted on the College's website, along with a list of resources to support various issues related to equity, diversity and inclusion. **Equity, Diversity, and Inclusion Initiatives** In 2021, the College undertook a number of initiatives related to EDI, including: • Completion of a staff survey on EDI • Staff education with a guest speaker on Truth & Reconciliation • Attended Health Profession Regulators of Ontario (HPRO) Town Hall Meeting about Anti-BIPOC Racism Project - Findings and Recommendations from Dr. Sukhera • Dedicated webpage with resources: allyship, implicit bias, LGBTQ2S, microaggression, racism • Shared EDI information with registrants through monthly e-newsletter. • Introduced gender neutral language in public communication and created an e-learning module to support gender neutral writing in committee decisions and public facing documents • Conducted research into needs of registrants educated outside of Canada The College formed an EDI Working Group in 2021 comprised of staff members to continue to identify potential initiatives to advance the EDI agenda at the College. This working group will develop a Terms of Reference which will guide the EDI work of the College. The role of the EDI Working Group is to identify EDI issues for the entire College (i.e. management/operations and policy). The College will consider conducting research about the current perceptions and expectations of the public, College registrants, and other stakeholders about the integration of EDI into the College's policies, rules, and standards.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional) The College is currently in the process of establishing a new strategic plan. In the discussions to date, it appears that equity, diversity and inclusion remains an important area of focus for Councillors and staff. It is anticipated that EDI will be a theme reflected in the new strategic plan, which is expected to be approved in the first half of 2022. However, it is uncertain at this time what specific EDI initiatives will be pursued in 2022. The College will introduce the optional collection of pronouns and race-related data during the annual renewal process in 2022 (starts in February). The College hopes to use the race-related data to assess any unintentional barriers in our processes or highlight where the College can dedicate more programs and resources.	
		b. The College conducts Equity	The College fulfills this requirement:	No

		Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	• Please insert a link to the Equity Impact Assessments conducted by the College ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — No *Additional comments for clarification (optional)* Though no discussions around developing an Equity Impact Assessment have yet taken place, the College would welcome the opportunity to collaborate with system partners to develop a harmonized Equity Impact Assessment framework across regulatory health Colleges.
		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. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should	The College fulfills this requirement: — Partially • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to most recent approved budget. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. The College does have a strategic plan and strategic initiatives, and the budgeting process does typically allocate resources for strategic initiatives. The College is currently in the process of renewing its strategic plan for 2022 and activities to support the new strategic plan were first discussed during the February 2021 Council meeting. The College's Entry to Practice program was also identified as a strategic priority. In December 2021, Council held an initial strategic planning session to further discuss the strategic focus for the College in the next few years to better fulfill the College's mandate. The College's fiscal year is from April 1 to March 31. In a typical year, the College budget is approved at the March Council meeting. The most recent approved budget took place during the March 2021 Council meeting. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — Yes

		have estimated the costs of each activity or program and the budget should be allocated accordingly.	*Additional comments for clarification (optional)* The College takes strategic priorities into consideration when developing the annual operating budget. The College budget is created on a zero-based budget approach; each program develops an operational plan for their department that will align the strategic plan priorities and activities. Program areas include statutory (e.g. Professional Conduct, Quality Assurance, Registration, Discipline) and non-statutory (e.g. Human resources, financial, governance) programs. The College is currently undertaking a strategic planning process. A new strategic plan is expected to be approved in the first half of 2022. Following the approval of the new strategic plan, the budget in subsequent years will incorporate strategic planning and priorities.
		b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes The College has a financial reserve policy that sets out the permitted uses for general operational reserves to ensure the stability and continuity of program areas. The policy is subject to annual review by the auditors. The "general operating reserves" refer to unrestricted net assets that do not require Council approval to access. The College has restricted net assets for complaints and discipline, and sexual abuse therapy costs. These restricted net assets can only be accessed with Council approval. The Finance Committee presented a review of the financial reserve policy during the December 2017 Council Meeting, and the review was approved in June 2019. The amended Reserve Policy is found on page 96 of these public materials. The revised policy includes recommendations from the Auditor to maintain an undesignated reserve within the range of 25-50% of operating costs. The financial reserve policy was reviewed by an external financial auditor, and the Finance Committee reviewed the financial reserve policy in November 2021 following the external Auditor's comments. *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	The College fulfills this requirement: Partially

		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).	• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The College does not have a formal Human Resources Plan. The College's HR needs are assessed each year during the budgeting process when each department is consulted to determine their HR needs for the next fiscal year. Departmental HR needs are based on the department's assessment of ongoing regulatory work and special projects for the next year. In the past, the College used dashboards to provide a formalized update, which included human resources metrics. Dashboards were provided quarterly and were last included during the December 2019 Council meeting Financial support is provided to each employee to engage in professional development. Professional development needs are discussed between the employee and their supervisor at the employee's annual evaluation. The College's worked on a new performance assessment program that will formally integrate learning and development goals as part of the employees' annual performance review. The new performance assessment program will include lists of competencies, including a set for non-managers and an additional set for managers/supervisors. The new program will include more detailed guidance to development, monitor, and assess employee goals. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* No *):*
		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement: Partially • Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. As part of the College's strategic plan for 2017-2021, Council identified as one of its priorities the need to update the College's technology to better support the College's business processes and to improve the customer service experience for our stakeholders. Since that time, the College has engaged in a large-scale project to renew its database technology. Components of a new database began rolling out in early 2018. To date, the new database has allowed the College to streamline and automate many activities in the Registration and Quality Assurance program areas, leading to improved efficiency, and have introduced many self-serve capabilities for registrants and complainants. This work is ongoing as the College continues to build new functionality in the database, with the goal to support all areas of the College's activity. This is expected to be a multi-year process. Council continues to receive updates on any major changes to the College's technology as part of the regular operational updates from the Registrar. Also part of the College's strategic plan for 2017-2021 were initiatives to review and update the College's data practices to ensure that the correct data

			is collected to support the College's work, and that there are practices and processes that ensure data integrity and allow the College to derive meaningful business intelligence from the data collected. These initiatives were deferred due to resource constraints, with the intention to resume when resources allow.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — No
			Additional comments for clarification (optional) This work on the College's database is ongoing as the College continues to build new functionality in the database, with the goal to support all areas of the College's activity. This is expected to be a multi-year process. The College has not developed the professional conduct area, hearings or compliance monitoring areas of the database to date. The database is not searchable at this time and decisions of the various committees are not captured. Work is underway to address these shortcomings. The College is currently undertaking a strategic planning process. The discussions to date noted the importance of data to inform the College's work. It is anticipated that the use of data will be a theme in the new strategic plan, which is expected to be approved in the first half of 2022. However, it is uncertain at this time what specific initiatives related to data management the College will pursue in 2022.

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required. ***Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.***
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a	**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:

dialogue with the Ministry of Health. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	• *How has it 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.).* The College works with its system partners to ensure that physiotherapy is regulated with oversight and accountability, and to ensure the practice is governed with quality, safety, and ongoing improvement in mind. This section will expand on the College's response from 2020 and will identify any new partnerships or new initiatives undertaken by existing regulatory partners with the goal of strengthening practice expectations for Ontario physiotherapists. In looking for a resolution to the ongoing unavailability of the Physiotherapy Clinical Exam, the College collaborated with the physiotherapy academic community. The College considered the recommendation of the Ontario University Physiotherapy Programs to explore whether the Assessment of Clinical Performance (ACP) used by clinical supervisors could be used to assess entry to practice competency of applicants. The Council considered this option in October 2021. The College also worked with the University of Sherbrooke in Quebec to explore the use of the Final Comprehensive Exam used for their physiotherapy program graduates to assess entry to practice competency for Ontario applicants. The Council approved the use of the University of Sherbrooke exam in December 2021. The College has also engaged in ongoing discussions with the Ontario Physiotherapy Association, the Office of the Fairness Commissioner and the Ministry of Health to obtain input from them on the impact that the restricted ability of the College to register applicants is having on access to the profession. The College engaged the **Health Profession Regulators of Ontario (HPRO)** in 2021. Collaboration activities through HPRO include: • The College suggested the formation of an HPRO working group to consider a consistent approach for health regulators to share information. This group has developed a set of recommendations relating to common expectations for information sharing that are in the process of being considered for adoption by HPRO members. • HPRO Communications group held an online Communicator's Day conference to share information across the 26 Colleges on topics such as Equity, Diversity, and Inclusion, dealing with social media and other regulatory communications challenges. This group ran a joint online marketing campaign to highlight the existence and role of Colleges and drive patient and caregivers to the websites of regulators. The group shared resources to be used by all colleges to promote a consistent message and maximize resources and impact. This included social media posts and online articles and polls. • In 2020, HPRO created a new networking group focused on the CPMF, with the goal to share information among all Colleges and to identify opportunities to undertake initiatives and activities highlighted in the CPMF in a coordinated and collaborative way. The discussions of this group are ongoing and proposed initiatives are typically brought to the Registrars for consideration.

	Other collaboration activities with system partners in 2021 include: • Compliance Monitoring: In the fall 2021, the CPO led the initiation of a cross-College working group to identify opportunities to discuss regulatory issues, resources and education plans. Beginning in February 2022 the College will host a series of workshops to share information in registrant competency gaps and education solutions directed by Committees. Guest speakers will be invited. • Practice Advice Service Survey: In September 2021 the College conducted a survey with 45 health and non-health regulatory bodies across Canada and the US, to identify what services are offered to stakeholders by advice teams. There was an 80% response rate and confirmed consistent services are provided across organizations, but no new opportunities were identified. A summary report was shared with all participants. • The College coordinated a joint webinar titled "All Things Privacy with Kate Dewhirst: Information for Regulated Health Professionals" and hired privacy lawyer Kate Dewhirst. The College invited the Colleges of Kinesiologists, Registered Massage Therapists, Occupational Therapists, Dieticians and Traditional Chinese Medicine Practitioners and Acupuncturists to participate in a joint education session for health professional in Ontario. • The College shared its new election e-learning module along with all of its other modules with other colleges to use as a foundation for their own work. College staff ran a short training session for other colleges and transferred files so that others could adapt and use as they chose.
	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. ○ *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.* ○ *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able to access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).* The College responds to changing public and societal needs through ongoing and targeted stakeholder engagement. The College is a member of the Citizen Advisory Group (CAG), a panel of patients and caregivers focused on bringing patient perspectives to health regulation. The objective of the CAG is to support public participation and consultation in the regulatory work of Ontario health colleges. In 2021, the CAG was engaged through consultants to provide feedback on their impression of the physiotherapy profession, the College and professional regulation to inform the upcoming strategic planning process. The feedback was well received was used by Council to assist with developing key strategic priorities.

In 2020-21, the College began to undertake a framework around Equity, Diversity, and Inclusion (EDI). The College consulted with other Canadian health regulators (CPSO, COTO, CASLPO, OCP, CDO, and Physiotherapy Alberta) about best practices in developing the EDI plan. Discussions included key considerations for building a framework, developing a position statement around EDI, and introducing an Indigenous land acknowledgement as a standing part of future Council meetings. The College also consulted with an advisor from York University when developing its land acknowledgement statement.

As part of an ongoing focus on EDI, the College hired a research firm to conduct research to better understand the experience of physiotherapists educated outside of Canada and how the College is meeting their needs in the context of our mandate. Seventeen one on one, 1-hour interviews were completed with PTs educated outside of Canada who were in different stages of their journey to becoming a PT or who had more recently registered with the College. An additional online survey was made available to all internationally educated PTs in Ontario and approximately 680 completed it. The research firm provided reports and recommendations. The College has started to implement some of these recommendations. Others will require a longer lead time and additional resources and are being considered for implementation in the coming year.

In 2020-21, Practice Advisors from other Colleges (CASPLO, CDO, CPO and COTO) met frequently to discuss responses and issues related to the COVID pandemic. The advisors provide updates on regulatory trends and issues. Through such regular meetings, resource sharing and COVID updates, Practice Advisors capitalize on the opportunity to collaborate with other health Colleges. The information also helps to inform the College COVID stakeholder communications. The College also takes the opportunity to collaborate and share information with other Ontario health Colleges by inviting them to send a member of their staff to our annual sexual abuse training sessions.

The College is a member of the Ontario Regulators for Access Consortium (ORAC) to collaborate on issues related to access to professions. We attended a meeting with this group in April 2021. We also participated in and initiated surveys among this group on key issues related to access, such as re-entry to practice and licensure issues.

The College met with representatives from the Insurance sector (liability insurance providers, WSIB and Canadian Life Health Insurance Association) in each quarter. Trends related to billing and inappropriate business practices were shared. The College subsequently developed articles in its newsletter and published a webinar educating PTs on proper business practices and billing expectations. The Practice Advisors developed a new workshop on good business practices which was delivered to two university partners in March and June 202

Throughout 2020 and 2021, Quality Assurance programs shared information through the Health Profession Regulators of Ontario (HPRO) group about modifications and updates to existing practice assessment processes due to the pandemic. For example, regulators shared knowledge about third party secure file sharing, video conferencing and other approaches to ensure Quality Assurance programs could continue to occur throughout the pandemic.

Measure

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response	
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. The College has policies governing the disclosure of and requests for information. They are as follows: • Governance Policy – Privacy Code: Details reasons for collection, use and disclosure of data. Underwent update as part of Governance Review in 2019 and published in June 2021 (Found under About, College Privacy). Policy #3.2: Privacy Procedures – Requests for Access or Corrections and Compliance Concerns in the College's Governance Manual further outlines the procedures around requests to access, corrections, and compliance with respect to College-held personal information. • Confidentiality declaration: Staff, Council, non-Council, contractors, experts: Under Policy #4.1: Confidentiality – General of the College's Governance Manual, everyone this policy applies to must sign a confidentiality agreement to confirm their understanding of the RHPA's rules regarding the confidentiality of matters that come to their attention as part of their College-related work. • Council and Committee orientation and manuals: Confidentiality policies and the Code of Conduct are included as part of Council and Committee trainings. Both the College's Code of Conduct declaration of office are included in the College's By-laws. • Human Resource Policy #2.09: Public Register Information and College Data describes the scope of information shared through the Public Register and defines how the College responds to information sharing requests. This policy protects against the release of unauthorized information of College registrants through the Public Register and more.	
			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	The College fulfills this requirement:	Partially

		iii. measures to protect against unauthorized disclosure of information; and uses policies, practices and processes to address accidental or unauthorized disclosure of information.	• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.
			
			The College has policies, practices, and processes to address the accidental or unauthorized disclosure of information. They are as follows:
			• Website guidance around privacy: The College published guidance on the rules around protecting personal health information for its registrants who are health information custodians. The guidance explains the relevant privacy legislation, information related to privacy breaches and rules for the notification of breaches. They are found on the College's website under Standards & Resources.
			• Code of Conduct: Sets out confidentiality rules (section 10) and provides a mechanism to manage concerns from Council staff or members of the public if there is a breach (section 5e). It is posted to the College website.
			• Training modules on digital security and protecting sensitive information for staff: Staff receive ongoing online training on a variety of digital security topics including essential knowledge related to cybersecurity, ransomware and malware and internet security when working from home.
			• Human Resource Policies:
			  ○ HR Policy #1.05: Confidentiality guards against the unauthorized disclosure of information to anyone outside of the organization. This applies to anyone who performs a duty or service for the College
			  ○ HR Policy #1.07: Employee Records and Personal Information Protection is the internal framework for managing employee personal and confidential information. The document outlines employee responsibilities with respect to personal information management and highlights the preservation of privacy of employees and confidentiality of their records.
			• Governance Policy - In-Camera Minutes: Policy #7.13: Council *In Camera* Minutes – Storage and Access in the College's Governance Manual outlines how in-camera minutes are recorded, reviewed and archived to ensure confidentiality of information.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — No
			Additional comments for clarification (optional) The College is planning to conduct a cybersecurity audit, however it is uncertain at this time if it will be conducted in 2022.

DOMAIN 5: REGULATORY POLICIES	STANDARD 8	**Measure** **8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).**

Required Evidence	College Response	
a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).	
	Policy #5.1: College Policy Review Schedule of the College's Governance Manual outlines the procedures for reviewing its various policies. The College aims to review By-laws and governance policies annually and other documents (policies, standards of practice, regulations) on a three-year rolling cycle. The College also reviews and makes changes to documents as needed. The College completed a comprehensive Standards Review Process in 2015-18 and all practice standards were reviewed and updated. In December 2019, Council approved a new review process designed to ensure that standards remain current going forward. The new Standards Review Process is found in the December 2019 Council Materials. The Standards Review Process was updated and approved by Council in June 2021, and work to review the first set of standards is now underway. The revised framework groups standards together into four groups, and each group of standards is reviewed once every four years. At the November 2020 Council Meeting, Council approved a revised Policy Approval Framework. This framework will refine the process through which College policies undergo and receive approval. The College monitors the practice environment in several ways: results from the Quality Assurance Program, contacts made to the Practice Advisory team, complaints received through the Professional Conduct area, and responses to the Professional Issues Self-Assessment (PISA) form and Jurisprudence Module. The College also monitors website metrics, such as page visits and length of visits and search terms entered on the site. By monitoring trends, issues can be raised to management team level and the associated Committees and Council. Monitoring trends is an ongoing process in all areas so the College can initiate reviews and updates to associated policies, standards, or practice guidelines.	
	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. 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:	Partially
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components ***OR*** please briefly describe the College's development and amendment process. The College's policies, standards, and guidance documents typically account for all six components. Due to other demands on the College (related to the clinical physiotherapy exam), the College does not have examples to provide this reporting year. The College develops and reviews its policies, practice standards, and practice guidelines through the following avenues: 1. Policies Policy #5.1: College Policy Review Schedule of the College's Governance Manual outlines the procedures for reviewing various policies. This process factors in evidence and alignment with other heath regulators and the practice and legal environment more generally. During their November 2020 meeting, Council approved the revised College Policies Framework, which sets out the guidance for approving, reviewing, and updating College policies. 2. Practice Standards The College has an established Standards Review Process, which was developed in December 2019 and updated in June 2021. The Standards Review Process is found in the June 2021 Council materials. This process factors in: (a) the evaluation of relevant evidence and data; (b) education/outreach to registrants; (c) a scan of the practice environment and other regulatory health Colleges; and (d) stakeholder feedback. All standards are reviewed through an equity lens. Work to review the first set of standards has started, and is expected to be complete in the second quarter of 2022. 3. Practice Guidance The College develops practice guidance on an as needed basis, and Council, Committees, and staff consider evidence, risk, the current practice environment, stakeholder feedback, the information needs of registrants, and alignment with other Colleges when conducting research in this area. For example, the College's Virtual Practice Guidelines underwent a review in 2020, where these variables were given consideration.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional): The College has identified the formal inclusion of risk and public expectations into its standards, policies, and guidelines as an area of improvement. The College has an internal framework to review Standards according to the six components listed above. Over the next reporting year, the College aims to formalize the Standards Review Process according to those components so that this information is included in public materials.	

	c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	No
		• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. The College is currently working on several areas to promote Equity, Diversity, and Inclusion within the organization. These initiatives include looking at ways to apply an equity lens to the College's standards, policies, and guidelines. However, work in this area has not formally commenced in this reporting year.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
		Additional comments for clarification (optional) The College is currently undertaking a strategic planning process. The discussions to date noted the importance of equity, diversity, and inclusion considerations as they relate to the College's work. It is anticipated that EDI will be a theme in the new strategic plan, which is expected to be approved in the first half of 2022. However, it is uncertain at this time what specific EDI initiatives the College will pursue in 2022.	

Measure

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

DOMAIN 6: SUITABILITY	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	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). The College ensures suitability to practice in registering new entrants through the below mechanisms. *For cases not referred to the Registration Committee:*	

		supervisors, etc.)[2].	• The application requirements for prospective applicants are noted in the Checklists page on the College website. This page outlines the documentation required for each registration pathway offered by the College. • The considerations outlined in the Eligibility Questionnaire are assessed before registration. Essential criteria include selection of application type, being eligible to work in Canada, identification of out-of-province registration and having obtained a degree in physiotherapy. • Applicants previously practicing in another jurisdiction or within a different regulated health profession must submit a Regulatory History Form to the College. • For internationally educated physiotherapists: The Canadian Alliance of Physiotherapy Regulators (CAPR) is a credentialling and assessment agency that provides credential evaluation services for all physiotherapy regulators in Canada. International credentials are assessed through CAPR prior to review by the Registration Committee. ○ Credentialling policies assure language proficiency and protect against fraudulent documents. *For cases referred to the Registration Committee:* • The Registration Committee uses an internal Decision-Making Tool to assess the eligibility criteria, qualifications and risk to patients when registering new applicants. There is no Canadian experience requirement. • Given the unavailability of a national clinical exam, the Registration Committee has created an alternative pathway to registration which continues to be amended in an ongoing way. The Code does not require Colleges to have administrative guidelines related to the Registration Committee review process. The CPO has created its own timelines to assist applicants in understanding the steps in the process and the associated timelines. Before a registration application is approved, the file is reviewed a second time to ensure that the applicant meets all the regulatory requirements, and that all documentation has been collected and is accurate. An overview of the registration process is presented in the Registrar's Review flowchart, which is posted to the website.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically	The College fulfills this requirement:	Yes

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

		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.).	• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The Canadian Alliance of Physiotherapy Regulators (CAPR), the national credentialling and assessment agency for Canadian physiotherapy regulators, sets the requirements for and reviews the education qualification of international applicants, including language proficiency and ensuring documents are not fraudulent. Essential competencies are prepared by the National Physiotherapy Advisory Group. In 2019, the College engaged a consultant to conduct a scoping review of the College's Entry to Practice program and develop recommendations for further work. Council discussed the findings of the consultant report at the December 2020 meeting. The purpose of the review is to ensure that the program remains fair, effective, and evidence based. The recommendations coming out of the Entry to Practice review include asking for proof of insurance, clarification around working with physiotherapy residents and making changes to the assessment of 'good character.' During their February 2021 meeting, Council set Entry to Practice reform as a priority for the 2021/2022 fiscal year. In March 2021, Council appointed an Entry to Practice Working Group to address the recommendations of the 2020 review. In June 2021, Council directed the Working Group to also examine alternatives to the clinical component of the Physiotherapy Competency Exam (PCE) in light of multiple cancellations and delays to the examinations. The Working Group issued a Request for Proposal for the development of a clinical exam. Due to the aggressive timelines only one submission was received, which did not meet the required criteria. Council has since approved the development of another clinical exam and work is underway.	
			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	The College fulfills this requirement:	Partially

		to ensure that currency[3] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	• 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 undertakes currency and practice hour checks to some extent based on a self-declaration as part of the annual renewal process. However, currency checks are not typically undertaken except for what is required by regulation. The College does not currently use formal risk tools when undertaking currency checks. Currency requirements are laid out in regulation (Section 21 of the Ontario Regulation 532/98 under the Physiotherapy Act). The Annual Renewal process is available on the College website. • PTs are required to have practice hours – 1,200 hours every five years or to have completed the national exam (both written and clinical components) within the last five years. Registrants are required to report their practice hours annually during renewal. Practice hours are defined on the College's website. Those who do not have sufficient practice hours are required to engage in various activities to address this issue such as undergoing a practice assessment, or they agree to stop delivering patient care. • PTs must declare their professional development during annual renewal. • They must successfully complete a Jurisprudence Module after initial registration and then every five years. • PTs must complete PISA every year as a self-reflection exercise and identify areas where more learning is required. • PTs can be selected every 5 to 10 years for a screening interview as part of the Quality Assurance program to assess ongoing competency. • PTs are required to answer self-reporting questions related to various professional conduct issues during annual renewal. • PTs are required to declare whether they have liability insurance during annual renewal. The College follows up with those who declare that they do not have insurance and provide patient care.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No

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

			Additional comments for clarification (optional)
		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: Yes met in 2020, continues to meet in 2021 • Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued The College posts the OFC assessment report on Fair Registration Practices on the College website. The OFC website also archives College reports. For the 2020 assessment cycle, the OFC found that the College is compliant with the OFC's practice standards and did not issue an identification plan or recommendations. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (if needed)*
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	**Measure** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**	
		Required Evidence	**College Response**
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes *If not, please provide a brief explanation:* **Outreach events**: The outreach program was delivered through a webinar in 2021 rather than meeting in person due to the Covid pandemic. The delivery

		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.	of a webinar "Questions and Answers with the Practice Advisors" (December 2021) answered a range of questions from stakeholders around top FAQs and standard expectations. The standard expectations that were covered include business practices, boundaries and supervision requirements. The advisors also developed a business practices workshop for MSc PT students and delivered it to second-year students at Queen's, University of Ottawa, Western and University of Toronto (March and June 2021). Additionally, there was an increase in boundary related inquiries and complaints from the public made to the College. The advisors subsequently delivered a Boundaries and Sexual Abuse workshop delivered to the University of Toronto in February 2021 and 2022. **Webinars**: The College collaborated with a few other Colleges to host a Privacy Webinar in June 2021 with a lawyer who specialize in this area to help registrants understand their obligations outlined in health privacy law. **Practice Advice Correspondence** The advice team receives over 8,000 inquiries from stakeholders per year related to standard expectations. To gain an understanding of the nature and trends from inquiries to the College, a coding taxonomy was implemented. The top identified domains from the taxonomy drive which FAQs are published on the College website or in the monthly newsletter to stakeholders. In 2021 there was an increase in inquiries related to business practices, consent, record keeping, boundaries as well as infection prevention and control practices. Around 80% of contacts are from PTs and PT students and 20% are from other stakeholders (Public, Insurers, Employers). **E-Learning Modules**: The type of inquiries suggested boundaries, consent and record-Keeping as major trends where registrants required learning. The College developed and published Boundaries and Sexual Abuse, Record-Keeping, Consent and Ethics E-Learning Modules. The College uses the **PISA** (Professional Issues Self-Assessment) tool to raise awareness to physiotherapists about rules and standards that are either new or have been identified by Practice Advisors as areas in need of additional support. ○ 2021: Boundaries, Sexual Abuse, and Consent **Communications**: Ongoing e-newsletter and social media posts, online advertising, and reminding stakeholders of the expectations**.**	
			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[4].**		
		a. The College has processes	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021

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

		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;	• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found. • Is the process taken above for identifying priority areas codified in a policy: Yes *If yes, please insert link to policy:* Background – Development of New Quality Assurance Program (2021) Redevelopment of the Quality Assurance Program started in 2018. Previously, the College used an on-site assessment process that randomly selected 5% of eligible registrants for a four-hour on-site assessment. Upon review, a new two-step process was developed and approved by Council. The College has begun to screen 9% of eligible PTs through one-hour virtual screening interviews and conduct a four-hour assessment for PTs not meeting the screening threshold (85% threshold). The new Quality Assurance program framework was approved in March 2018. Both components of the practice assessment were developed through consultation with subject matter experts. In May 2018, a consultant led the development of competency-based criteria for screening interviews and on-site assessments. The consultant factored in research and consultation previously collected by the College, the NPAG Competency Profile for Physiotherapists in Canada (2017), and College standards. Priority areas include: • For the screening interview, 6 or 7 behaviour-based interview questions: focus is on competency (informed consent, assessment, boundaries, controlled acts, patient safety, ethics, working with support personnel and scholarship). Screening interview topics and questions are posted to the College website. • For the assessment, 13 – 14 behaviour-based interview questions: written policies required by College Standards and patient records are reviewed. Assessment topics and questions are posted to the College website. Half the interview is case-based on one patient. The remaining interview questions are situation-based questions. Council approved selection criteria and eligibility policies for the screening interview and on-site assessments. These policies were approved in March 2019. The full list of Quality Assurance policies is available in the March 2019 Council meeting materials. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — Choose an item. *Additional comments for clarification (optional)*
		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type	The College fulfills this requirement: — Yes • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach ***OR*** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* No – *Employers* Yes

		of multiple assessment activities); and	– *Registrants* Yes – *Other stakeholders* Yes The Quality Assurance Program considered risk in its approach to the selection of its registrants to participate in screening interviews. When the new program was launched, the selection process started with the PTs in practice the longest. For decision making, the Committee uses a decision-making tool that helps the Committee identify risk to the public to ensure decisions are based on no, low, moderate, and high risk. The actions under each category help to ensure right touch regulation. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional)*
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please insert a link to the document that outlines criteria to inform remediation activities ***OR*** list criteria. The Quality Assurance Committee has approved a decision-making tool to help guide their discussions and final decisions. It is still being piloted and is not yet publicly available. Assessment results identify gaps according to specific performance indicators that are from the Essential Competency Profile for Physiotherapists in Canada, 2017. This narrows the focus for the Committee about the type of remediation activity that is required. Because the program launched this past year, the Committee has only reviewed a small number of assessments using the draft decision-making tool. In February 2022, this tool is expected to be formalized as the final Decision Tool at the Committee meeting at which time it will be made publicly available on the College's website. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional)*
		Measure: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.**	
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the	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 theprocess. • 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.

		registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. An initial email introducing the registrant to their remediation program is typically sent after the committee's written decision and reasons have been released. This email provides a description of what is required in each remediation activity including the due date. If requirements have special aspects about them, such as a course that has limited space, these are flagged in the description. After a requirement has been met, this email is updated to reflect its completion, including the completion date, and sent to the registrant to confirm where they are in their remediation program. If there is a delay between the time one requirement is completed and the deadline of the next, this email may be sent again as a reminder as to where the registrant is in their program. Related information is updated on the register as required. The criteria for successful completion are outlined in the Order, Specified Continuing Education or Remediation Program (SCERP) or Term, Condition and Limitation (TCL). Confirming completion may involve: • The registrant submitting completion certificates. • The registrant submitting written confirmation that they have reviewed certain resources. • The College confirming on the backend that a quiz has been completed following the review of an e-learning module. • When required, receiving reports and evaluations from practice enhancement coaches, practice supervisors, practice monitors, facilitators of specialized programs (e.g. PROBE) and following spot audits. • In some cases, the registrant completing a second assessment to show if the concerns have been addressed. For Quality Assurance files, if the report from this final assessment identifies additional remediation needs, the case goes back to the Quality Assurance Committee for further consideration and a decision. Other breaches or concerns are referred to the Registrar for assessment.	
			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	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	The College fulfills this requirement:	Yes

		complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and	• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. The College's complaints process webpage outlines the different stages of this process, answers FAQs, and links to relevant resources. The FAQs help to clarify expectations for complainants in terms of timelines. Further information on how to submit a complaint is available the College website and is accessible in 11 different languages. Information about funding for therapy and counselling for sexual abuse patients is also listed on this webpage. Complaints can be submitted online, by mail, through email and over the phone if accommodations are required. The College also provides links to other organizations that can provide victims of sexual abuse/complainants with supports. The College's Professional Conduct team has internal templates and procedures to ensure the receipt of relevant information, key considerations, and actions to be taken at each stage of the complaints process. These include the following internal documents: • Complaints Process (2018) template – explains the complaints process and the potential decision outcomes • Intake Process (2019) template – provides staff with procedures to handle incoming inquiries, complaints, and concerns • Investigators Manual (2019) – provides process and legislative information on conducting professional conduct investigations • Standard Operating Procedure for the Intake Process on opening new files (2021) – provides internal procedures and processes for opening new files, triaging, and assigning cases. Policies approved by the Committee in 2021 include Delivery of Cautions and Managing Frivolous and Vexatious Complaints.
			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. Starting in March 2021, the College included with the decision and reasons released for complaints, surveys to both complainants and registrants seeking feedback on the complaints process. To date, the College has received two responses to the complaints survey and zero for the registrant's survey. The College also reviewed the content on the Complaints information page to simplify information and ensure consistency in the content and the frequently asked questions.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.

			Additional comments for clarification (optional)	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The College meets this rate. The College has received 503 inquiries in 2021 and has a rate of 100%. The College has responded to all inquiries within three business days in 2021.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Yes
			• Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The College provides updates to the complainant upon request and whenever cases are expected to be presented to the ICRC. Complainants are apprised of the process ahead of intake and ICRC review, and the College is responsive to complainant inquiries. The College provides information on both support and funding on sexual abuse allegations on its website. Most frequently provided supports in the current year 2021 include: • Information for complainants about the Inquiries, Complaints and Reports Committee processes and procedures, and decisions. • Live translation services. • Complainants are offered the opportunity to speak to College staff outside of business hours. The option for complainants to include support person(s) when speaking to the College about their complaints and concerns. This is something that the College encourages.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		Measure **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**		
		a. Provide details about how the	The College fulfills this requirement:	Partially

		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 ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process ***OR*** please provide a brief description. Parties are updated only upon inquiry or when the complaint is ready to be presented to the ICRC. The College does not currently have a process or resources to provide more regular updates. The College sends communication to all parties when the complaint is ready to be presented to Inquiries, Complaints and Reports Committee (ICRC). The College also provides the required delay letters. The College's Professional Conduct team is very responsive to complainants whenever they have questions or require support, and updates are always provided upon request. The Professional Conduct team is currently comprised of four Investigators, an Intake Coordinator, and an Investigations Manager. The College is recruiting a Professional Conduct Administrator to provide additional support in receiving and responding to calls and emails. The College received 346 inquiries, complaints, and concerns in 2021 and responded to 503 matters within five days.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — No
			Additional comments for clarification (optional) No discussions about improving the update process have taken place. The Professional Conduct staff has expanded with the additional of another Investigator hired in December 2021. The College is currently recruiting a Professional Conduct Administrator to provide support in receiving and responding to calls and emails.
	STANDARD 12	**Measure** **12.1 The College addresses complaints in a right touch manner.**	
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: — Yes met in 2020, continues to meet in 2021
			• Please insert a link to guidance document ***OR*** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable). The ICRC Decision Making Flowchart is posted to the College website. This tool is used to broadly set out the considerations for acting on complaints. This was developed in response to the College's 2014 zero tolerance position on inappropriate business practices and the College's zero tolerance approach to sexual abuse of patients by physiotherapists. The ICRC also uses an Interim Order Assessment Tool (originally from the Royal College of Dental Surgeons), also posted to the website, which helps determine the appropriate intervention measures for immediate and higher risk cases. The decision-making flow chart was last updated in 2019.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 13

Measure

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

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

- Please insert a link to the policy ***OR*** please briefly describe the policy.
- Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home').

The College has engaged in this process, though it is not formalized or done on a regular basis.

When a PT is suspended or has their license revoked, the College sends an email with the pertinent details to key stakeholders such as all PT regulator Registrars, insurers, PT employer, physiotherapy associations (OPA and CPA), and national physiotherapy regulators (CAPR). The College does not presently have a formal tracking method for sharing information with other bodies.

Additional sharing is also generally informal and ad hoc. For example, when the College had a member that was performing acupuncture outside of the scope of physiotherapy and was not registered with CTCMPAO (College of Traditional Chinese Medicine and Acupuncturists), the College shared this information with that College. The College attempts to conduct joint investigations with other health regulatory colleges when there may be a shared interest in doing so, though this did not take place during the 2021 reporting year.

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

Additional comments for clarification (if needed)

A quality improvement goal of the College is to develop a formal policy on information sharing. The College initiated a special project that began this year in collaboration with other Colleges through Health Profession Regulators of Ontario (HPRO), with the goal to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of registrant specific information. This working group has completed its work and a report is ready for the Registrars to review and discuss.

Measure

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

Required Evidence	College Response	
a. Outline the College's KPI's,	The College fulfills this requirement:	No

		including a clear rationale for why each is important.	• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included ***OR*** list KPIs and rationale for selection. The College does not currently use KPIs. The College has developed internal dashboards to monitor work within certain departments, particularly finance, discipline, and IT service levels.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (if needed) The College is currently in the process of developing a new strategic plan and will develop dashboards to communicate progress on the College's strategic priorities and initiatives. However, it is uncertain at this time whether a new dashboard will be introduced in 2022.	
		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:	No
			• Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes. Data on the College's regulatory work is presented annually to Council through a detailed program report and presentation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (if needed)	
		Measure **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**		
		a. Council uses performance and	The College fulfills this requirement:	No

		risk review findings to identify where improvement activities are needed.	• 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.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (if needed) Financial risk is reported quarterly to the Finance Committee and Council. The College does not have a current Enterprise Risk Management (ERM) policy and approach to regularly review risks and identify mitigation strategies. The College is currently developing a new ERM policy and process.	
		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:	No
			• Please insert a link to the College's dashboard or relevant section of the College's website. In the past, the College has reported publicly through quarterly dashboards. The dashboards focused on reporting regulatory activities rather than strategic objectives. The College still collects performance data, though it is not currently publicized on the website (apart from the Annual Report). The College has previously used a dashboard, which was included in meeting materials up to and including December 2019. The last dashboard update was provided for Q2: July-September 2019. A new dashboard will be available once the strategic plan is confirmed.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (if needed) College staff review governance processes in an ongoing way to ensure they are compliant with governance policies and best practices. The re-introduction of a dashboard has been identified as an item for review, and changes may be introduced in the future. However, it is uncertain at this time whether this will occur in 2022.	

Part 2: Context Measures

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

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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 11	
Statistical data collected in accordance with the recommended method or the College's own method: 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 2021*	

Type of QA/QI activity or assessment:	#
i. Screening Interview	430
ii. On-site Assessments	8
iii. Professional Issues Self-Assessment (PISA)	10,261
iv. Jurisprudence Module	9,588
v. Continuing Professional Development Declaration	9,610

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

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

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

Additional comments for clarification (if needed)

In 2020, no screening interviews were conducted due to the completion of the new Quality Assurance Program. The new practice assessment tools were launched in January 2021, and the College resumed monthly selections of PTs to participate in the QA process.

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

Statistical data collected in accordance with the recommended method or the College own method: 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 2021, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2021	430		
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	NR	NR	

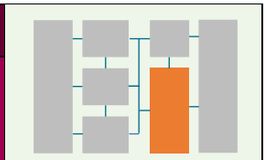
NR

Additional comments for clarification (if needed)

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11



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

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

Context Measure (CM)				
CM 4.	Outcome of remedial activities as at the end of CY 2021:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to)display.*
I.	Registrants who demonstrated required knowledge, skills, and judgment following remediation*	NR	NR	
II.	Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	

NR

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

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

Additional comments for clarification (if needed)

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
Statistical data is collected in accordance with the recommended method or the College's own method: 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 2021	Formal Complaints received		Registrar Investigations initiated		*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	6	3.1	7	10.4	
III. Communication	23	11.9	NR	NR	
IV. Competence / Patient Care	40	20.6	14	20.9	
V. Intent to Mislead including Fraud	7	3.6	NR	NR	
VI. Professional Conduct & Behaviour	31	16	10	14.9	
VII. Record keeping	8	4.1	12	17.9	
VIII. Sexual Abuse / Harassment / Boundary Violations	24	12.4	11	16.4	
IX. Unauthorized Practice	0	0	NR	NR	
X. Other <*Professionalism, Consent, Supervision of PTAs, etc.*>	55	22.1	NR	NR	
Total number of formal complaints and Registrar's Investigations**	194	**100%**	67	**100%**	

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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	103		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021	55		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2021	27		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2021**:	#	%	*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee.*
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	70	44	
IV. Formal complaints that proceeded to ICRC and are still pending	9	5.6	
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	NR	NR	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	14	8.8	

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

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021	251						
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	NR
II. Billing and Fees	NR	NR	NR	NR	NR	9	0
III. Communication	13	NR	0	NR	NR	NR	NR
IV. Competence / Patient Care	14	11	NR	6	6	10	NR
V. Intent to Mislead Including Fraud	NR	0	0	0	0	NR	0
VI. Professional Conduct & Behaviour	17	NR	7	6	10	NR	NR
VII. Record Keeping	NR	NR	NR	NR	NR	8	NR
VIII. Sexual Abuse / Harassment / Boundary Violations	6	NR	6	NR	10	12	NR

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2IX.	Unauthorized Practice	0	NR	0	0	0	0	0
X.	Other <*Infection Control, Supervision of PTA, etc.*>	NR	NR	8	6	NR	NR	NR

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

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

Additional comments for clarification (if needed)

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
I. A formal complaint in working days in CY 2021	278	
II. A Registrar's investigation in working days in CY 2021	589	

Disposal

Additional comments for clarification (if needed)

The adjustments to COVID has impacted the work at Committee. Cases delayed in 2020 due to meetings cancelled or postponed. This is had pushed decisions and length of cases of disposal. Additionally, the number of concerns and inquiries reported to the College increased from 230 in 2020 to 346 in 2021 which has impacted case volumes for investigators on the team.

The Registrar Investigation cases are mostly medium to high risk cases that have many complexities with request for extensions, requiring peer or independent opinions and legal advice. Most cases were either referred to discipline or the committee ordered a SCERP, Caution or negotiated an acknowledgement and undertaking.

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.* *The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
I. An uncontested discipline hearing in working days in CY 2021	643	
II. A contested discipline hearing in working days in CY 2021	707	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

The College had eight uncontested hearing that concluded in CY2021, the shortest case took 88 business days to complete (from date of referral to the date the decision was released), and the longest one took 643 business days.

The College only had one contested hearing that concluded in CY2021, and that case took 707 business days in total from date of referral to the date the decision was released.

The College has created a scorecard for the Discipline Committee which tracks timelines associated with disciplinary proceedings (time from date of referral to hearing start date, date of referral to decision release date etc.). The College has a hearing start date target of six months from the referral date which is captured in this scorecard. This scorecard will be shared with College Counsel, Independent Legal Counsel and the Discipline Committee.

The committee has implemented new target decision writing timelines for both contested (60 days from hearing conclusion) and uncontested matters (30 days from hearing conclusion).

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type		#
I.	Sexual abuse	0
II.	Incompetence	0
III.	Fail to maintain Standard	7
IV.	Improper use of a controlled act	0
V.	Conduct unbecoming	0
VI.	Dishonourable, disgraceful, unprofessional	7
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	NR
XII.	False or misleading document	NR
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)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College own method: 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	7
III.	Terms, Conditions and Limitations on a Certificate of Registration	7
IV.	Reprimand	7
V.	Undertaking	NR

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

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

Additional comments for clarification (if needed)

Glossary

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

Return to:-Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

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

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

Return to: Table 4, Table 5

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

Return to: Table 10

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

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 8

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

Return to: Table 10