

College Performance Measurement Framework (CPMF) Reporting Tool

College of Physiotherapists of Ontario
2022 Reporting Year

Table of Contents

Introduction 4

 The College Performance Measurement Framework (CPMF) 4

 CPMF Model..... 5

 The CPMF Reporting Tool..... 7

 Completing the CPMF Reporting Tool 8

 What has changed in 2022? 8

Part 1: Measurement Domains 9

 DOMAIN 1: GOVERNANCE 9

 DOMAIN 2: RESOURCES 27

 DOMAIN 3: SYSTEM PARTNER..... 31

 DOMAIN 4: INFORMATION MANAGEMENT33

 DOMAIN 5: REGULATORY POLICIES 35

 DOMAIN 6: SUITABILITY TO PRACTICE..... 38

 DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT..... 51

Part 2: Context Measures..... 54

 Table 1 – Context Measure 1..... 55

 Table 2 – Context Measures 2 and 3 57

 Table 3 – Context Measure 4..... 58

 Table 4 – Context Measure 5..... 59

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

Table 6 – Context Measure 10..... 63

Table 7 – Context Measure 11..... 65

Table 8 – Context Measure 12..... 66

Table 9 – Context Measure 13.....67

Table 10 – Context Measure 14..... 69

Glossary..... 70

Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

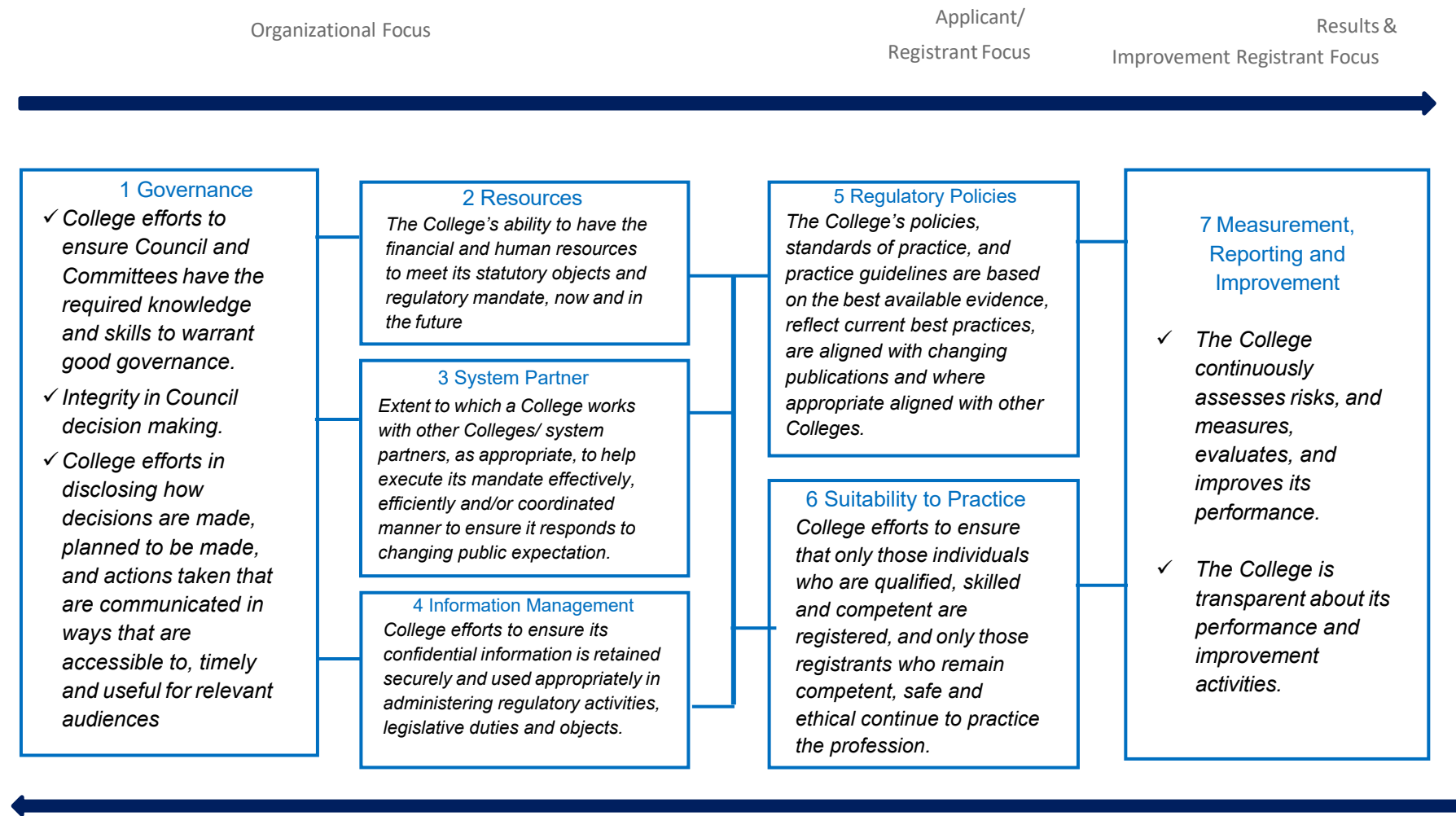


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships 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 third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

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

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

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

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

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

Completing the CPMF Reporting Tool

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

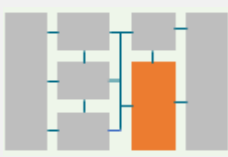
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

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

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

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency and suitability criteria; and <i>Benchmarked Evidence</i>	The College fulfills this requirement: Partially - The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> What was met: The College has suitability criteria in place for Council members prior to election. 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 (page 6). 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, page 13) and as part of the candidate recruitment process on the College website. What was not met: The College does not have competency criteria outlining essential qualifications beyond the minimum requirements. The College does not currently have a core competency framework in place prior to being eligible to run for Council election. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> The College will begin work on implementing competency criteria for professional members of Council in 2023. This involves developing a list of competency criteria, making corresponding changes to our By-laws and governance policies and approving them, and updating elections procedures. We aim to have the new competency criteria in place for the 2024 Council election cycle (which typically begins in January).

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. Prospective candidates are required to complete an election orientation module outlining the mandate of the College and the roles, responsibilities, and expectations of Council and Council members. It is called the Council Election Module. 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 can align with the College’s mandate. <u>Duration of Orientation Training</u> This module takes approximately 2.5 hours to complete. <u>Format of Orientation Training</u> The module is completed online. It includes a self-reflection component designed for perspective candidates to assess if they align with the mandate of the College, expectations and duties required as a Council member. <u>Training Topics</u> The module is divided into the following sections: • Eligibility requirements: Outlines the eligibility criteria that must be met to qualify to run in 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.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Not Applicable

			<i>Additional comments for clarification (optional):</i>	
		b. Statutory Committee candidates have:	The College fulfills this requirement:	Partially
		i. Met pre-defined competency and suitability criteria; and	- The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> What was met: Statutory Committee candidates must meet pre-defined suitability criteria. What was not met: The College does not have competency criteria outlining essential qualifications beyond the minimum requirements. 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 (page 8) and #1.4: Role of a Non-Council Committee Member (page 10), respectively. For Committee members, the College has some suitability requirements in place. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. Information about Committee members eligibility for appointment is available in the College By-laws (7.5: Appointment of Non-Council Committee Member, page 33). 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. The College typically recruits Committee members using recruitment advertisements on the College website and in our newsletter <i>Perspectives</i>. Like a staff recruitment, the recruitment of Committee 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. Committee specific criteria may also be included. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> The College will begin work on implementing competency criteria for members of statutory committees in 2023. This involves developing a list of competency criteria, making corresponding changes to our By-laws and governance policies and approving them, and updating the committee slate development procedures. We aim to have the new competency criteria in place for the 2024 committee appointment cycle (typically in June).	
			<i>Benchmarked Evidence</i>	
		ii. attended an orientation	The College fulfills this requirement:	Yes

		training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <u>Duration of Training</u> Orientation for newly appointed Committee members occurs as required and includes e-learning modules, an orientation session and ongoing training throughout the year. <u>Format of Training</u> Committee members also participate in online training sessions focusing on topics related to the Committee and emerging trends. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding. Committee members also participate in an annual orientation session that is scheduled after the new slate is approved in June. This session may be facilitated by a lawyer. The committee orientation session focuses on committee specific roles and responsibilities. <u>Training Topics</u> The Orientation program is set out in the College’s Governance Manual under Policy #7.9: Council Education/Orientation (page 81). 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 College implemented an orientation module that is completed by all new committee members once they have been appointed. The module outlines the mandate of the College, the roles and responsibilities of Committees and Committee members and the appointment process.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (optional):</i> The College will implement an orientation e-learning module for the Finance Committee (which is a non-statutory committee) in 2023. 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. In 2022 the College created a new non-statutory committee to oversee the Ontario Clinical Exam which is administered by the College. In 2023 the College will implement an orientation e-learning module for the Examinations Committee to orient new members to the role of the Committee and of a Committee member.	

		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 and indicate the page number if training topics are public OR list orientation training topics. What was met: The College generally holds orientation training for public appointments to Council before their first Council meeting. What was not met: 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. The College makes its best effort to hold orientation for new public members before their first Council meeting. The College had a new public member in 2022, and all orientation and onboarding materials were sent prior to their first Council meeting. However, the College was not able to schedule a formal orientation session due to the date of the appointment in relation to the date of the Council meeting. <u>Duration of Training</u> Orientation sessions are typically half day to full day depending on the public member availability. <u>Format of Training</u> Orientation is provided in-person or in a hybrid format before the public member’s first Council meeting, and is led by the President and Registrar. The New Council Members orientation module is completed online, and in-person training sessions are added as needed. <u>Training Topics</u> The Orientation program is set out in the College’s Governance Manual under Policy #7.9: Council Education/Orientation (page 81). Council members are also required to complete a series of e-learning modules on a variety of topics.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No

			<i>Additional comments for clarification (optional):</i> The College does its best to provide orientation for new public members ahead of their first Council meeting. However, 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. This makes it difficult to provide a fulsome orientation to the expectations of the role and responsibilities of a public member. 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 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:	Yes
			• Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> The College has an assessment framework to evaluate Council and Council meeting effectiveness. The high-level summary of the results of the Council meeting surveys is included in the President’s Report which is also presented verbally during Council meetings. <u>Year developed/last updated</u> The measurement and reporting framework was developed in June 2002 and last updated in March 2015. <u>Link to Framework and Description of Evaluation</u> The organizational measurement and reporting framework is laid out in the College’s Governance Manual under Policy #8.1: Measurement and Reporting (page 89). Council Meeting Evaluation: Following each Council meeting, a meeting specific 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. These are not anonymous surveys. Evaluations were last presented at Council during their December Council meeting.	

		(page 57). 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 give 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. Council Operations Evaluations were last presented at Council during their September 2022 meeting (page 7). Mid-Year Check-in Calls As part of the Council Performance framework, Council and Committee members were asked to complete a self-assessment which includes a mid-year check-in call with the President. The questions on the self-assessment include: • How do you assess your contribution to Council and committees? (You might want to include such things as: attendance at meetings, participation, committee or working group work, or any other areas on which you would like to comment) • Are there opportunities to enhance Council or committee performance? If so, what does this look like. • Is there specific Council/committee training you feel Council/Committee needs at this time? • Thinking back to the education you have received on Council and/or committees, what do you continue to apply today to your college work? If you could change one thing about Council meetings what would it be and why? • Is there anything else you would like to share? The information collected helps inform the President check-in calls, in-service education sessions and governance activities such as improvements to our Council member orientation. This information is tracked in an internal document and reviewed periodically.
--	--	---

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Not Applicable <i>Additional comments for clarification (optional):</i> The Council Operations Evaluation is part of a larger Council Performance Assessment Framework that was last updated in March 2015. The College recognizes that the current process may benefit from a review.
		b. The framework includes a third- party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: No - Has a third party been engaged by the College for evaluation of Council effectiveness? No <i>If yes, how often do they occur?</i> - Please indicate the year of last third-party evaluation. <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <i>Additional comments for clarification (optional)</i> The College may be retaining a consultant to conduct a third-party, independent review of Council effectiveness in 2023.
		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement: Partially - Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. What was met: Council members have an opportunity to identify learning needs after each Council meeting as part of the post Council meeting evaluations. The College also evaluates education sessions to determine if additional education on the specific topic is required. What was not met: While the College started collecting consistent feedback from Council members in late 2022; the integration of the feedback with upcoming Council planning will take effect in 2023. The Executive Committee is tasked with approving an annual Education plan that identifies specific learning sessions for Council. In early 2022 the Executive Committee approved a formalized Education Strategy which includes Core Education and Supplementary Training. The Core Education is divided into two areas: Onboarding and Orientation and In-service Education Sessions. The In-service Education Sessions include principles of governance, public interest, risk management, communication, Equity, Diversity and Inclusion and governance best practices. The intent of having the core education identified is to ensure that all Council members receive education on a rotating schedule for each of these topics over the course of three years. Council also receives annual training on sexual abuse awareness and financial literacy. Supplementary training is divided into two areas, ad hoc education, and external education opportunities. Ad hoc education are the topics that are identified by Council members or staff that support a specific activity or gap in knowledge. External education consists of targeted education and

			governance related conferences that are identified to support individual Council member needs. While Council members contribute to the identification of education topics, consideration is also given to other factors such as emerging governance trends, alignment with strategic priorities and College mandate and financial resources.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes	
			<i>Additional comments for clarification (optional):</i> The College will integrate Council identified education topics that will be captured throughout the year into the education strategy.		
		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.	The College fulfills this requirement:		
			No		
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.		
			The College does not currently hold Equity, Diversity, and Inclusion (EDI) topics on a regular basis however it has held education sessions on sexual abuse awareness which have included education regarding gender, identity and inclusion and in the fall of 2022 the College facilitated a two part education series facilitated by Future Ancestors on anti-racism and equity. This was open to Council, committee members and staff from the CPO and other regulators were invited to attend. The College has not, to date held training on enterprise risk management.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
			<i>Additional comments for clarification (optional):</i> The College plans to implement an Enterprise Risk Management (ERM) framework in 2023. The rollout of this framework will be accompanied by education and training to Council and staff around risk management. The College is launching its EDI formal education series in March 2023.		
	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	The College fulfills this requirement:		
				Partially	

		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.	- Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. - Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. What was met: The College has reviewed its Code of Conduct and Conflict of Interest Policy within the last three years. Current legislation, practices, public expectations, and other issues were considered in the last review cycle. What was not met: The Code of Conduct and Conflict of Interest Policy were reviewed as part of a larger update to the By-laws and governance policies. There is currently no formalized framework to include the relevant considerations in (i.) into the broader by-law and governance review. <u>Year last evaluated/updated</u> In 2020, the Executive Committee reviewed the College’s governance framework, By-laws and policies, including the Code of Conduct and Conflict of Interest Policy. Council approved the proposed changes at their June 23, 2021 meeting (page 71). <u>Changes made resulting from last review</u> No substantive revisions to the Code of Conduct or Conflict of Interest policies were proposed as part of this review.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> No	
			<i>Additional comments for clarification (optional)</i> No specific improvement activities are planned for the 2023 reporting period.	
		ii. accessible to the public.	The College fulfills this requirement:	Yes
			Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. The 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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Not Applicable	
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

		minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. <u>Year Last Updated</u> Eligibility criteria, including cooling off periods, for elected Council members are laid out under section 3.1 (9) of the College By-laws (page 13). The By-laws were last updated in 2021. Term limits for Council and Committee members are laid out in By-laws and Governance policies. <u>Length of Cooling Off Period</u> The length of the cooling off period is 12 months. <u>Definition of Cooling Off Period</u> The cooling off period is outlined in the College By-laws s. 3.1(9) (page 13). 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 The cooling off period applies to elected professional members and appointed academic professional members.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Not Applicable
		<i>Additional comments for clarification (optional)</i>		

		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. The completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement:	No
			- 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 and indicate the page number. Not Applicable While the College has provisions to address conflicts of interest, the College does not have a Conflict of Interest questionnaire.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
			<i>Additional comments for clarification (optional)</i> There are no plans to implement a conflict of interest questionnaire in 2023.	
		d. Meeting materials for Council	The College fulfills this requirement:	Yes

		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 and indicate the page number. <u>Accessibility of Public Interest Rationale in Council Materials and Example Links</u> College Council materials enable the public to identify the public interest rationale in two areas: 1) All Council agendas begin with a statement of commitment to the public interest. (Example: September 2022, page 1) 2) Where applicable, individual Council briefing items highlight and describe the relevant public interest considerations, which are understood in relation to the Ministry of Health’s matrix: Accessibility, Accountability, Equality, Equity, Protection of the Public, and Quality of Care. (Example: September 2022, page 113).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			Not Applicable	
			<i>Additional comments for clarification (if needed)</i>	
		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:	
			No	
			• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. The College does not currently have a formal approach to risk management.	
		<u>Further clarification:</u> Formal approach refers to the documented method or process which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			Yes	

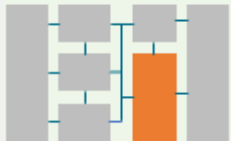
		Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	<i>Additional comments for clarification (if needed)</i> The College is in the process of developing a risk management policy for approval by Council and an Enterprise Risk Management (ERM) program. The ERM program will be rolled out in the 2023 reporting year. 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 registry 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.	
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:	
			Yes	
			- Please insert a link to the webpage where Council minutes are posted. - Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. Council minutes and meeting materials 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. Status updates on the implementation of Council decisions are provided as part of the list of Action Items in the Registrar’s Report. The most recent list of Action Items is found in the December 2022 Council materials (page 63).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
Not Applicable				
<i>Additional comments for clarification (optional)</i>				
	b. The following information	The College fulfills this requirement:		
		Yes		

		about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. The College publishes Executive Committee minutes to the College website.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Not Applicable
			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	The College fulfills this requirement:	
			Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. What was met: The College provides notice of meetings on the College website at least one week in advance for all meetings that fall within an established meeting schedule. 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. This requirement is listed in By-law 4.4(4) (Notice of Meetings) in the College By-laws (page 24). 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.”	

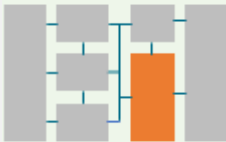
		accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	What was not met: Some Council meetings may fall outside of the published schedule (such as special meetings). In this case, meeting notices and relevant materials may not be posted one week in advance. The College had three Special Meetings of Council in 2022 (in February, May, and August), and notices of the meeting and materials were published less than seven days in advance.	
			Meeting materials are housed in the College website .	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		No		
		<i>Additional comments for clarification (optional)</i>		
		The College continues to make its best effort to post notices of meetings and the meeting materials at least seven days in advance.		
		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:	
			Met in 2021, continues to meet in 2022	
			Please insert a link to the College’s Notice of Discipline Hearings.	
			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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		Not Applicable		
		<i>Additional comments for clarification (optional)</i>		
Measure:				
3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.				
Required Evidence		College Response		
	a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:		
		No		
		- Please insert a link to the College’s DEI plan. - Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		
		Yes		
		<i>Additional comments for clarification (optional)</i>		
		In 2022, the College ran two EDI webinars and invited registrants of the CPO, registrants of other Colleges, Council and Committee members, and assessors and examiners. The College also shares resources through its EDI page as well as blog posts that address implicit bias, advancing welcoming care for gender diverse patients, and mental health support for physiotherapists. The College also conducts internal education and awareness activities for its staff, such as learning about the use of gender-neutral communication and Indigenous reconciliation. The College also continues to		

			conduct research into the experiences of registrant physiotherapists trained outside of Canada. The College looks forward to engaging in further EDI activities that align with a broader strategic plan around EDI. The College’s Strategic Plan, which was approved in March 2022, prioritizes Equity, Diversity, and Inclusion as an ongoing strategic priority. In accordance with this priority, the College is working to create an Equity, Diversity, and Inclusion plan over the next reporting year. This was highlighted to Council as part of the Dashboard in December 2022 (page 74). Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators undertake efforts to audit their practices and embed equity and anti-racism related monitoring and performance metrics into their operations. For resourcing, Dr. Sukhera recommended that regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in developing a comprehensive DEI plan and integrating it with our strategic and operational planning efforts.								
		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	<table><tr><td>The College fulfills this requirement:</td><td>No</td></tr><tr><td colspan="2"> - Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. - If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. </td></tr><tr><td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Yes</td></tr><tr><td colspan="2"> <i>Additional comments for clarification (optional)</i> Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to enable a customized assessment of equity impact, reflecting our particular needs. The College hopes to use those tools to assess our current practices and use the findings to inform future improvement actions and to develop an EDI plan. </td></tr></table>	The College fulfills this requirement:	No	- Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. - If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes	<i>Additional comments for clarification (optional)</i> Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to enable a customized assessment of equity impact, reflecting our particular needs. The College hopes to use those tools to assess our current practices and use the findings to inform future improvement actions and to develop an EDI plan.	
The College fulfills this requirement:	No										
- Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. - If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes										
<i>Additional comments for clarification (optional)</i> Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to enable a customized assessment of equity impact, reflecting our particular needs. The College hopes to use those tools to assess our current practices and use the findings to inform future improvement actions and to develop an EDI plan.											

		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement: Partially
		<u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. What was met: The College identifies projects and activities through its strategic planning process, and a typical budgeting cycle directly allocates resources towards those activities. What was not met: The College underwent a review of its strategic plan which was approved by Council in March 2022 at the same time as the approval of the annual operating budget. As a result, the strategic plan and the budget do not directly link to one another, although the activities outlined in the budget do still support the new strategic plan. <u>Links to relevant materials</u> The College has a strategic plan and strategic initiatives, and the budgeting process allocates resources for strategic initiatives. The College underwent a review of its strategic plan in 2022, and the new plan was approved during the March 2022 Council meeting (page 242). 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 2022 Council meeting (page 226). <u>How resources are allocated to support strategic activities</u> Resources are allocated based on strategic initiatives identified during the strategic planning process. At their June 2022 meeting (page 103), Council approved an initial list of strategic projects to prioritize in the next budgeting cycle. The budget typically complements these projects, however in Reporting Year 2022 the strategic plan was approved at the same time as the annual operating budget. The College will be able to establish a direct link between strategic projects and the budget in the 2023 reporting year.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes

			<i>Additional comments for clarification (optional)</i>	
			Given the approval of the new strategic plan, the budget in subsequent years will directly incorporate strategic planning and priorities. The College will be able to meet this measure in the 2023 reporting period.	
		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes	
			<u>Link to Policy and Date of Last Review</u> The Finance Committee presented the last fulsome review of the financial reserve policy during the December 2017 Council Meeting (page 33), and the review was approved in June 2019 (page 92). The 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 reserve policy is used as a metric by the College to manage its long-term finances.	
			<u>Review by Financial Auditor</u> 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.	
			<u>Current level of reserves</u> As indicated in the most recent quarterly financial report presented in December 2022 (page 80), the College has the required level of reserve as set out in the financial reserve policy.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable
			<i>Additional comments for clarification (if needed)</i>	
		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). Benchmarked Evidence	• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. What was met: Key operational updates are regularly provided to Council as part of the Registrar’s Report on an as-needed basis. What was not met: It is not currently standard practice at the CPO for Council to regularly review the College’s written operational policies. In addition, the College does not currently have a written policy addressing the current and future needs of its staffing complement. 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. There may not be resources available to support these needs. The College completed a review of its human resources requirements with the assistance of an external consultant in 2022. The new organizational structure was approved by Council and implemented in October 2022. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> In March 2023, the College plans to present a Human Resources Plan to Council as part of the budget presentation. The College also plans to include human resources metrics in its Council dashboard in 2023 to provide regular updates. The College will also develop an operational policy in 2023 relating to current and future staffing complement.		
		ii. regularly reviewing and	<table><tr><td>The College fulfills this requirement:</td><td>No</td></tr></table>	The College fulfills this requirement:	No
The College fulfills this requirement:	No				

		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).	Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. While Council receives updates on major changes to the College’s technology as part of the regular operational updates from the Registrar, the College does not yet have a formalized data and technology plan that was reviewed or updated by Council. The College’s 2022-2026 Strategic Plan highlights the importance effective data and technology use in achieving the strategic priority of Performance and Accountability. The College completed an audit of its internal information technology system in 2022 and identified gaps in the systems with recommended steps to mitigate these gaps. The College is implementing the recommendations from the internal cyber audit and is planning an external cyber security audit in 2023.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
			The College plans to begin work to develop an organizational data strategy in 2023.	
DOMAIN 3: SYSTEM PARTNER				
STANDARD 5 and STANDARD 6				
	College response			

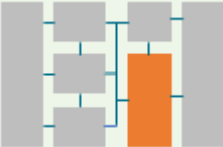
Measure / Required evidence: N/A	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • <i>How 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.).</i> 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 2021 and will identify any new partnerships or new initiatives undertaken by existing regulatory partners with the goal of strengthening practice expectations for Ontario physiotherapists. The College collaborated with its key system partners in 2022 to strengthen the execution of its mandate and ensure all stakeholders continue to be informed of salient developments. • In Q1 of 2022, the College met with representatives from the Ministry of Health to discuss the upcoming regulation amendments in response to Bill 106. This helped College staff to understand Ministry expectations for implementing the new amendments and ensuring that the development process is responsive to stakeholder views. In September 2022 the College then met with the Canadian Alliance of Physiotherapy Regulators (CAPR) to discuss the implications of Bill 106 on their language and credentialing assessment processes. • In May 2022, the CPO met with the Ontario Fairness Commissioner (OFC) to discuss the risk rating for the CPO according to their new Risk Informed Compliance Framework (RICF). This framework assists Colleges in meeting their regulatory mandate according to a risk-based profile. The College was assessed as a “medium risk” regulator due to the lack of a clinical exam at the time and the salience of that rating was discussed, as well as next steps. During this meeting, the College also discussed the development of a provincial clinical exam given the unavailability of a clinical exam at the national level. The College engaged the Health Profession Regulators of Ontario (HPRO) in 2022. Collaboration activities through HPRO include:

- HPRO colleges continued to meet regularly to discuss the CPMF and identify potential areas of cross-College collaboration. Information sharing between Colleges was helpful in clarifying the interpretation of and data requirements for the CPMF report. Through discussions within the group, Colleges have identified opportunities to collaborate on initiatives such as the third-party governance review and Equity Impact Assessment framework.
- The Quality Assurance department continued to be involved with a Quality Assurance HPRO Working Group to share information about their Quality Assurance programs. The CPO consulted this group in May and August 2022 to share information regarding complex Specified Continuing Education or Remedial Programs (SCERPs), as well as the education resources Colleges use to create a greater array of options for potential remediation activities. In October 2022, an information sharing meeting was held.
- The College of Physiotherapists of Ontario has a representative on the Health Profession Regulators of Ontario (HPRO) Communications Committee. The committee is dedicated to raising awareness for the services offered by Ontario’s 26 health regulators through public outreach including social media, online advertising, and strategic messaging. CPO assisted these efforts by drafting social media posts for Ontario Health Regulators in 2022–2023. The HPRO Communications Committee also facilitates and supports learning, engagement, and collaboration between communications professionals at Ontario’s 26 health regulatory colleges. This year, a CPO representative helped plan a Communicators Day Conference for health regulatory communications teams. The conference focused on equity, diversity and inclusion, accessibility in communications, using the CPMF framework to drive key decisions, governance communications and planning a public outreach campaign.

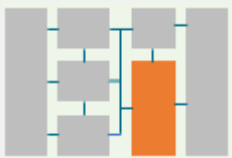
Other collaboration activities with system partners in 2022 include:

- The Practice Advice team collaborated with the University of Toronto to assist in developing a Digital Professionalism e-learning module. The module is used to teach students and as a remediation tool for registrants.
- The Practice Advice team supported Physiotherapy Education Accreditation Canada (PEAC) in 2022. PEAC conducts accreditation reviews of Canada's fifteen physiotherapy education programs. Currently, a representative is collaborating with PEAC to accredit a university in Quebec. The College is kept current on physiotherapy training and can provide a regulatory perspective on the process.
- Quality Assurance: In January, the Quality Assurance Manager met with QA Staff at the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) to get a demo of their E-Portfolio platform for tracking continuing education and other QA activities. Information about continuing education and self-assessment was also exchanged.
- Compliance Monitoring: In February and May 2022, the CPO led the cross-College working group to identify opportunities to discuss regulatory issues, resources, and education plans. In February, the College hosted a workshop with staff from different Colleges to discuss what their compliance monitoring teams look like, ongoing trends, and the tools they use for education in remediation programs. Guest speakers were invited. In May, staff from the College of Physicians and Surgeons of Ontario (CPSO) and the College of Nurses of Ontario (CNO) presented on how compliance monitoring is run at their Colleges. Guest speakers were invited to discuss common reasons for referrals, what to expect after a registrant completes a course, and how referrals are made.

	- Hearings Office: In May 2022, the CPO met with the Hearings Manager of the College of Massage Therapists of Ontario (CMTO) to discuss their experience, process, and resources for using amicus counsel as well as supporting unrepresented registrants. In July, CPO met with the CMTO and the College of Early Childhood Educators (CECE) Hearings Office staff to discuss each of the College’s approaches to conducting contested hearings, in-person hearings, and resource sharing. - Finance department: In September 2022, the CPO finance department reached out to other colleges through the HPRO Corporate Services group to receive information on internal control policies related to financial authority limits. The finance department also reached out to the same group in December 2022 to gather information on other colleges’ approach to risk management.
	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. <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> 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 2022, CPO co-sponsored a CAG session together with the College of Nurses (CNO), Royal College of Dental Surgeons of Ontario (RCDSO), College of Massage Therapists (CMTO), and the College of Occupational Therapists (COTO) around inclusive engagement. The goal of this session was to understand the public perspective on how Colleges can develop meaningful, respectful, and inclusive engagement opportunities with the public, patients, and their caregivers to inform our regulatory work and decisions. The Colleges received recommendations on how we can engage with and communicate information to the public in a clear, transparent, and accessible way. In 2022, CPO’s Practice Advice and Communications teams met with other colleges (CASPLO, CDO, CPO and COTO) frequently to discuss responses and issues related to the COVID pandemic and providing updates on regulatory trends and issues. Through such regular meetings, resource sharing and COVID updates, CPO leveraged the opportunity to collaborate with other health colleges. The information also helps to inform the ongoing stakeholder communications around COVID. In March 2022, the CPO Practice Advice department met with representatives from the Canadian Life Health Insurance Association (CLHIA). CLHIA shared resources with the College around instances of insurance fraud and resources about how healthcare providers can protect their workplaces from improper business practices.

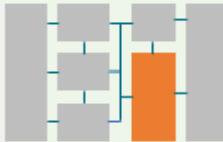
		The College used this information to respond to increasing trends around using incentives in physiotherapy, as well as to assist with the broader development of the College’s business practice standards. The Practice Advice and Policy teams developed a statement around the use of incentives in response to a growing number of inquiries and concerns submitted to PC. The incentive statement was published on the website in April 2022. In September 2022, CPO engaged consultants Future Ancestors to lead two Equity, Diversity, and Inclusion workshops. The CPO partnered with the College of Occupational Therapists (COTO), the College of Dietitians (CDO), and the College of Massage Therapists (CMTO) to run these workshops for registrants of Ontario’s health Colleges. Finally, the CPO continued to engage in work around the experience of Internationally Educated Physiotherapists (IEPTs) in 2022. In October, the CPO began planning to develop IEPT learning modules together with Dr. Zubin Austin from the University of Toronto. These learning materials are expected to be released in 2023.	
		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:	The College fulfills this requirement: Yes
		i. uses policies and processes to govern the disclosure of, and requests for information;	- 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 (page 38) further outlines the procedures around requests to access, corrections, and compliance with respect to College-held personal information. - Confidentiality declaration: Staff, Council, Committee members, contractors, experts: Under Policy #3.1: Confidentiality – General of the College’s Governance Manual (page 37), 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? Not Applicable
			Additional comments for clarification (optional)
		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement: Partially
		<i>Benchmarked Evidence</i>	- 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. What was met: The College has policies, practices, and processes to address the accidental or unauthorized disclosure of information. In addition, the College has several security measures in place to protect its data and access to its IT systems, such as multi-factor authentication and spam filters. What was not met: The College’s policies and processes around cybersecurity are currently under review. The College is currently addressing the action items of an audit that took place in the 2022 reporting year, and we expect that the recommendations from that audit will be fully implemented in 2023. The College also plans to engage in an external cybersecurity audit in 2023 to identify further improvements to our cybersecurity systems and measures. <u>Description of cybersecurity policies and processes:</u> 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. Staff training modules consistently have 97-100% completion rates. - 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 <i>In Camera</i> Minutes – Storage and Access in the College’s Governance Manual

	DOMAIN 5: REGULATORY POLICIES STANDARD 8		(page 87) outlines how in-camera minutes are recorded, reviewed and archived to ensure confidentiality of information. The College has an internal Privacy Breach Protocol policy, as well as Standard Operating Procedures around what to do in case of a privacy breach. These are implemented when breaches of information occur and outline the steps necessary for resolution.
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> Over the next reporting year, the College expects to have a more rigorous and ongoing approach to the prevention and management of cybersecurity threats. The College will continue to implement recommendations from its previous cybersecurity audit in 2023. The College will also conduct an external cybersecurity audit in 2023.
		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. <i>Benchmarked Evidence</i>	The College fulfills this requirement: Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <u>Link to Policy</u> Policy #5.1: College Policy Review Schedule of the College’s Governance Manual (page 62) 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. In December 2019 (page 28), Council approved a new review process designed to ensure that standards remain current going forward. The Standards Review Process was updated and approved by Council in June 2021 (page 256). An example would be that the College developed new social media guidance for physiotherapists in response to a need we identified in the environment and conducted the necessary research and consultation to develop the draft guidance. The draft guidance was considered by Council at their December 2022 meeting.

			<u>Description of Practice Monitoring Process</u> 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. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>		
		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr></table> - Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. The College’s policies, standards, and guidance documents typically account for all six components. The College uses an internal policy development and review template to ensure all six components are accounted for when engaging in policy, standards, and guidance development. The internal template includes the following components to ensure all six areas are accounted for: - Collect data around the body of evidence, practice trends, and program area data - Conduct a risk assessment - Hold consultations with the physiotherapy profession - Conduct an environmental scan of how the issue is addressed in relevant jurisdictions - Incorporate feedback from the public, such as the Citizen Advisory Group - Consult with professional associations, insurance organizations and financial regulators, and legal counsel. One example of how this was done in practice is the College’s new Social Media guidance document, which was discussed during the December 2022 Council meeting (page 140). The briefing note highlights that the College developed the guidance with data, risk, practice trends, regulatory College alignment, and public expectations in mind. During the December 2022 Council meeting (page 127), Council also participated in a workshop to review how the College approaches standards development more broadly. The goal for this workshop was to refresh the ways the College undergoes standards development to better align with public and stakeholder expectations and the practice environment for physiotherapists.	The College fulfills this requirement:	Yes
		The College fulfills this requirement:	Yes		

		vi. stakeholder views and feedback. <i>Benchmarked Evidence</i>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		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 recently underwent a strategic planning process. The new Strategic Plan, which was approved by Council in March 2022, focuses on incorporating Equity, Diversity, and Inclusion considerations into College initiatives and processes. 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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			Yes	
			<i>Additional comments for clarification (optional)</i> Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within policies, guidelines, standards, etc. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, including an inclusive approach to policy co-design with racialized and minoritized stakeholders. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews, including engagement with stakeholders. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to ensure we apply a DEI lens in reviewing, developing and amending our practices, prioritized according to our particular needs. Specifically, the College hopes to use the tools to assess our current policies, guidelines and standards to identify ways that these policy instruments can better promote DEI principles and values in the future.	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.			
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response		
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2021, continues to meet in 2022</td></tr></table> - Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <u>For cases not referred to the Registration Committee</u> - The considerations outlined in the Eligibility Questionnaire are assessed before registration. Essential criteria include selection of application type, being eligible to work in Canada, and having obtained a degree in physiotherapy. - Applicants previously practicing in another jurisdiction or 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. - 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. <u>For cases referred to the Registration Committee</u> - 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. - During 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. It will be revoked on March 31, 2023, as the Ontario Clinical Exam is now available.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		The College fulfills this requirement:	Met in 2021, continues to meet in 2022		

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

		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 and indicate page numbers OR please briefly describe the process and checks that are carried out. - Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The 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. The Canadian Alliance of Physiotherapy Regulators has also begun work with The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) on benchmarking new language proficiency assessments to meet the new Ontario Bill 106 Regulation Requirements. The College has also developed our own clinical exam: the Ontario Clinical Exam (OCE). Candidates can register directly online. Before results are released to candidates, all exam scores go through multiple levels of verification and quality assurance. This is to ensure that each candidate’s performance is appropriately assessed, and their scores are accurately reported. Successful candidates are then eligible to apply for an Independent Practice Certificate of Registration.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Not Applicable
			Additional comments for clarification (optional)		
				Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	
c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:			Partially	
	- 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. What was met: Currency and other competency requirements are regularly monitored.				

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

		<u>Currency and competency requirements</u> • 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 9 or 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 provide patient care and declare that they do not have insurance. <u>How currency and competency requirements were identified</u> 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 through the PT Portal which is 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. <u>Process for monitoring currency requirements</u> 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. What was not met: Currency and competency checks are not typically undertaken outside of what is required by regulation. The College also does not currently use formal risk tools when undertaking currency checks. <table><tr><td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>No</td></tr><tr><td colspan="2"><i>Additional comments for clarification (optional)</i></td></tr></table>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No	<i>Additional comments for clarification (optional)</i>	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No					
<i>Additional comments for clarification (optional)</i>						
		Measure: 9.3 Registration practices are transparent, objective, impartial, and fair. <table><tr><td>a. The College addressed all</td><td>The College fulfills this requirement:</td><td>Met in 2021, continues to meet in 2022</td></tr></table>	a. The College addressed all	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
a. The College addressed all	The College fulfills this requirement:	Met in 2021, continues to meet in 2022				

		recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	- 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 OFC assessment reports on Fair Registration Practices on the College website. The OFC website also archives College reports. In April 2022, the OFC formally launched its new Risk-Informed Compliance Framework (RICF). The RICF catalogs Colleges according to levels of risk and issues compliance activities in keeping with its risk profile. The OFC classified the CPO as a “medium risk” regulator. The OFC identified a couple of factors for this rating. The first relating to the overall control that a regulator exerts over its assessment and registration processes. At that time the relationship between the College and CAPR was strained. The College has since remained on the CAPR membership roster. As such the College continues to receive assessment services from CAPR. The second factor relates to the College’s organizational capacity to address CAPR’s decision to no longer undertake clinical examinations. To address this gap, the College developed its own clinical exam: the Ontario Clinical Exam (OCE). Three exam sittings have already been held in 2022. Successful candidates were able to apply for an Independent Practice Certificate of Registration. Lastly, the third risk factor was around the College’s response to the COVID-19 Pandemic and the inability to find a registration solution for internationally trained applicants who had been unsuccessful at a previous attempt at the national clinical exam. The regulation confirms that when an individual has been unsuccessful at the clinical exam they are no longer eligible to practice. Priority seating for the OCE was given to those who were unsuccessful at a previous attempt of the PCE-Clinical and had been waiting for a new examination to be available. The College submitted the 2022 Fair Registration Practices Report to the OFC in December of 2022. The College is currently looking forward to the OFC’s response.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Not Applicable
		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	The College fulfills this requirement:		Met in 2021, continues to meet in 2022
			- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants % of registrants reached/participated by each activity		

		of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	– Evaluation conducted on effectiveness of support provided - Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> The College did not introduce changes to our standards and practice guidelines in 2022. When we do make updates to our standards and guidelines, we typically undertake the following activities to help registrants and other stakeholders understand and implement the required changes: - We highlight the new Standard or practice guideline in our monthly newsletter with accompanying commentary to highlight key changes. - We create supporting materials such as FAQs, checklists, or e-learning modules to assist in understanding and application of the new expectations. - We monitor questions about the standard received through practice advice, and for commonly asked questions, we will create and publish FAQs. - We may hold webinars and outreach events with PTs to introduce a new Standard or practice guideline if the changes are significant, to help highlight the key changes, explain how they could be implemented, and to answer questions. - We may highlight the Standard in our annual Professional Issues Self Assessment (PISA), which is a short online exercise that all registrants must complete. In 2022, we undertook the following activities to assist registrants and other stakeholders in understanding and applying our existing standards and practice guidelines: Practice Advice Correspondence The advice team receives over 8,000 inquiries from stakeholders per year related to practice expectations. To gain an understanding of the nature and trends from inquiries to the College, a coding taxonomy is used. The top identified domains from the taxonomy drive which FAQs are published on the College website or in the monthly newsletter to stakeholders. In 2022 there is a continued increase in inquiries related to business practices, consent, record keeping, boundaries and patient communication. E-Learning Modules: The College is leading an initiative with other Canadian PT Regulators to develop a communication eLearning module for registrants. The College is also participating in the development of a record keeping eLearning module. The type of inquiries suggested boundaries, consent and record keeping as major trends where registrants required learning. 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. In 2022, the PISA activity highlighted the Working with PTA Standard. Communications: Ongoing e-newsletter and social media posts, and online advertising, to highlight our various Standards and reminding stakeholders of the expectations.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

Not Applicable

			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 regulation³.	
		a. The College has processes and policies in place outlining:	The College fulfills this requirement: Met in 2021, continues to meet in 2022
		i. how areas of practice 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 and indicate the page number. - Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to policy</i> <u>Areas of focus for QA assessment</u> <u>The assessment process includes two parts, physiotherapists go through a screening interview and when unsuccessful are required to go through a practice assessment.</u> Priority areas include: - For the screening interview, there are six or seven behaviour-based interview questions that focus 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, there are 13 to 14 behaviour-based interview questions that focus on written policies required by College Standards, and patient records are reviewed. Assessment topics and questions are posted to the College website. Half of the assessment is case based on based on the care provided to one patient. The remaining interview questions are situation-based questions. How the priority areas have been identified: - During the development and pilot test phase of our screening interview and assessment tools (2018-2020), the College engaged several focus groups of physiotherapists representing different practice settings and patient populations. From this work, two blueprints were created. The first blueprint identified core areas where all physiotherapists should demonstrate competency, regardless of practice. The expectation was that most PTs should score highly across these topics. The second blueprint was created to identify the additional areas of practice that the College would need to explore if a physiotherapist did not meet the expected pass score of the screening interview. The second blueprint

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

			represented a longer assessment with more topics and a more in-depth review of some of the core topics covered in the screening interview. In the case of both blueprints, the focus groups considered risks to the public when determining the areas to develop. Once the blueprints were created by the consultant and approved by Council, the College engaged different subject matter experts for an item writing exercise. These sessions resulted in the questions and probing questions for the screening interview and assessments. <u>Link to QA policies</u> Development of the screening interview tool and assessment tool are explained in Council Briefing Notes in March 2018 and June 2018. These documents refer to the processes involved to create the current tools.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			Not Applicable
			<i>Additional comments for clarification (optional)</i>
		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement: - Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. - Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> - Public Yes - Employers Yes - Registrants Yes - other stakeholders Yes <u>Description of Evidence-Informed Approach</u> The College’s Quality Assurance Program underwent a re-design in 2018-2019. Previously, about 5% of practicing physiotherapists were randomly selected to undergo a four-hour onsite practice assessment. Upon a review of the historical program data, we found that very few physiotherapists were found to require remediation and education following the assessment. In the re-designed program, the College aims to give a larger number of physiotherapists an opportunity to be assessed while being resource efficient. We introduced a two-step process whereby about 10% of practicing physiotherapists are selected per year to undergo a screening interview, which is a one-hour structured interview focusing on key competency indicators, and those who are below a pre-established pass score will undergo the full assessment. Based on research on risks to professional competence, the program selects physiotherapists to participate in the screening interview based on who

			has been in practice the longest without being assessed, and we prioritize those who have never been assessed before.		
			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.		
			<u>Year Approach was Last Updated:</u>		
			As the new program was launched in January 2021, the approach for selecting PTs to participate in a screening interview has not been revisited. The passing score of the screening interview was reviewed via an equating study completed by the tool developer and a psychometrician. It was determined that the pass score could be retained for the following year. For future study, the QA Program is planning to study the profile of physiotherapists who do not pass the screening interview and a second profile of PTs who must complete a SCERP following a full assessment. This will not likely occur until towards mid to end of 2024.		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable		
			<i>Additional comments for clarification (optional)</i>		
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
			Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria.		
			The Quality Assurance Committee formally approved a decision-making tool to help guide their discussions and final decisions. It received final approval at the Committee’s February 2022 Committee meeting. The decision tool is not currently available on the College’s website however this resource helps the Committee to determine if the physiotherapist’s assessment results are no risk, low risk, moderate risk, or high risk. Additionally, the tool guides the Committee to determine how the file should be managed based on the level of risk to the public that is identified.		
			Files considered low risk indicate that one or more areas of concern were noted but the items pose little risk and the physiotherapist can address these concerns independently of the Committee’s oversight. Moderate to high-risk issues are apparent gaps in the PT’s knowledge, skills, abilities or judgement and these problem areas need to address the problem areas to ensure safe and quality patient care. In some cases, if the concerns are related to higher risk concerns, the PT may have terms, conditions, or limitations on their practice until they accomplish specific learning activities to address the higher risk concerns.		
		Finally, if corrective action is not sufficient due to serious/significant concerns, the Committee may decide to refer the PT to the Inquiries, Complaints and Reports Committee (ICRC). For example, if an assessment suggests that a patient was abused or the PT was unwilling to participate in learning activities, a referral to ICRC would be appropriate.			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable	
			<i>Additional comments for clarification (optional)</i>		

Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.		
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement: Yes
		- Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. - Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. 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, 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. 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 downloading quiz results following completion of eLearning modules. The software confirms completion of the quiz along with the PT’s performance to ensure the PT passed. - When required, receiving reports and evaluations from practice enhancement coaches, 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? Not Applicable
		Additional comments for clarification (if needed)

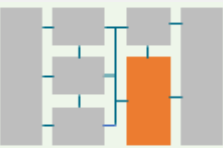
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and;	The College fulfills this requirement: Yes • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <u>Policies and Procedures</u> 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 which have been recently revised and updated: • 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. • Appointment of Investigators (2022) – Policy and Standard operation procedure for obtaining an appointment of investigators. • Assignment of External Investigator (2022) – process for retaining external investigators. • Complaint Abandonment (2022) – process for handling complaints that are abandoned by the complainant. • Complaint Confirmation (2022) – policy and process for confirming formal complaints. • Withdrawal of Complaint Policy (2022) – process for withdrawal of complaints. • Concerns Beyond a Scope of Investigation (2022) – process to manage issues that go beyond a scope of an investigation. • Data Coding Categories (2022) – Process of categorizing issues for complaints and investigations. • Funding for Therapy and Counseling for Sexual Abuse Complaints (2022) – process of handling funding for therapy and counselling. • Interim Orders (2022) – Policy and process for managing cases requiring and interim order. • Misuse of Registration Number or Registrant Name (2022) – process of managing misuse of registrant number or name. • Peer and Expert Opinion Provider (2022) – Process for retaining a peer or expert opinion provider. • RPG Process (2022) – a process to determine reasonable and probable grounds for an investigation. • Unregulated Practitioners (2022) – a process to manage unauthorized practitioners. Policies approved by the Committee in 2022 include Appointment of Investigators, Complaint Confirmation, Interim Orders and Withdrawal of a

			Complaint. <u>Communications to Complainants</u> 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 support.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Not Applicable
			<i>Additional comments for clarification (optional)</i>
		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 three responses to the complaints survey and zero for the registrant’s survey.
		<u>Benchmarked Evidence</u>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The College meets this rate. The College has received 331 inquiries in 2022 and has a rate of 100%. The College has responded to all inquiries within three business days in 2022.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Not Applicable
			<i>Additional comments for clarification (optional)</i>
		c. Demonstrate how the College	The College fulfills this requirement: Yes

		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.).	• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. 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 for sexual abuse allegations on its website. Most frequently provided supports in the current year 2022 include: • Information for complainants about the Inquiries, Complaints and Reports Committee processes and procedures, and decisions. • Live translation services. The College has offered to translate the complaints process to languages other than English or French to facilitate the complaints process for those with a different first language than English or French. • The College has its decision making tool on the website, which provides a flowchart of the process in which the ICRC makes their decisions. • For continuity, each complainant is assigned to an Investigator who is then their primary point of contact. • For sexual abuse cases, if the decision outcome is an undertaking for resignation of their certificate of registration, staff would advise the complainant of that potential outcome before the decision is released. The goal is to provide context to the decision and discussion with College staff instead of learning the result from a written decision. • When the College learns of criminal charges of sexual abuse of a member, the College connects with the police for regular updates in that process. The College will provide information to the victim or through the police the College’s funding for counselling. 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.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable	
		<i>Additional comments for clarification (optional)</i>		
		Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability	The College fulfills this requirement: • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. What was met: The College has procedures to ensure all parties are updated throughout the complaints process.	Partially

		and accessibility to relevant information, translation services etc.).	What was not met: Parties are updated only upon request, when there are delays under the statutory requirements, 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 status update 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. Details around contacting the College’s before and during the complaints process can be found on the College website. This webpage aims to provide complainants with a complete picture of the College’s complaints process to proactively support their understanding of the process. The College encourages complainants to reach out to the College at any time for additional support. Complainants are made aware of the name of the investigator working on their file and how to contact them during the process.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
			<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	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: - Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. - Please provide the year when it was implemented OR evaluated/updated (if applicable). 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. The ICRC has been working on a tool that will provide panels with guidance as to when an undertaking versus a SCERP may be more appropriate given that publication of one outcome is time sensitive and the other is indefinite.	Met in 2021, continues to meet in 2022
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable
			<i>Additional comments for clarification (optional)</i>	

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 and indicate page number OR please briefly describe the policy. - Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).	
			What was met: The College engages in the process of disclosure and information sharing between Colleges and other system partners.	
			What was not met: The College does not have a policy related to this practice although the College is leading work regarding disclosure and publication of information with HPRO colleges.	
			<u>Description of the information sharing process and relevant system partners</u>	
When a physiotherapist 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, third party payors, PT employers, and PT supervisors. The College does not presently have a formal tracking method for sharing formation 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 2022 reporting year.				
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes	
		Additional comments for clarification (if needed)		
		A quality improvement goal of the College is to develop a formal policy on information sharing. The College initiated a special project 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 will be finalizing the report in the spring of 2023.		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.													
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response												
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. The College uses KPIs to track progress against the College’s strategic priorities and initiatives. The College last reported on their KPIs during the December 2022 Council meeting (page 64). The current dashboard includes KPIs in three categories: - KPIs about the performance of the statutory program areas show the volume of cases in each program area, College’s status in meeting either statutory requirements or internal benchmarks regarding process timelines, and to highlight risks and challenges encountered in these program areas and actions being taken to address them. - The Strategic Projects indicators report on the College’s progress in completing strategic projects identified in the current fiscal year, and where there are barriers to the work progressing, what actions are being taken to address them. - The financial health indicator is a composite indicator to show the overall financial health of the organization. The College is in the process of reviewing its KPIs and plans to introduce an updated dashboard in 2023. </td></tr><tr><td colspan="2"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td></tr><tr><td colspan="2"><i>Additional comments for clarification (if needed)</i></td></tr><tr><td>b. The College regularly reports</td><td><table><tr><td>The College fulfills this requirement:</td><td>Partially</td></tr></table></td></tr></table>	The College fulfills this requirement:	Yes	- Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. The College uses KPIs to track progress against the College’s strategic priorities and initiatives. The College last reported on their KPIs during the December 2022 Council meeting (page 64). The current dashboard includes KPIs in three categories: - KPIs about the performance of the statutory program areas show the volume of cases in each program area, College’s status in meeting either statutory requirements or internal benchmarks regarding process timelines, and to highlight risks and challenges encountered in these program areas and actions being taken to address them. - The Strategic Projects indicators report on the College’s progress in completing strategic projects identified in the current fiscal year, and where there are barriers to the work progressing, what actions are being taken to address them. - The financial health indicator is a composite indicator to show the overall financial health of the organization. The College is in the process of reviewing its KPIs and plans to introduce an updated dashboard in 2023.		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		<i>Additional comments for clarification (if needed)</i>		b. The College regularly reports	<table><tr><td>The College fulfills this requirement:</td><td>Partially</td></tr></table>	The College fulfills this requirement:	Partially
		The College fulfills this requirement:	Yes												
		- Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. The College uses KPIs to track progress against the College’s strategic priorities and initiatives. The College last reported on their KPIs during the December 2022 Council meeting (page 64). The current dashboard includes KPIs in three categories: - KPIs about the performance of the statutory program areas show the volume of cases in each program area, College’s status in meeting either statutory requirements or internal benchmarks regarding process timelines, and to highlight risks and challenges encountered in these program areas and actions being taken to address them. - The Strategic Projects indicators report on the College’s progress in completing strategic projects identified in the current fiscal year, and where there are barriers to the work progressing, what actions are being taken to address them. - The financial health indicator is a composite indicator to show the overall financial health of the organization. The College is in the process of reviewing its KPIs and plans to introduce an updated dashboard in 2023.													
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>													
<i>Additional comments for clarification (if needed)</i>															
b. The College regularly reports	<table><tr><td>The College fulfills this requirement:</td><td>Partially</td></tr></table>	The College fulfills this requirement:	Partially												
The College fulfills this requirement:	Partially														

		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.	• 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 and indicate the page number. What was met: Data on the College’s regulatory work is presented annually to Council through a detailed program report and presentation. The College has a dashboard as a tool to monitor progress against strategic objectives and regulatory outcomes. The last performance dashboard was discussed at Council during the December Council meeting (page 64). What was not met: The College does not yet formally report on its risk management approach, as a risk management plan is still being developed.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
			<i>Additional comments for clarification (if needed)</i>		
			The College plans to implement an Enterprise Risk Management policy and begin reporting on risks using a risk registry in the next reporting year.		
		Measure:			
		14.2 Council directs action in response to College performance on its KPIs and risk reviews.			
		The College fulfills this requirement:		No	

		a. Council uses performance and 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 and indicate the page number. 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. Council does raise questions related to the risks identified in the program area reports and action is taken where warranted however this is a relatively new area for the College. Even though the College does not currently use a formal risk management framework, risk is still being assessed and identified in an ongoing way and addressed as needed. A few examples in 2022 include: • During the development of the new Ontario Clinical Exam, staff identified potential risks with exam cheating and re-designed the format of the exam to mitigate that risk; • As summarized in the most recent dashboard report, where operational risks were identified in the statutory program areas, particularly in terms of meeting statutory timelines, actions were taken to address those risks (such as increasing resources or improving efficiency of our processes.) <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> The College will be finalizing its ERM framework in the 2023 reporting year. At that time, the College will be prepared to fully meet this measure.	
		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: • Please insert a link to the College’s dashboard or relevant section of the College’s website. The College reports on performance on regulatory activities and strategic initiatives during public Council meetings with the use of a dashboard. The most recent dashboard was presented at the December 2022 Council meeting (page 64). The strategic plan and our strategic priorities are also available on the website.	Yes
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable
<i>Additional comments for clarification (if needed)</i>				

Part 2: Context Measures

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

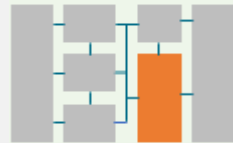
In order to facilitate consistency in reporting, [a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.”](#) However, recognizing that at this point in time, the data may not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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
i. Screening Interview	933		
ii. Assessment	28		
iii. Professional Issues Self-Assessment	10693		
iv. Continuing Professional Development Declaration	9652		
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i> <u>NR</u>	
<i>Additional comments for clarification (if needed)</i> In 2022, two groups of physiotherapists participated in the quality assurance assessment process. The first are those who were selected to participate in the assessment process based on pre-determined criteria in the Quality Assurance program. The second are physiotherapists who applied for an independent practice certificate under the <u>Exam Exemption Policy</u> who were also required to undergo the quality assurance assessment process after they receive their certificate for registration.	

Table 2 – Context Measures 2 and 3

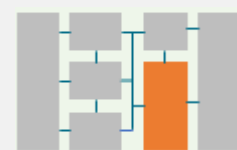
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College own method: College Method				
If a College method is used, please specify the rationale for its use:				
The Professional Issues Self-Assessment and Continuing Professional Development Declaration activities are required of all active registrants. For the purpose of this question, we include registrants who were selected to do a Quality Assurance Screening Interview as the “Total number of registrants who participated in the QA Program CY 2022”.				
Context Measure (CM)				
	#	%		What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2022	933			The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR	NR		
NR				
Additional comments for clarification (if needed):				
The high number of screening interviews reflects a combined number of participants who participated in this process as a result of the normal quality assurance selection process and referrals to the process via a Registration Committee policy. This resulted in 387 participants through the quality assurance stream and 546 participants referred due to the Registration Committee policy. As a result, a lower number of quality assurance cases were reviewed by the Quality Assurance Committee. Six assessment results were considered by the Registration Committee as part of their policy.				

Table 3 – Context Measure 4

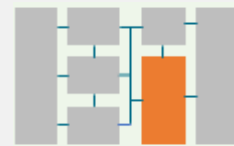
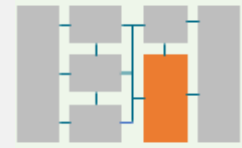
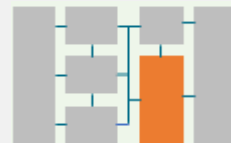
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				What does this information tell us? 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.
CM 4. Outcome of remedial activities as at the end of CY 2022:**		#	%	
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*		0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)		NR	NR	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.				
Additional comments for clarification (if needed): The new Quality Assurance program launched in January 2021. We originally anticipated that 5–10% of the participants would be referred for an assessment. In January 2022, the program began receiving referrals for screening interviews and assessments via a Registration Committee policy that was implemented. This is not a part of the QA program. This resulted in assessments that were referred back to the Registration Committee.				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations	<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising	0	0	0	0	
II. Billing and Fees	6	6.5	18	12.2	
III. Communication	17	18.3	10	6.8	
IV. Competence / Patient Care	22	23.7	27	18.2	
V. Intent to Mislead including Fraud	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	16	17.2	24	16.2	
VII. Record keeping	8	8.6	18	12.2	
VIII. Sexual Abuse	8	8.6	10	6.8	
IX. Harassment / Boundary Violations	see VIII	see VIII	see VIII	see VIII	
X. Unauthorized Practice	0	0	17	11.5	
XI. Other: Professionalism, Controlled Act, Practice Management, Adverse Reaction, Consent, Supervision, Infection Control, Conflict of Interest, Excessive Treatment, Human Rights, Privacy, Professional Obligations	19	19.2	22	14.9	
Total number of formal complaints and Registrar’s Investigations**	99	100%	148	100%	

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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	88		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	52		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	62		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%	
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	74	84	
IV. Formal complaints that proceeded to ICRC and are still pending	12	14	
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	

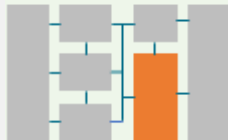
VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	12	9	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation # May relate to Registrar’s Investigations 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 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022	74						
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	NR
II. Billing and Fees	NR	NR	NR	5	NR	NR	NR
III. Communication	6	8	NR	6	0	0	NR
IV. Competence / Patient Care	12	20	6	10	6	NR	NR
V. Intent to Mislead Including Fraud	0	NR	0	0	0	0	0
VI. Professional Conduct & Behaviour	9	NR	NR	6	NR	NR	NR
VII. Record Keeping	5	91	6	7	NR	NR	NR
VIII. Sexual Abuse	NR	NR	0	NR	NR	NR	NR
IX. Harassment / Boundary Violations	See VIII	See VIII	See VIII	See VIII	See VIII	See VIII	See VIII

X. Unauthorized Practice	0	0	0	0	0	NR	0
XI. Other: Infection Control, Supervision, Conflict of Interest, Collaborative Care, Regulatory Obligations, Practice Management, Misuse of Title	NR	14	9	5	NR	7	NR
<i>* 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 2022.</i> <i>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</i> NR							
<i>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.</i>							
<i>Additional comments for clarification (if needed)</i>							

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2022	364	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2022	646		
Disposal			
Additional comments for clarification (if needed)			
The average time of complaints resolution was 239 days. The average for Registrar investigations was 392 days. Cases that required longer timelines were for more complex cases related to fraud, fees and billing and investigations of multiple registrants or entire clinics. To address the long timelines, the College has hired two new staff members this year, one investigator to help manage the increased caseloads and one intake staff to manage the volume of inquiries at the initial stages. Twenty-three (eight complaints and 15 RI’s) long standing cases that were more than a year old were disposed of this year. However, these improvements cannot address all reasons for delays. There are several other reasons that a matter might be delayed, including:			

- Parallel criminal and regulatory investigations/proceedings. The College waits until the criminal matter is resolved, which can take years.
- Defence counsel requests additional time to make submissions.
- Documents need to be translated to other languages.
- The investigation uncovers significant evidence, and the physiotherapist is provided with the opportunity to respond to the evidence.
- The matter includes financial irregularities, which take more time to investigate.
- The College must go back to the complainant/patient to obtain additional information or to confirm evidence.
- The College requires records from third parties such as health care facilities, phone companies, or insurance companies.
- The Committee seeks to negotiate an outcome with the physiotherapist that includes a learning, practice enhancement or remediation program.

Table 8 – Context Measure 12

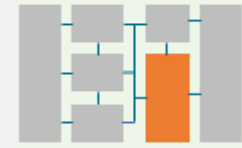
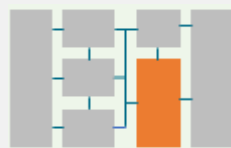
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	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 2022	286		
II. A contested discipline hearing in working days in CY 2022	514		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
During the reporting period, the College concluded two contested hearings for which decisions have been released, the longer of the two took 514 business days from date of referral to date the decision was released. One of the hearings experienced a delay when one of the parties in the hearing could not attend due to a personal emergency. The hearing had to be re-scheduled to a later date as a result.			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



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

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

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	9	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	10	
VII. Offence conviction	NR	
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	NR	

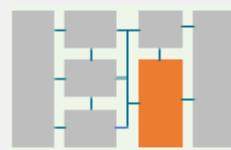
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

* *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 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	0		
II. Suspension	10		
III. Terms, Conditions and Limitations on a Certificate of Registration	10		
IV. Reprimand	10		
V. Undertaking	NR		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR			
Additional comments for clarification (if needed)			
The undertakings were physiotherapists who signed an undertaking to resign from the profession.			

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 they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)