

College Performance Measurement Framework (CPMF) Reporting Tool

College of Physiotherapists of Ontario

Reporting Year: January 2023 – December 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The 14 Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

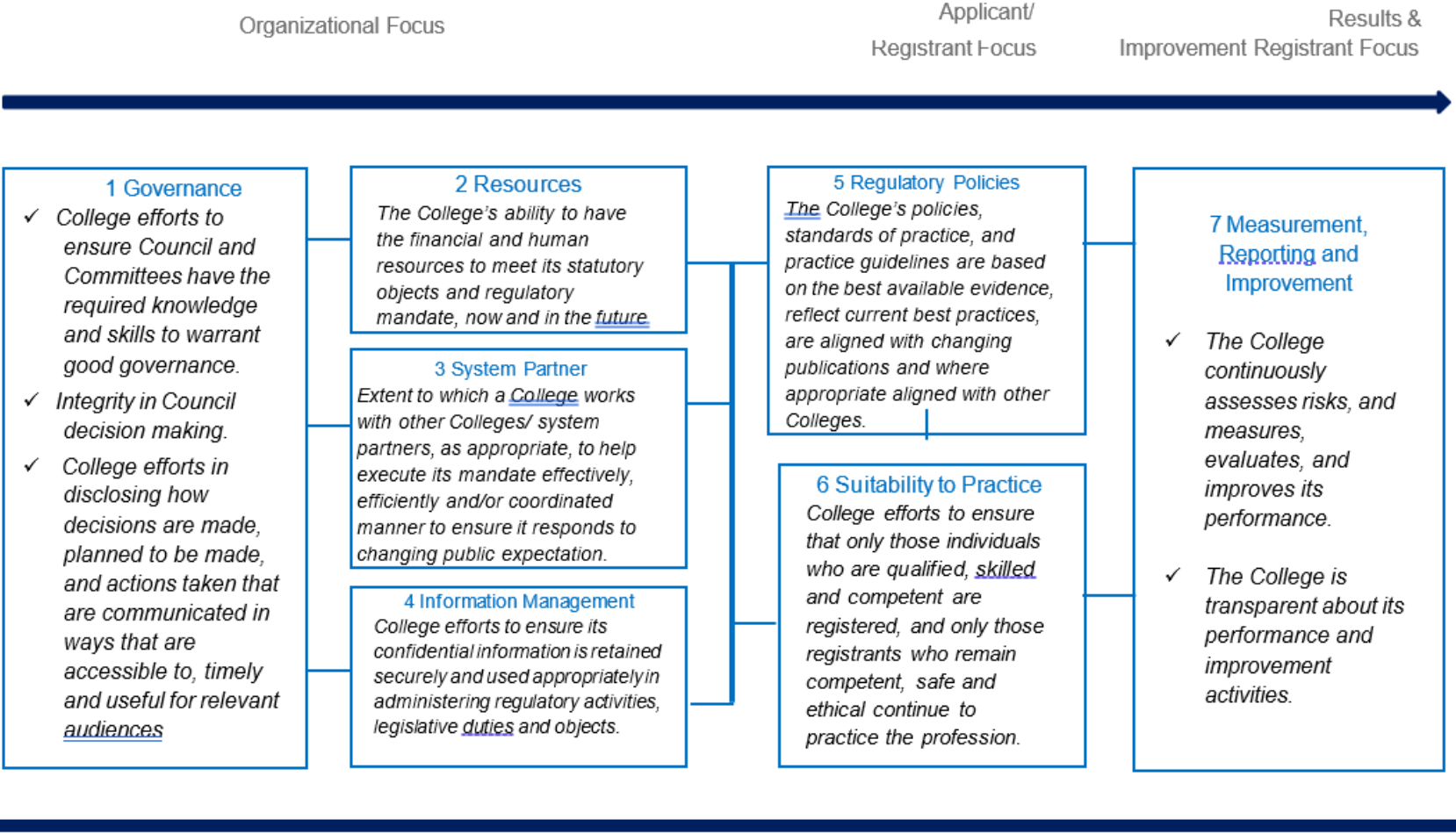


Figure 2: CPMF Domains and Standards

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 College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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.

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.

There are eight pieces of Evidence 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. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. 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.	
OMAIN 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 Benchmarked Evidence The College fulfills this requirement: Yes • The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. The 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. In 2023, the College also developed a Council and Committee Competency Profile outlining criteria that prospective members of Council must meet before being eligible to run for Council election. The Council and Committee Competency Profile aims to ensure that incoming Council members possess the foundational behaviours, attitudes, and skills required by all members to effectively engage in Council work. The competency framework was approved by Council during their September 2023 meeting (page 264). Prospective professional members of Council must complete the Values, Behaviours, and Competency Assessment, which is a questionnaire based on the Competency Profile, as part of the pre-election eligibility requirements. The College has made changes to the College By-laws, Governance Policies, and elections procedures to align with the new framework. The competency criteria will be used for the first time for the 2024 Council election cycle, which typically begins in Q1.	

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

		training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. • 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. <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 prospective candidates to assess if they are eligible and committed to the role of 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 is 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.
		<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>

		b. Statutory Committee candidates have:	The College fulfills this requirement:	Yes
		i. Met pre-defined competency and suitability criteria; and	• The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> Statutory Committee candidates must meet pre-defined suitability and competency criteria. The roles and responsibilities of Committee Chairs and Committee members are laid out in the College’s Governance Manual under Policies #1.3: Role of a Committee Chairperson (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 potential conflict to the College’s mandate, and not having been disqualified from Council or Committees in the past three years. In 2023, the College developed the Council and Committee Competency Profile, a framework for assessing core values, attributes, and skills for prospective members of Council and Committees. This framework will be applied to all new applicants. New applicants will have to complete the Values, Behaviours, and Competency Assessment before being eligible to be appointed to a committee.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		ii. attended an orientation	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 takes place shortly after their appointment date. All Committee members also receive ongoing training throughout the year. The duration of orientation and training varies as some activities are completed asynchronously. <u>Format of Training</u> Each Committee has developed a standard orientation program that is used for all new Committee members that typically includes e-learning modules, reviewing resource documents, and in some cases, attending external training courses. 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. Some Committees also have an annual orientation session that is scheduled after the new Committee slate is approved in June. This session may be facilitated by a lawyer. This orientation session focuses on committee-specific roles and responsibilities. The session includes what Committee members need to know to support their deliberations and decision making using a case-based learning format. For some Committees, the College also invites speakers from partner organizations where they are relevant to the work of the Committee. <u>Training Topics</u> The Orientation program is set out in the College’s Governance Manual under Policy #7.9: Council Education/Orientation (page 84). 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 orientation e-learning modules for statutory Committees that are completed by all new committee members once they have been appointed. The modules outline the mandate of the College, the roles and responsibilities of the Committees and Committee members and key governance concepts such as conflict of interest and confidentiality. The modules include a final knowledge quiz and confirmation of completion. The College also has e-learning modules on other relevant topics such as sexual abuse awareness,
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		decision writing, gender inclusive writing, and others. In 2023, the College also implemented an orientation e-learning module for the Finance Committee, which is non-statutory. The Finance Committee module covers committee member duties and responsibilities, the budget, financial reporting, financial management, and investment procedures, tips, and aids to help committee members understand the technicalities of finance, audit, and risk required for members of a finance, audit, and risk committee. The module includes a final knowledge quiz and confirmation of completion.	
		<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>	
		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement: Yes • 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. The College’s usual process is to hold orientation training for public appointments to Council before their first Council meeting. Only in unusual circumstances (e.g., delays in the appointments process or unavoidable scheduling conflicts) is training held after their first meeting. <u>Duration of Training</u> • Orientation sessions are typically half day. <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 Member 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 84). Council members are also required to complete a series of e-learning modules on a variety of topics. • The New Council Member orientation module includes information about the role of Council, areas of the College, Code of Conduct, governance rules, Council administration, staff and stakeholders, College Committees, respecting diversity, and what is physiotherapy. This orientation module is completed by all new Council members (professional and public).

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional):	
Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.				
Required Evidence		College Response		
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.		The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
		• 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. The Council meeting evaluation form is updated on an ongoing basis to adapt to current needs. <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 92). 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 the December 2023 meeting (page 84). Council Operations Evaluation: As part of the usual Council Performance Assessment process, 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: (1) Council Activity, (2) Mission and Mandate, (3) Governance/Partnership Alignment, (4) Organization, (5) Meetings, (6) Council Membership, and (7) 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. In 2023, we opted to forego this assessment process because we were engaged in an external governance practices review (see next item for more information) which assessed the same things, and there was no need to duplicate this work. The College will return to the usual process in future years. 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 most recent check-in calls were completed between December 2023 and January 2024. The information collected helps inform 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>
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			<i>Additional comments for clarification (optional):</i>	
		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes <i>If yes, how often do they occur?</i> - Please indicate the year of the last third-party evaluation. In 2023, the College completed an external review of the College’s governance practices. This review was led by the organization The Regulator’s Practice, and the final report was presented to Council at their meeting in December 2023 (page 19). Part of this review focused on an assessment of Council and Committee effectiveness, and Council received recommendations for improvement in this area. The College is now working on implementing recommendations following the governance review. Following implementation of the improvement items from the 2023 review, the College will then plan how to conduct periodic reviews going forward.	
			<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>	
		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			- Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Council 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. The College’s Council and Committee Education Strategy for the 2023 year includes a Supplementary Training component, which is comprised of two parts: (1) ad-hoc education, and (2) 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. In 2023, the College collected feedback from Council evaluations and incorporated it into the Education Strategy. Feedback collected has	

		informed training topics this year. Needs identified by Council members that have translated into education activities include: - Public Interest (attended by Council and Committee members): March 2023 meeting - Equity, Diversity, and Inclusion (attended by Council and Committee members): March 2023 meeting - Enterprise Risk Management: March 2023 meeting - Introduction to Council Member Commitments: June 2023 meeting - Sexual Abuse Awareness Training (attended by Council and Committee members): Conducted in September 2023 - Risk Tolerance: September 2023 meeting Needs identified by Committee members that have translated into education activities include: - Quality Assurance Committee: Presentation on Remediation Options - Quality Assurance Committee: Orientation and Decision Making - Quality Assurance Committee: Building a Remediation Program - Inquiries, Complaints and Reports Committee: Training sessions with legal counsel to discuss use of interim orders, and a new decision making tool aimed at assisting with when to use a SCERP and when to use an undertaking. - Discipline Committee: Session led by a lawyer on various topics, such as Agreed Statement of Facts (ASF), Joint Submissions on Penalty, Undertakings, Motions, Adjournments, Withdrawals, Plea Inquiries, Assessing Credibility, Note taking and deliberations, and Unconscious Bias.	
		<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>	
	iii. evolving public expectations	The College fulfills this requirement:	Yes

DOMAIN 1: GOVERNANCE	STANDARD 2	including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	• 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 held Council training related to evolving public expectations, such as risk management and Equity, Diversity, and Inclusion (EDI) in 2023. • In 2023, the College implemented an Enterprise Risk Management (ERM) framework, and the rollout of this framework was accompanied by education and training to Council around risk management. Education sessions for ERM took place at the March 2023 and September 2023 Council meetings. • The College also held training in the area of Equity, Diversity, and Inclusion in 2023. Training topics included: ○ Equity, Diversity, and Inclusion learning session attended by Council and Committee members (March 2023 meeting) ○ Equity, Diversity, and Inclusion Primer – a presentation by the Registrar & CEO (September 2023) ○ Providing Physiotherapy Services in Northern Ontario (December 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>			
		Measure:			
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.			
		Required Evidence	College Response		
		a. The College Council has a Code of	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr></table>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes				

		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. The College’s Code of Conduct and Conflict of Interest Policy are reviewed at least every three years. Current legislation, practices, public expectations, and other issues were considered in the last review cycle. The College will continue to ensure that the documents are regularly reviewed to reflect the current environment. <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 the 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 the review in 2020. The Code of Conduct and Conflict of Interest Policy are currently undergoing review, and proposed changes will be presented to Council for consideration in 2024.	
			<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>	
		ii. accessible to the public.	The College fulfills this requirement: • 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 available on the College website.	Met in 2022, continues to meet 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>	

		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect to their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement: • 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 and appointed academic Council members are laid out in the College By-laws. The By-laws were last updated in 2021. Term limits for Council and Committee members are laid out in By-laws and Governance policies. <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) and s. 3.2(2) (page 20). 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.	Met in 2022, continues to meet in 2023
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			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	
		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:	Partially
			- Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. - Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No - Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. What was met: The College has Conflict of Interest provisions in the By-laws (Part 5: Conduct of Councillors and Committee Members, page 25), which includes a definition of conflict of interest. At the beginning of each Council meeting, Council and Committee members are instructed to declare any real, potential, or perceived conflicts of interest for any of the items on the respective meeting’s agenda. A conflict of interest provision is included at the beginning of each Council and Committee meeting package. The College also manages breaches of conflicts of interest per the provisions outlined in the Code of Conduct (Appendix C to the By-laws, page 49). What was not met: The College does not have a Conflict of Interest questionnaire that all members must complete annually.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) In 2024, the College plans to further bolster our processes for identifying and managing conflicts of interest, for example: - Further enhancing conflict of interest screening as part of the election process, and - Pre-identification of conflicts of interest prior to meetings based on the agenda.	
		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			- 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.	

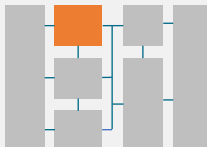
		the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	<u>Accessibility of Public Interest Rationale in Council Materials and Example Links</u> College Council materials enable the public to identify the public interest rationale in two areas: 1) All Council agendas begin with a statement of commitment to the public interest (Example: December 2023 Council materials , page 1). 2) All individual Council briefing items highlight and describe the relevant public interest considerations for that item (Example: Standards Review item, December 2023 Council materials , page 94).	
		<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>		
		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. <u>Further clarification:</u> Formal approach refers to the documented method which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are	The College fulfills this requirement:	Yes
		• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. In 2023, the College developed a risk management policy for approval by Council and an Enterprise Risk Management (ERM) program. The risk management policy and ERM program was approved by Council during their September 2023 meeting (page 36). The ERM program is directly integrated with the College’s Strategic Plan (Performance & Accountability) and will continue to be rolled out over the next calendar year. The approach takes into consideration the risks related to regulation and the public interest in addition to strategic, operational, reputational, and financial risks. The ERM program includes 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. Implementation of the College’s ERM program includes assigning the responsibility to monitor the program to the Finance Committee. The terms of reference for the newly named Risk, Audit and Finance Committee was updated in September 2023 (page 43) to reflect this expanded scope. The College also uses the dashboard data to identify potential risks. The dashboard includes key performance indicators for the organization and is presented to Council at every meeting where they have the opportunity to ask questions and have discussions about the data.		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		

		economic, political and/or natural factors that happen outside of the organization.	Additional comments for clarification (if needed)	
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			- 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 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 at each meeting as part of the Registrar’s Report. The most recent update is found in the December 2023 Council materials (page 107).	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	
			b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information):	The College fulfills this requirement:
		Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. A report is submitted by the Executive Committee to Council at each Council meeting, which is included in the meeting package. The report provides an overview of the Executive Committee’s activities during the reporting period, including how many times they met, the purpose of each meeting, matters discussed, outcomes and recommendations, decisions they made within the Committee’s authority, instances where the Executive Committee acted on behalf of Council, and any motions passed using written resolutions. A recent example of an		

		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.	Executive Committee report can be found in the December 2023 Council meeting package (page 17).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		Measure: 3.2 Information provided by the College is accessible and timely.		
		Required Evidence	College Response	
a. With respect to Council	The College fulfills this requirement:	Yes		

		meetings:		
		i. Notice of Council meeting and relevant materials are posted at least one week in advance; and		
		ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.		
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 2022, continues to meet in 2023		
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	The College fulfills this requirement:	Yes		

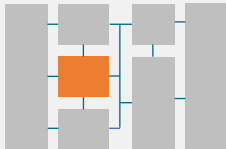
		Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	• Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. Equity, Diversity, and Inclusion (EDI) is reflected in the College’s Strategic Plan, which places a focus on embracing a culture where an EDI lens is intentionally incorporated into all levels of decision making at the College. The College has a statement of awareness around EDI issues and shares resources through its EDI webpage. EDI activities in support of the Strategic Plan and EDI Statement are resourced by having a dedicated internal team working on College-wide EDI projects. The College allocates resources towards EDI activities that are in support of this plan, such as education sessions for Council members and staff, blog posts, and an external assessment of workplace culture. The College also continues to conduct research into the experiences of registrant physiotherapists trained outside of Canada. In 2023, the College also conducted an EDI self-assessment, the results of which informed the development of an internal EDI strategy. The College will be implementing continuous improvement actions based on the EDI strategy in 2024 and beyond. Resources will continue to be allocated to activities in support of the EDI strategy. An update about this work was provided to Council at the December 2023 meeting (page 107).	
			<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>	
		b. The College conducts Equity	The College fulfills this requirement:	Yes

		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.	• 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. In 2023, the Health Profession Regulators of Ontario developed an EDI Organizational Self-Assessment and Action Guide, which includes a toolkit to assist health regulatory organizations in developing their own Equity Impact Assessments (EIA). Using this toolkit, the College developed a customized assessment of equity impact to address the College’s unique circumstances. In October and November 2023, the College conducted an organizational EDI self-assessment exercise. This exercise related to an organization-wide reflection of where the different areas of the College (governance, registration, conduct, policy, etc.) are currently positioned with respect to approaching their work through an EDI lens, and it was supported by an EDI Self-Assessment Reflection Tool informed by the indicators of the HPRO package. This tool included the self-assessment matrix developed by HPRO, where different areas of the College could indicate whether they feel they are inactive, reactive, proactive, or progressive with respect to their work at the College. This reflection tool is not publicly accessible. This exercise was the first step in launching EIAs of this nature, and as such, focused on EDI work at the College more generally. In the future, the College hopes to create further assessments relating to specific areas of College work, such as programs or policies. The College’s Deputy Registrar is also currently undergoing an accessibility assessment of College programs, which aims to identify, evaluate, and address barriers to access College services and platforms.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (optional)</i>
Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.			

DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response	
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
			- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Council established a strategic plan for 2022-2026 that directs the work of the College during their during the March 2022 Council meeting (page 242). During the June 2022 meeting (page 103) Council approved a list of strategic initiatives in support of that plan. The strategic plan serves as an anchor for work and budget planning. The strategic plan is executed through an annual operating plan for the College, and the execution of this plan requires both financial and human resources, and an annual operating budget is prepared each year for Council approval. 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. Council provides input and direction throughout the annual planning process to ensure the plan and resources align with their strategic direction: - Typically in December a list of proposed strategic projects for the upcoming fiscal year is presented to Council for input and feedback, with the most recent example being from the December 2023 Council meeting (page 89). - In March of each year, the operating plan and budget are presented to Council for approval, which includes the planned strategic projects, with the most recent example being from the March 2023 Council meeting (page 200).	
			<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>	
		b. The College:	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

			Additional comments for clarification (if needed)		
		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr></table> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The College regularly involves Council in providing oversight of the College’s workforce to ensure ongoing success. Council is regularly engaged in the annual planning and budgeting process, which includes consideration of workforce requirements. In March 2023 (page 265), the College presented a Human Resources Plan to Council as part of the budget presentation. During this presentation, Council received information about the College’s workforce requirement, succession planning, and workplace culture. Workforce requirements are considered when the College develops its annual budget, which is approved by Council each year. The College also includes human resources metrics in its Council dashboard and regular staffing updates are included in the Registrar’s Report to support ongoing oversight by Council (the most recent examples can be found in the December 2023 meeting package, page 107). The dashboard is presented alongside the Registrar’s Report, and key operational and HR updates are regularly provided to Council as part of this report. The above activities enable Council to ensure that the College has the human resources needed for discharging its responsibilities.	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes				

		Benchmarked Evidence	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			• Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. The College has multiple mechanisms in place to enable Council to provide oversight of the College’s technology and data practices, including: • Updates about enhancements to the College’s technological systems and processes, data practices, and data sharing with system partners as part of the Registrar’s Report. Updates around technology and data are found under the Performance & Accountability heading of the Report (for example, see the December 2023 materials, page 109). • As part of the annual operational planning process, major projects related to the College’s technology and data systems are identified, and Council has the opportunity to provide input (for example, see the December 2023 Council meeting, page 89). • As part of Council’s approval of the operation plan and budget every year, an overview of work on the College’s technology and data systems are outlined as part of the operating plan and budget presentation (for example, see the March 2023 meeting package, page 255).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

			Additional comments for clarification (optional)
DOMAIN 3: SYSTEM PARTNER			
STANDARD 5 and STANDARD 6			
Measure / Required evidence: N/A	College response		
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the Ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>		
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps</u>	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and</i>		

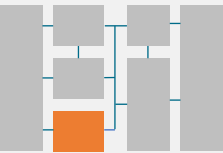
<u>that have emerged through a dialogue with the Ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	<i>aligned practice expectations? Please provide details of initiatives undertaken, how 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 2022 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 2023 to strengthen the execution of its mandate and ensure all partners continue to be informed of salient developments. • In November 2023, the Registration Manager participated in a focus group hosted by the Ontario Fairness Commissioner (OFC) to provide feedback on the Fair Registration Practices Report. The aim of the focus group was to create alignment between the OFC and reporting Colleges and to ensure that the report continues to be iterative and improve with changing expectations and practice environments. Both of these objectives help the College to strengthen the execution of its mandate. • In 2023, the College worked with the Ontario Physiotherapy Association (OPA) to ensure mutual alignment with our understanding of the scope of practice changes needing implementation. The College has also communicated with other partners including the government about scope of practice changes. These collaborative efforts ensure that the College is fully prepared should scope changes be presented, allowing us to respond quicker in regulating the new activities. • In 2023, the College participated in a governance working group of the Canadian Alliance of Physiotherapy Regulators (CAPR). The working group contributed to a governance review process at the organization to support effective decision making in service of its mandate to ensure the delivery of safe and effective physiotherapy practice in Canada. • The College was also engaged in national work led by the Canadian Physiotherapy Association (CPA) to understand the variability that exists across Canada with respect to scope of practice. This engagement was a part of CPA’s work to advocate for a consistent scope of practice across Canada. The College engaged with the Health Profession Regulators of Ontario (HPRO) in 2023. Collaboration activities through HPRO include: • HPRO colleges continued to meet regularly to discuss the CPMF and identify potential areas of cross-College collaboration. Information
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	sharing between Colleges was helpful in clarifying the interpretation of data requirements for the CPMF report. Through discussions within the group, Colleges have identified opportunities to collaborate on initiatives such as an aligned information sharing framework. • The Practice Advice team meets with advisors from other HPRO Colleges twice a year to share emerging trends and salient resources, and to build on the knowledge base of key issues affecting healthcare providers in Ontario. • The Quality Assurance department continued to be involved with a Quality Assurance HPRO Working Group to share information about their Quality Assurance programs. The group met in April and September 2023. • The Professional Conduct team connects with their peers at other regulatory colleges through an HPRO networking group, which aims to meet twice a year. The group shares experiences for professional conduct issues and processes, such as trauma-informed investigations, interviewing, disclosure of information, and investigation timelines. • CPO is part of an HPRO networking group comprised of Deputy Registrars from the different regulatory colleges. The group meets once a month to talk about trends, best practices and opportunities to collaborate. • The CPO has representatives on HPRO’s Public Members Working Group. The purpose of the working group is to develop potential strategies to address public member constraints to allow public members to effectively support Colleges’ work. This initiative is still in progress. • The Compliance Monitoring team met with HPRO’s Compliance Monitoring Networking Group in March and November. Members discussed the post-remediation surveys administered to registrants following a coaching program, underwent an overview of coaching models from external consultants, and shared findings from the different trends and issues the Colleges have been seeing. CPO took the lead in organizing a communal extranet site for the group for resource sharing purposes. These initiatives helped the College develop more effective survey tools with a higher rate of response, as well as continue building a list of available coaches that have been vetted for use in coaching programs. CPO later met with those coaches to discuss effective coaching resources for registrants in a Committee-directed education program, as well as the College’s coaching needs. • The Communication Manager participates in the HRPO Communications Working Group, meeting regularly to find ways to raise awareness of regulatory college’s roles with the public, as well as bringing regulatory communications leads together to share resources and messaging. Other collaboration activities with system partners in 2023 include: • The College engaged with the Canadian Alliance of Physiotherapy Regulators (CAPR) regularly in support of the ongoing transformation of
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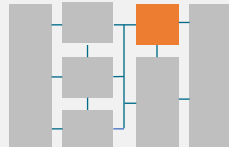
	their evaluation services, and to collaborate to ensure a smooth experience for candidates seeking licensure as they move through the entry to practice process. • The College collaborated with other physiotherapy regulators in Canada to support the development of a national set of practice standards for physiotherapists called the Core Standards of Practice for Physiotherapists in Canada. CPO is currently in the process of adopting 16 of the Core Standards for use in the Ontario regulatory context, as this is in line with the ongoing need to review and update our current standards and the desire to align our standards more closely with the other physiotherapy regulators across Canada. The College is also currently considering the adoption of a national Code of Ethical Conduct that was jointly developed by the Canadian Physiotherapy Association (CPA) and provincial regulators. These initiatives support labour mobility, interprovincial collaboration, and aligned practice expectations throughout the country while still maintaining Ontario-specific standards for physiotherapists. • The Practice Advice team continues to support the Physiotherapy Education Accreditation Canada (PEAC). In 2023, a College practice advisor became a member of PEAC. PEAC conducts accreditation reviews of Canada's fifteen physiotherapy education programs. This collaboration presents an opportunity to contribute and understand the PT curriculum across universities. • The Practice Advice team met with other physiotherapy colleges (AB, BC, MN, and SK) to share updates on regulatory trends and issues. Practice issues involving scope were identified as shared issues across provinces. Through these meetings and resource sharing, CPO leveraged the opportunity to collaborate with and learn from other PT colleges. • The CPO also built on its relationship with the BC College of Physical Therapists by partnering with them to develop new Documentation and Jurisprudence e-learning modules, and this activity kept us informed of developments coming out of BC in these two areas of work. • The College also led a project in partnership with all other provincial regulators (except Quebec) to co-develop an educational module for registrants about the importance of good communication skills in support of effective patient care. • The College regularly engages its academic partners to ensure that students experience a seamless integration between academic curricula, hands-on aspects of practice, and regulatory requirements. This year, the Practice Advice team provided in person presentations to students at all five Ontario physiotherapy programs to introduce them to the role of the College, and to provide educational workshops on topics including boundaries and business practices. Because students are future registrants of the College, these conversations help to provide preventative education and encourage communication with the practice advice team. The College has also received multiple concerns around PTs breaching professional boundaries in practice, and these workshops are instrumental in raising awareness and educating students on the importance of maintaining safe practices and preventing patient harm. • The College continued to engage in work around the experience of Internationally Educated Physiotherapists (IEPTs) in 2023. The College met
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	with the Ontario Internationally Educated Physical Therapy Bridging (OIEPB) Program at the University of Toronto, which educates internationally educated physiotherapists (IEPTs) and prepares them for Canadian practice. OIEPB has many interactive educational resources used with the IEPT candidates, specifically record keeping and by extension clinical reasoning. • The Registration Manager is the Co-Chair of the Ontario Regulators for Access Consortium (ORAC), which consists of registration staff from various regulators across the province. ORAC is a forum for regulators to discuss any registration related challenges and its primary goal is information sharing. The group meets virtually two to three times per year.
-	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labour mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation. • In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7). The College responds to changing public and societal needs through ongoing and targeted engagement of its registrants and external partners, including the public. Below are some 2023 initiatives in this space: • In September, the College attended and spoke at the Physio North conference hosted by the Ontario Physiotherapy Association (OPA). This provided an opportunity to collaborate with Ontario physiotherapy partners, learn about physiotherapy practice topics and day-to-day issues, educate participants on standards and rules, and invite questions and feedback from PTs and other partners. The conference was especially

	helpful in identifying and addressing practice issues in Northern Ontario. • The Registrar, Deputy Registrar, and Practice Advice department met with representatives from the Canadian Life & Health Insurance Association (CLHIA). CLHIA shared trends and resources with the College around instances of insurance fraud and resources about how healthcare providers can protect their workplaces from improper business practices, such as billing Pilates or group fitness classes as physiotherapy. 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. CLHIA has also developed a helpful resource allowing PTs to notify insurers when they leave a practice to ensure their registration number is not used for billing, which the College adopted in the Leaving a Practice guideline. The College also met with the PhysioSure Liability Insurance Program to share trends and claims data. • Privacy issues continue to be reflected in public discourse, and registrants indicated in a College poll that there is an ongoing need to keep informed of privacy requirements and considerations for regulated health professionals. As a result, the College partnered with the College of Midwives to deliver a privacy webinar led by health lawyer Kate Dewhirst in April 2023. • The Workplace Safety and Insurance Board (WSIB) funds physiotherapy care for patients who are injured in their workplace. Over the past year, they have developed and rolled out new programs for PTs across the province. The College attended a webinar and a meeting with the Director of Physiotherapy Services to learn more about the program to better assist the public who receive funds through this avenue. • Patients who receive hip or knee arthroplasty surgery have been contacting the College with questions about the bundled care model. The College shared these trends with the Ministry of Health’s Bundled Care Project Team to explore solutions and assist the public with their questions. • In 2023, a number of system partners presented to Council about their roles in the system and ways they can collaborate with the College to advance shared objectives, including the Canadian Alliance of Physiotherapy Regulators (who presented at two meetings in 2023), the Ontario Fairness Commissioner, and BMS Group (a large physiotherapy liability insurance provider).
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: Yes - Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. The College has policies governing the disclosure of and requests for information. They are as follows: - Privacy Code: Details reasons for collection, use and disclosure of data. The Privacy Code was updated as part of Governance Review in 2019 and published in June 2021 (Found under About, College Privacy). Governance Policy #3.2: Privacy Procedures – Requests for Access or Corrections and Compliance Concerns in the College’s Governance Manual (page 41) further outlines the procedures around requests to access, corrections, and compliance with respect to personal information held by the College. - Confidentiality declaration: Staff, Council, Committee members, contractors, experts: Under Policy #3.1: Confidentiality – General of the College’s Governance Manual (page 40), 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 and 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.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

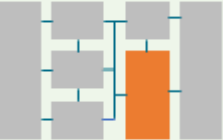
			Additional comments for clarification (optional)
		ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement: Yes - Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College has policies, practices, and processes to address accidental or unauthorized disclosure of information and to aid in the prevention and management of security threats. The College also has several security measures in place to protect its data and access to its IT systems, such as multi-factor authentication and spam filters. This year, the College has addressed, and continues to implement, action items of an internal cybersecurity audit that took place in the 2022 reporting year. Examples of the recommendations that have been actioned include: - Decommissioning some of our older, more outdated servers that are vulnerable to security risks, - Moving servers to a virtual cloud (Microsoft SharePoint), - Implementing a 90-day password change policy, - Implementing Multi-Factor Authentication for staff, - Limiting access to our networks to IP addresses within Canada only, and - Providing regular cybersecurity training for all staff. In 2024, the College will also conduct an external cybersecurity audit. <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 on 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: <u>HR Policy #1.05</u>: 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. <u>HR Policy #1.07</u>: Employee Records and Personal Information Protection is the internal framework for managing personal and
		<i>Benchmarked Evidence</i>	

			confidential employee 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 (page 90) 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. • In 2023, the College implemented the use of an “Extranet”, leveraging the SharePoint platform to create sites for Council and Committee members and contractors to access information they need to fulfill their roles. The use of the Extranet allows the College to closely control and monitor the access of confidential information and prevent authorized access and accidental distribution/loss of information.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).		
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response	
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: • 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 65) outlines the procedures for reviewing its various policies. This policy was last revised in September 2023. 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	Met in 2022, continues to meet in 2023

		Benchmarked Evidence	documents as needed.	
			<u>2023 Examples</u>	
			• Standards Review: In March 2023 (page 274), Council approved a new standards review process aimed at aligning Ontario’s standards with the Core National Standards developed by Canadian physiotherapy regulators. The process involves aligning CPO’s existing standards with the Core Standards, as well as adopting new standards that the College does not currently have. All standards, whether adopted or aligned, will undergo a thorough consultations process to ensure relevancy with Ontario registrants and partners. The review will be conducted in five batches of three to four standards each, and completion is anticipated for Fall 2025. Council previewed the first group of standards to be reviewed in December 2023 (page 94) and approved them for registrant and partner consultation. • By-law and Governance Policy Review: The College kicked off its review of the By-laws and Governance Policies to align with the established review cycle and emergence of governance best practices. This review is well-timed as the College also underwent an external governance practices review in 2023. The first iteration of this review was presented to Council in September 2023 (page 84). In March 2023 (page 344), a separate review of the Allowances & Expenses Policy (Governance Policy #4.1) was completed, and this review was initiated due to problems interpreting and applying the policy, which qualified for an expedited review per the Policy Review Schedule. • Code of Ethical Conduct: A review of the College’s Code of Ethical Conduct, also based on a national template, was presented to Council in December 2023 (page 134). This review is being undertaken given the need to update this document to better align with the current practice environment and to create greater consistency with the code developed at the national level and used by other provincial regulators. Council approved the national Code of Ethical Conduct document for registrant and partner consultation.	
			<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 Advice 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, 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 in a timely manner.	
			<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 fulfills this requirement:	Yes	

		the College considers the following when developing or amending policies, standards and practice guidelines: - evidence and data; - the risk posed to patients/ the public; - the current practice environment; - alignment with other health regulatory Colleges; - expectations of the public; and - stakeholder views and feedback. <i>Benchmarked Evidence</i>	- 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, and - Consult with professional associations, insurance organizations, financial regulators, and legal counsel. One example of how this was done in practice is the College Standards Review Process, which began in 2023. This process involves adopting a set of national standards for use in Ontario. The national standards were developed in collaboration with provincial regulators to support alignment of practice expectations across the country, and underwent a validation process that incorporated feedback from physiotherapists across Canada. The first group of standards being adopted through this process were Assessment, Diagnosis, Treatment; Communication; Duty of Care; and Risk Management and Safety. This group of standards was presented to Council for approval for external consultation in December 2023 (page 94). The four standards have so far undergone internal review, which incorporates data from the College’s program areas and includes a risk assessment and considerations around broader practice alignment. External consultation with registered physiotherapists and other partners is the next step in this review, where public expectations and partner feedback will be factored into the process before Council approval. This cycle will then repeat for review and update of remaining standards until Fall 2025. <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,	The College fulfills this requirement:	Partially

		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.	• 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. What was met: The College’s Strategic Plan focuses on incorporating Equity, Diversity, and Inclusion (EDI) considerations into its initiatives and processes, which includes promoting EDI within the College’s standards, policies, and guidelines. College policies do promote EDI where a need has been identified, for example in the Communication Skills guideline. In December 2023, the College invited guest speakers to share with our Council the experience of accessing rehabilitation care in remote, northern Indigenous communities, and the presentation highlighted the need to consider how the College’s rules and standards can impact access and equity. In 2023, the College began efforts to seek feedback from diverse communities as part of our standard and policy development process, and these efforts will continue in 2024. What was not met: The College does not always call out issues specific to EDI in its standards, policies, and guidelines, and needs to do more to engage with diverse groups to help identify and address EDI issues. The College is also working on developing two standards around EDI to ensure that these principles are upheld by its registrants: (1) Indigenous Cultural Safety and Humility, and (2) Health Equity and Anti-Discrimination. However, work in this area has not formally started in this reporting year. <u>How the College considers EDI in policies, guidelines, and standards</u> The College’s typical standards development and engagement process is informed by some EDI considerations. Through our consultations process, we are actively looking to ensure that we assess EDI fairly and seek diverse perspectives as part of our decision making. The registrant consultation process provides different avenues for responding to ensure anonymity, any registrant details are kept confidential, and responses are handled sensitively. The College typically engages the Citizens Advisory Group (CAG) to solicit the perspective of the public. The CAG makes an effort to ensure diversity in their panels so a wide of public voices are included. Feedback received throughout this process is used to inform the College’s standards and policies, including if EDI issues have been identified. (Note that the College did not engage with the CAG regarding standards in 2023 because the consultation phase of the standards review process did not start until early 2024.)	
			<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 2023, the College conducted a self-assessment based on the Equity Assessment and Action Guide tool developed by HPRO to assess our current policies, guidelines and standards to identify ways that these policy instruments can better promote EDI principles and values in the future. The assessment revealed that while the College does consider EDI issues and impact in its policymaking, more could be done to evaluate the EDI impact of policies post-development, as well as engage with diverse and traditionally underrepresented communities, whose voices are not always captured in a typical consultations process. The College is also currently undergoing a review of its practice standards and Code of Ethical Conduct, and work is underway to ensure these items capture EDI in the upcoming year. In 2024, the College aims to be more proactive and progressive in addressing EDI in our standards, policies, and guidelines. This work includes being more specific and intentional about our consultations process, such as approaching EDI-focused organizations directly, as well as doing more to call out EDI-specific issues in our standards and policies. The College will also begin developing the two standards around cultural safety and equity. The College is considering educational opportunities that will further enable the Policy Team to complete this work.	
		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOM AIN 6: CULTA	STAND ARD 9	Required Evidence	College Response
		a. Processes are in place to	The College fulfills this requirement: Met in 2022, continues to meet in 2023

		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	• 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. An overview of the registration process for individuals who do not meet eligibility criteria is presented in the Registrar’s Review flowchart, which is available on 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>	
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically	The College fulfills this requirement:	Yes

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. CAPR implements internal continuous improvement processes to ensure their practices align with best practice in the industry. CAPR is currently undertaking a transformation of their evaluation services based on research about best practice and responding to the changing needs of applicants. Essential competencies for physiotherapists are maintained and updated by the National Physiotherapy Advisory Group. The Essential Competencies Profile informs how physiotherapy programs design their curriculums, what content is tested in the Physiotherapy Competency Exam, the Ontario Clinical Exam, and the College’s quality assurance assessment. The Canadian Alliance of Physiotherapy Regulators has completed 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 its own clinical exam: the Ontario Clinical Exam (OCE). Candidates can register 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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		Measure: 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	The College fulfills this requirement: • Please briefly describe the currency and competency requirements registrants are required to meet.	Yes		

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).

		requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	• Please briefly describe 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. Currency and other competency requirements are regularly monitored. The requirements registrants must meet include: • PTs must meet minimum practice hour requirements to renew their licenses. • 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 the Professional Issues Self-Assessment every year as a self-reflection exercise and identify areas where more learning is required. • PTs can be selected every nine 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. • If the PT is rostered to perform a controlled act, they must review and update their roster information at annual renewal. <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 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 may agree to stop delivering patient care. <u>Process for Monitoring Currency Requirements</u> The College’s monitoring process for its currency requirements is based on risk to the public, and different regulatory tools and responses are used in response depending on the level of risk. This ensures that currency requirements do not fall under a “one size fits all” approach, but are stratified with risk mitigation in mind. Examples for 2023 include:
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		- The registration team created a reference tool for the Registration Committee to outline precedents for individuals with low practice hours. The tool references the Committee’s decisions in previous cases where applicants are returning to the profession after a period of time. It is intended to assist with consistency in decision making, and it will be included in case files as well as memos to the Committee and Registrar. - For individuals performing controlled acts, the College monitors registrants who have not practiced the activity in two years or more and asks them to remove the rostered activity if that is the case. If those PTs come up in the Quality Assurance process, specific questions are asked to assess their competencies for those activities. - The registration team grants extensions for the deadline to complete the Jurisprudence Module where it is reasonable to do so.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	
		Measure:	
		9.3 Registration practices are transparent, objective, impartial, and fair.	
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: - 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. Recently, the OFC also introduced the Risk-Informed Compliance Framework (RICF). In April 2022, the College received a medium risk rating from the OFC. This rating was mainly due to the clinical exam being unavailable during the pandemic. At that time, it was identified that the rating would remain in place for 12 months (until March 31, 2023) and then reassessed. No specific corrective actions were required or recommended in the assessment. Shortly after the College received the assessment report, we provided a follow-up response to the OFC outlining the steps the College had taken and was in the process of taking to address the concerns outlined in the assessment. In March 2023, the OFC communicated to the College that the assigned rating would remain in place until the next review cycle (until March 31, 2024) given that there was no formal review taking place at the time and no appeal mechanism. The College has engaged in ongoing discussions with the Fairness Commissioner and their team. In June 2023, the Ontario Fairness Commissioner presented to Council. Part of their presentation spoke to the new RICE and the College’s medium risk rating. The Commissioner noted that the College has made material progress in addressing the risk factors highlighted in the 2022 assessment.	Met in 2022, continues to meet in 2023

			The College submitted the 2022 Fair Registration Practices Report to the OFC in July of 2023. The College is currently looking forward to the OFC’s response.	
			In the summer of 2023, the OFC announced plans to update its RICF for the 2024 assessment cycle. In December 2023, the College submitted an RICF questionnaire. The College expects to receive an updated rating in January or February 2024.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (if needed)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure:		
		10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
		Required Evidence	College Response	
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement:	
			Met in 2022, continues to meet in 2023	
			• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:	
			– Name of Standard	
			– Duration of period that support was provided	
			– Activities undertaken to support registrants	
			– % of registrants reached/participated by each activity	
			– Evaluation conducted on effectiveness of support provided	
			• Does the College always provide this level of support: Yes	
			If not, please provide a brief explanation:	

	Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	In 2023, the College began a review process of its practice standards. The goal of this project is to adopt or align 16 standards developed by a partnership of national physiotherapy regulators while ensuring that the principles and expectations are suitable for the Ontario practice context. Five groups of standards will be reviewed, containing three to four standards each, and the review is expected to conclude in 2025. Whenever the College makes changes to our standards or guidelines, we typically undertake a variety of activities to help registrants and partners understand and implement the required changes, which may include: • Highlighting the new standards in our monthly newsletter with accompanying commentary to highlight key changes. • Creating supporting materials such as checklists and e-learning modules to assist in understanding and application of the new expectations. • Monitoring questions about the standard received through practice advice, and for commonly asked questions, we will create and publish FAQs. • Assisting prospective applicants with key changes, if any, that are relevant to preparations for the Ontario Clinical Exam (OCE). • Holding webinars and outreach events with PTs to introduce the new standards if the changes are significant, to help highlight the key changes, explain how they could be implemented, and to answer questions. • Highlighting the standards in our annual Professional Issues Self-Assessment (PISA), which is a short online exercise that all registrants must complete. PISA raises awareness about rules and standards that are either new or have been identified by Practice Advisors and the investigations team as areas in need of additional support. Outside of the standards review process, the College undertook the following activities to assist registrants and other partners 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 what materials are developed and published on the College website or in the monthly newsletter. In 2023, the main themes found in the inquiries were related to business practices, scope of practice, supervision, and professional obligations and ethics. • Supplemental guidance materials: The College uses trends data from practice advice and other areas in an ongoing way to identify and develop supplemental guidance or education materials to help registrants improve their understanding of certain standards and guidelines. In 2023, the College developed several newsletter articles, learning modules, and resources on our website in response to observed trends. • Webinars: A webinar around Working with PTAs was held in June 2023 to help guide the comprehension of this standard in response to common misunderstandings discovered during the previous year’s PISA exercise.
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			• Newsletters: The College publishes a monthly newsletter to highlight emerging issues or areas of importance for registrants and partners. Each issue of the newsletter highlights one standard and a case of the month. In 2023, the newsletters also discussed the College’s social media guidance as well as the delegation of controlled acts. There is also a quarterly newsletter directed at academics and students, as well as an employer-specific newsletter sent out four times per year which highlights standard and rule related information.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (optional)</i>
		Measure:	
		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: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	• 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> The assessment process includes two parts, physiotherapists go through a screening interview and when unsuccessful are required to go through a practice assessment. 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 physiotherapist assistants 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, in addition, written policies required by College standards and patient records are reviewed. Assessment topics and questions are posted to the College website. Half of the		

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>).

			assessment is case based and 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 area. 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 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>										
			<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	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2022, continues to meet in 2023</td></tr><tr><td colspan="2"> - 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><table><tr><td>– Public</td><td>Yes</td></tr><tr><td>– Employers</td><td>Yes</td></tr><tr><td>– Registrants</td><td>Yes</td></tr></table> </td></tr></table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	- 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><table><tr><td>– Public</td><td>Yes</td></tr><tr><td>– Employers</td><td>Yes</td></tr><tr><td>– Registrants</td><td>Yes</td></tr></table>		– Public	Yes	– Employers	Yes	– Registrants	Yes
		The College fulfills this requirement:	Met in 2022, continues to meet in 2023										
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– Public	Yes												
– Employers	Yes												
– Registrants	Yes												

			– Other stakeholders Yes <u>Description of Evidence-Informed Approach</u> The College’s Quality Assurance Program underwent a redesign in 2018-2019 and launched in 2021. Previously, about 5% of practicing physiotherapists were randomly selected to undergo a four-hour on-site 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 redesigned 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 where approximately 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. 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 those who have never been assessed before are prioritized. 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.		
			<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>		
		iii. criteria that will inform the	The College fulfills this requirement:		Met in 2022, continues to meet in 2023

		remediation activities a registrant must undergo based on the QA assessment, where necessary.	• 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 meeting. 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 be addressed 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>	
			<i>Additional comments for clarification (optional)</i>	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.		
a. The College tracks the results	The College fulfills this requirement:	Yes		

DOM AIN 6: CULTA	STAND ARD 11	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.	• 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 to the registrant. The criteria for successful completion are outlined in the Order, Undertaking, Specified Continuing Education or Remediation Program (SCERP) or Term, Condition and Limitation (TCL). Confirming completion may involve: • The registrant submits completion certificates. • The registrant submits written confirmation that they have reviewed certain resources. • The College downloading quiz results following completion of e-learning 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 completes 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.
			<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>
DOM AIN 6: CULTA	STAND ARD 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 policies, templates, and standard operating procedures (SOPs) to ensure the receipt of relevant information, key considerations, and actions to be taken at each stage of the complaints process. In 2024 a review of all of these resources will be completed, and additional policies and SOPs will be created to address current gaps.	
		<u>Communications to Complainants</u> The College’s complaints process webpage outlines the different stages of this process, answers FAQs, and provides links to relevant resources. The FAQs help to clarify expectations for complainants in terms of the process and timelines. Further information on how to submit a complaint is available on 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. The College has also increased resources on our website to support mental health and wellness of those participating in the complaints process.	
	<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>			
	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 four responses to the complainant’s survey and zero for the registrant’s survey. In 2024, the survey will be sent one week after the release of the decision to help generate more responses.	

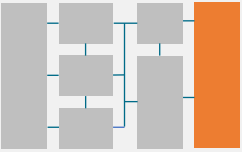
		Benchmarked Evidence	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		b. The College responds to 90% of inquiries from the public within five business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			The College meets this expectation. The College’s Professional Conduct area received 316 inquiries in 2023 (initial contacts from the public to report a concern to the College). The College responded to all of these inquiries within five business days 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>	
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			• 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 before cases are expected to be presented to the Inquiries, Complaints and Reports Committee (ICRC). Complainants are apprised of the process during 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 2023 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 for ICRC 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. The staff also offer to answer any questions that they may have and direct them to any resources and supports they may require. - When the College learns of criminal charges of sexual abuse of a registrant, the College connects with the police / crown for regular updates in that process. The College (possibly through the police) will provide information to the victim about the College’s funding for counselling. - If individuals are showing signs of distress or have indicated that they experiencing mental health challenges, College staff will provide resources for mental health support, which are available on the College website. Complainants are offered the opportunity to speak to College staff outside of business hours. There is also 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>			
			<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 and accessibility to relevant information, translation services etc.).	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - 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. The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case. Currently, the College proactively provides updates to the parties during the following points in the complaints process: - Initial intake, - Interview stage, once the complaint is confirmed, - Follow-ups with parties on an as needed basis, - Complaint is ready to be presented to the Inquiries, Complaints, and Reports Committee (ICRC), </td></tr></table>	The College fulfills this requirement:	Yes	- Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. - Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case. Currently, the College proactively provides updates to the parties during the following points in the complaints process: - Initial intake, - Interview stage, once the complaint is confirmed, - Follow-ups with parties on an as needed basis, - Complaint is ready to be presented to the Inquiries, Complaints, and Reports Committee (ICRC),	
The College fulfills this requirement:	Yes					
- Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. - Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case. Currently, the College proactively provides updates to the parties during the following points in the complaints process: - Initial intake, - Interview stage, once the complaint is confirmed, - Follow-ups with parties on an as needed basis, - Complaint is ready to be presented to the Inquiries, Complaints, and Reports Committee (ICRC),						

		• Final decision is made, and • Any delay letters, per the statutory requirements. In some cases, the College also provides a copy of the physiotherapist’s response to the complainant, if the complainant requests it, or if we have specific matters that require clarification from the complainant. Details around contacting the College 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. The College’s professional conduct team is very responsive to complainants whenever they have questions or require support. Similarly, the College has procedures to ensure all parties are informed throughout the hearings process. The College has a dedicated team who support discipline hearings and acts as the point of contact for information, updates and support to all parties. There is a dedicated contact email for hearings and College staff are very responsive to incoming inquiries. Currently, the College proactively provides updates to the parties during the following points in the hearings process: • Once a matter is referred, the parties receive a notification letter, which includes an overview of the hearings process, so they know what to expect, • The College’s counsel will contact the complainant to provide further explanation of the process and offer supports, • College staff will notify the parties once a hearing is scheduled, any changes to the hearing dates and are available to respond to any questions, • Prior to hearings, the College provides information and support to the parties about how to attend the hearing virtually, • For anyone who is testifying during the hearing, the College offers information and resources to support them prior to the hearing date, and provides limited support during the hearing, and • Once a decision has been made, the College provides the decision to the parties. All information about hearings, past and upcoming, is posted to the College’s website, including details about how to contact the College’s hearings team. The College also publishes a resource to support witnesses who are testifying in a hearing. All decisions are also posted on CanLII.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>

DOMAIN 6: SUITABILITY TO PRACTICE			Additional comments for clarification (optional)		
	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:		Met in 2022, continues to meet in 2023
			- 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. The decision making flow chart was last updated in 2019. 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.		
			In 2023 the ICRC adopted a tool that provides panels with guidance about when an undertaking versus a SCERP may be more appropriate given that publication of one outcome is time-limited and the other is indefinite.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
	Additional comments for clarification (optional)				
	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	The College fulfills this requirement:		Yes

		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.	• 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’).
			<u>Development of a Policy Regarding Information Disclosures</u> Last year, the College initiated a special project in collaboration with other Colleges through the 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 work produced a draft template policy document that can be used and adopted by each College. The draft policy was completed near the end of 2023. The next steps are to seek legal review of the policy and present it to the HPRO board of directors for consideration in 2024. It is expected that this College will formally adopt the policy in 2024.
			<u>How Information was Shared in 2023</u> In 2023, the College issued 248 letters of professional standing. There were no instances where we proactively engaged with law enforcement or other regulators to conduct joint investigations as we did not have any files that warranted this. We routinely engage with third party payors and other system partners to advise them of the outcome of discipline proceedings or other changes in a registrant’s certificate status that is important for them to know.
			<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>

		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.	The College fulfills this requirement: Met in 2022, continues to meet in 2023
			- 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 2023 Council meeting (page 112). In 2023, the College reviewed its KPIs and introduced an updated dashboard (page 67) including rationale for each indicator included in the dashboard. The updated dashboard includes the following KPIs: Statutory Programs: Displays the volume of cases in each program area, the College’s status in meeting either statutory requirements or internal benchmarks regarding process timelines, and highlights risks and challenges encountered in these program areas and actions being taken to address them. Organizational Effectiveness: Monitors impact of public awareness of College services through advertising strategies and indicates the rate of staff turnover. Finance & Strategy: Reports on status of strategic and operational projects as well as CPMF improvement items and overall financial health of the organization.
			<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 to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. The College has a dashboard as a tool to monitor progress against strategic objectives and regulatory outcomes (the most recent example is from the December 2023 Council meeting, page 112). The Registrar’s Report also provides additional updates about the College’s performance against our regulatory mandate and strategic objectives (the most recent example is from the December 2023 Council meeting, page 107). Before 2023, regulatory and organizational risks were identified on an ongoing basis and included in briefings to Council where the risk is relevant to the issue or decision at hand. In 2023, the College developed a formal Enterprise Risk Management framework. This risk management framework will enable the College to begin reporting on risks to Council using a risk register starting in 2024. In addition to the risk register, relevant risks will continue to be highlighted in briefings to Council where they are relevant to the issue or decision.	Yes
			<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>	
		Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
		a. Council uses performance and risk review findings to identify where improvement activities are needed. <i>Benchmarked Evidence</i>	The College fulfills this requirement: - Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. In September 2023, Council approved an Enterprise Risk Management (ERM) policy (page 36). The policy provides a framework to execute a uniform process for identifying, measuring, mitigating, and reporting on key organizational risks. The policy accompanies a broader framework around risk management. Prior to the creation of the ERM policy, risks were identified and responded to on an issue-by-issue basis. Examples of this from 2023 include: Public Member Availability on Committees: A risk was identified where public appointees to Committee panels would suddenly become unavailable, leading to the rescheduling of the meeting and deferring statutory decisions. As a result, the College initiated a review of its Governance Policy 7.4: Public Member Attendance at Council Meetings (page 74), which provides more flexibility for most Committees around public member participation in the interest of procedural fairness. In September 2023, Council approved	Yes

			changes to the Policy. • Financial Sustainability: The College identifies financial risks through forecasting, and quarterly financial reports are presented to the Finance Committee and Council. In September 2023, the Finance Committee recommended to Council a 4% fee increase on registration-related fees to ensure that the College has the financial resources to meet its statutory requirements without falling below the recommended level of reserves. At the same time, the College sought ways to offset the cost of the office lease commitment, and two other Colleges have since agreed to share office space. In December 2023, Council approved a fee increase of 2% to mitigate financial risk to the organization while also acknowledging that the College’s position has improved since the September meeting. The College’s quarterly dashboard report measures regulatory and organizational performance. Part of the dashboard report includes identification of any improvement actions taken in response to the results reported on the dashboard. The dashboard data helps to identify areas for improvement, for example, in 2024 the College plans to undertake a process review of the professional conduct area with the goal of making the process more timely.								
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>								
		Measure: 14.3 The College regularly reports publicly on its performance.									
		a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2022, continues to meet in 2023</td></tr><tr><td colspan="2"> • Please insert a link to the College’s dashboard or relevant section of the College’s website. The College reports on the performance of regulatory activities and strategic initiatives during public Council meetings through the Registrar’s Report and a dashboard. The most recent Registrar’s report and dashboard were presented at the December Council 2023 meeting (page 107). These reports are standing items at every meeting, and the information is publicly accessible through the posted Council materials. The strategic plan and our strategic priorities are also available on the website. </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></table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	• Please insert a link to the College’s dashboard or relevant section of the College’s website. The College reports on the performance of regulatory activities and strategic initiatives during public Council meetings through the Registrar’s Report and a dashboard. The most recent Registrar’s report and dashboard were presented at the December Council 2023 meeting (page 107). These reports are standing items at every meeting, and the information is publicly accessible through the posted Council materials. The strategic plan and our strategic priorities are also available on the website.		<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>	
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<i>Additional comments for clarification (if needed)</i>											

Part 2: Context Measures

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

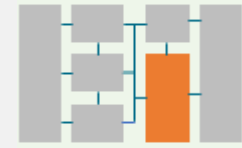
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		<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 2023. 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	1003		
ii. Assessment	19		
iii. Professional Issues Self Assessment	11,068		
iv. Continuing Professional Development Declaration	10,241		
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>			

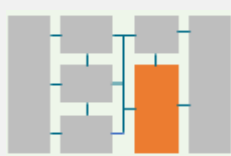
** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes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

[NR](#)

Additional comments for clarification (if needed)

In 2023, 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 (n=526). The second are physiotherapists who applied for an independent practice certificate under the Exam Exemption Policy who were also required to undergo the quality assurance assessment process after they received their certificate for registration (n=477).

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2023	1003		
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 2023.	NR	NR	
-			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 2023, understanding that some cases may carry over.
NR			

Additional comments for clarification (if needed)

In 2023, 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. Those cases were referred to the QA Committee for review. The second are physiotherapists who applied for an Independent Practice Certificate under the Exam Exemption Policy who were also required to undergo the quality assurance assessment process after they received their certificate for registration. Those cases were referred to the Registration Committee for review.

Table 3 – Context Measure 4

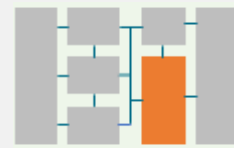
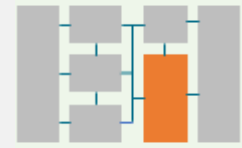
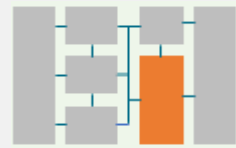
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2023:**		#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		NR	NR	
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 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.				
Additional comments for clarification (if needed)				
-				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					<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>
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations	
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	7	4.1%	10	8.2%	
III. Communication	27	15.9%	8	6.6%	
IV. Competence / Patient Care	37	21.8%	27	22.1%	
V. Intent to Mislead including Fraud	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	27	15.9%	17	13.9%	
VII. Record keeping	7	4.1%	12	9.8%	
VIII. Sexual Abuse	21	12.4%	8	6.6%	
IX. Harassment / Boundary Violations (Included in Sexual Abuse category above)					
X. Unauthorized Practice	NR	NR	14	11.5%	
XI. Other: Rostering for Controlled Acts; Practice Management; Management of Adverse Reaction; Consent; Supervision; Infection Control; Conflict of Interest; Excessive Treatment; Human Rights Violation; Regulation Requirements; Privacy; Equipment Maintenance; Collaborative Care; Reporting Obligations; Ungovernability; Out of Scope; Breach of TCLs	40	23.5%	25	20.5%	
Total number of formal complaints and Registrar’s Investigations**	170	100%	122	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 2023	72	What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.		
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	69			
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 2023	43			
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#			%
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR			NR
II.	Formal complaints that were resolved through ADR	NR			NR
III.	Formal complaints that were disposed of by ICRC	60			83%
IV.	Formal complaints that proceeded to ICRC and are still pending	7			5%
V.	Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR		
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	6	4%	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	NR	8	NR	NR	NR	NR	NR
IV. Competence / Patient Care	9	13	5	8	NR	NR	6
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	6	NR	NR	NR	NR	NR	NR
VII. Record Keeping	NR	NR	5	7	NR	NR	5
VIII. Sexual Abuse	5	NR	NR	NR	NR	NR	6
IX. Harassment / Boundary Violations (included in Sexual Abuse row above)							

Table 7 – Context Measure 11

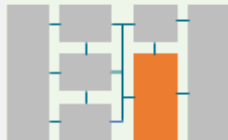
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended		
If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which nine out of 10 formal complaints or Registrar’s investigations are being disposed of by the College.
I. A formal complaint in working days in CY 2023	338	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 2023	703	
Disposal		
Additional comments for clarification (if needed)		
In 2023, the College concluded four related Registrar’s Inquiry matters (stemming from the same case involving four registrants) that took an exceptionally long time due to factors unique to those cases.		

Table 8 – Context Measure 12

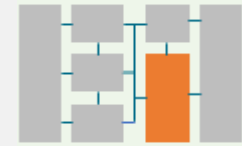
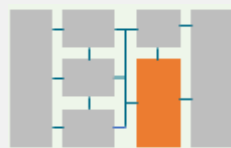
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which nine out of 10 uncontested discipline hearings and nine 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 2023	432		
II. A contested discipline hearing in working days in CY 2023	N/A		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
In 2023, the College concluded 13 uncontested hearings and no contested hearings.			
-			

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:

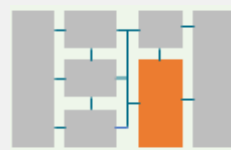
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the Ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation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

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	NR		
II. Suspension	5		
III. Terms, Conditions and Limitations on a Certificate of Registration	5		
IV. Reprimand	5		
V. Undertaking	NR		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR			
Additional comments for clarification (if needed)			

Glossary

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

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

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

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

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

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

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

Return to: [Table 5](#)

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

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to

conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

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

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

Return to: [Table 10](#)

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

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

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

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

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

committee. Return to: [Table 10](#)

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