

College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2021

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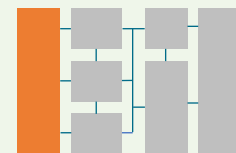
INTRODUCTION

This CPMF tool and process was introduced by the Ontario Ministry of Health and Long-Term Care in 2020. It applies to all 26 health profession regulatory colleges under the *Regulated Health Professions Act, 1991* (RHPA). Colleges are to report each year on how they are implementing expected standards of effective regulation. The CPMF promotes transparency and accountability. It allows anyone to review how CRPO and other colleges use good practices in regulating registrants and serving the public interest. The CPMF also allows colleges to improve the quality of their work over time.

This is the first year that all RHPA colleges are completing this CPMF report. This first report is the result of significant work from all CRPO departments. It is intended as a baseline or starting position on which to base future improvements. The Ministry is not using this first year report to assess whether each college is meeting the standards or not. The various RHPA colleges are different sizes and in different positions as they begin this work. CRPO was already implementing some of the standards as part of its [strategic plan](#), governance reform initiative, and routine processes. Other requirements are new and CRPO will put into practice in future reporting years. CRPO will update Council and stakeholders as it continues to revise its policies and processes in line with the CPMF.

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE			
Standard 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.			
Measure	Required evidence	College response	
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.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement: Partially ☒ - The competency/suitability criteria are public: Yes ☒ <i>If yes, please insert link to where they can be found, if not please list criteria</i> CRPO Council Competency Matrix - Duration of orientation training: See APPENDIX 1.1 (a) (b) (c) New Council committee member training schedule - Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end): New Council members receive orientation as follows: - Self study of materials prior to general Council onboarding 3 staff and Chair-led in-person / remote orientation sessions, culminating with completion of worksheets to test knowledge - Insert a link to website if training topics are public OR list orientation training topics: Training topics include:	

		- General Council introduction - Regulatory Mandate and Legislation - Governance Roles See: APPENDIX 1.1 (a) (b) (c) General Council introduction/onboarding APPENDIX 1.1 (a) (b) (c) Regulatory Mandate and Legislation APPENDIX 1.1 (a) (b) (c) Governance Roles
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes ☒
		Council will be asked to consider a by-law amendment in 2021 to require mandatory completion of three modules (1. General Council introduction 2. Regulatory Mandate and Legislation and 3. Governance Roles) prior to standing for election.
	b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement: Yes ☒
		- The competency / suitability criteria are public: Yes ☒ CRPO Committee Competency Matrix CRPO Committee Composition Matrix CRPO Discipline & Fitness to Practise Hearing Panel Competency Matrix - Duration of each Statutory Committee orientation training: See APPENDIX 1.1 (a) (b) (c) New Council committee member training schedule - Format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end): New Committee members receive orientation as follows: - Staff and Chair-led in-person / remote orientation sessions - Committee-specific pre-panel/meeting review with staff, followed by observation of at least one panel or meeting

		• Completion of panel case review tool • Post panel/meeting review with staff and Chair to assess uptake of orientation (as evidenced by completion of panel case review tool) • Insert link to website if training topics are public OR list orientation training topics for Statutory Committees See APPENDIX 1.1 (a) (b) (c) Committees
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional):</i>
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course 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: See APPENDIX 1.1 (a) (b) (c) New Council committee member training schedule • Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end): New Council members receive orientation as follows: • Self study of materials prior to general Council onboarding • 3 staff and Chair-led in-person / remote orientation sessions, culminating with completion of worksheets to test knowledge • Insert link to website if training topics are public OR list orientation training topics: Training topics include: • General Council introduction • Regulatory Mandate and Legislation • Governance Roles

		See: APPENDIX 1.1 (a) (b) (c) General Council introduction/onboarding APPENDIX 1.1 (a) (b) (c) Regulatory Mandate and Legislation APPENDIX 1.1 (a) (b) (c) Governance Roles <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional):</i>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	• The College fulfills this requirement: Partially ☒ • Year when Framework was developed OR last updated: work undertaken in 2020/2021 • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <i><insert link></i> ◦ March 2021 Council meeting materials • Evaluation and assessment results are discussed at public Council meeting: Yes ☒ • <i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed: These will be included for discussion on an annual basis through the College’s governance calendar.</i> <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒</i>

		CRPO undertook a comprehensive governance review in 2019. The resulting report Situational Analysis on the State of Governance identified the role of evaluation in the Council’s development. As a result, the work of establishing a comprehensive framework for evaluation was started. CRPO has engaged a consultancy to develop and implement a program that will include: Meeting (Council, committee and panel) evaluations that assess materials/staff support, Chair and member participation and decision-making in the public interest • Annual competency assessments (using Council, committee and panel competency matrices) for each member of Council that will result in an individual competency development plan • Annual committee evaluations that will ensure continuity of work during transition of committee members by reviewing and affirming terms of reference, evaluating progress on workplan items, and evaluating effectiveness over the previous year. • Annual Council evaluations that will focus on good governance as it reflects the required approach and decision-making needed for effective public protection
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☒
		• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☒ <i>If yes, how often over the last five years? <insert number></i> • Year of last third-party evaluation: 2021 (in progress)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		At time of reporting, Council is in the process of implementing the evaluation which will involve a full third-party assessment every three years and that will use a third party to manage the evaluation in alternate years.
		The College fulfills this requirement: Partially ☒

	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; see improvement note below Insert a link to Council meeting materials where this information is found The outcome of the new Council evaluation will be used to identify learning need and training opportunities. Describe briefly how this has been done for the training provided over the last year. If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒ Council adopted a comprehensive competency framework in November 2019. At that time, all Council members were required to complete a self-assessment of their competence against these frameworks. The results of these assessments were used to inform professional development planning over the course of 2020. As part of the comprehensive evaluation framework being implemented in 2021, ongoing training for Council will be informed by global results. Further individual Council member training needs that are identified by the evaluation will be used to develop individual competence development plans.
Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	The College fulfills this requirement: Yes ☒ Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: January 2021 Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: Initial Confidentiality & Conflict of Interest document

		Conflict of interest document for meetings Code of Conduct (Schedule 3 of CRPO by-laws)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods ¹ .	The College fulfills this requirement: Partially ☒ - Cooling off period is enforced through: Conflict of interest policy ☐ By-law ☒ Competency/Suitability criteria ☐ Other <please specify> - The year that the cooling off period policy was developed OR last evaluated/updated: n/a - 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; Currently CRPO relies on 16.03 of the by-laws – Conflicts Relating to Involvement with a Professional Association which notes that no registrant who holds a responsible position such as director, board member or officer in or is an employee of any Professional Association relating to psychotherapy should serve on Council or committees. – insert a link to Council meeting where cooling of period has been discussed and decided upon; OR – where not publicly available, please describe briefly cooling off policy:

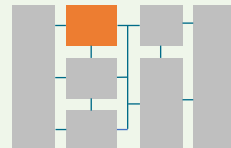
¹ Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒</i>
		Council will be asked to consider a by-law amendment in 2021 to require a mandatory cooling off period for anyone who has served in a professional association and who wishes to run for Council or be appointed to a committee.
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	The College fulfills this requirement: Yes ☒
		- The year when conflict of interest the questionnaire was implemented OR last evaluated/updated: 2021 - Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☒ - Insert a link to most recent Council meeting materials that includes the questionnaire: March 2021 Council meeting materials (see above (2.1 a) for the Conflict of Interest document for meetings, see meeting materials for individual results)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes ☒

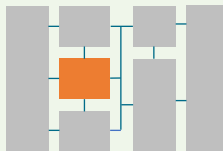
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	- Describe how the College makes public interest rationale for Council decisions accessible for the public: - CRPO has adopted formal Regulatory Objectives and uses these as the basis for ensuring that decisions are made in the public interest. - Insert a link to meeting materials that include an example of how the College references a public interest rationale: Every issue brought to Council and to committee plenary meetings is introduced by a briefing note that explicitly outlines the public interest rationale (see January 14, 2021 meeting materials for examples).
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g., indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes ☒
		Insert link to webpage where Council minutes are posted: Council Meeting materials
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
		The College fulfills this requirement: Yes ☒

	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	- Insert a link to webpage where Executive Committee minutes / meeting information are posted: Executive Committee report to Council November 20, 2020; March 2021 Council meeting materials	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>		
	<i>Additional comments for clarification (optional)</i>		
	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: Yes ☒	
	- Insert a link to the College's latest strategic plan and/or strategic objectives: Fostering Excellence, Trustworthiness and Accessibility: CRPO Strategic Plan 2020 – 2023 Regulatory Objectives		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>		
<i>Additional comments for clarification (optional)</i>			
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes ☒	
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>			

		Council meeting dates are posted for the coming year after the December meeting. Council agenda are posted two weeks in advance and materials one week in advance of all Council Meetings
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g., allegations referred)	The College fulfills this requirement: Yes ☒
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Discipline Hearings

DOMAIN 2: RESOURCES			
Standard 4			
The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	College response	
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.	The College fulfills this requirement: Yes ☒	
		Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: CRPO Council Approved 2021-22 Budget	

	Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐</i> CRPO does allocate its budget to cover all operations, including those set associated with the strategic plan. Historically Council has discussed budget in camera as sensitive financial topics were discussed. CRPO is planning to adjust its budget approval process so that Council discussion leading up to final approval can be conducted in public. <i>Additional comments for clarification (optional)</i>
	b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: Yes ☒ If applicable: - Insert a link to "financial reserve policy" OR Council meeting materials where financial reserve policy has been discussed and approved: March 2021 Council meeting materials - Insert most recent date when "financial reserve policy" has been developed OR reviewed/updated: Approved by Council on March 25, 2021 - Has the financial reserve policy been validated by a financial auditor? Yes ☒ <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (if needed)</i>
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g.	The College fulfills this requirement: Yes ☒ Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. See note below

	processes and procedures for succession planning, as well as current staffing levels to support College operations).	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		CRPO’s Council is committed to a governance model that precludes board involvement in operational decisions at the level that this indicator suggests is required. In accordance with by-law 8.02 Duties of the Registrar, as the chief executive officer the Registrar “has duties and responsibilities as are conferred by the Act, the RHPA, the by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council.” This includes responsibility for the human resource planning. The Executive Committee receives quarterly financial reports from staff, which include relevant information related to human resource planning. And Council reviews and approves the annual budget, which includes monies for staffing (salaries, benefits, training, professional development).
DOMAIN 3: SYSTEM PARTNER		
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.		
Standard 6		
The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7		
The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	

	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages 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 that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i>
The three 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 three standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. In preparation for their meetings with the ministry, Colleges have been asked to submit the following information: • Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.	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 within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i>

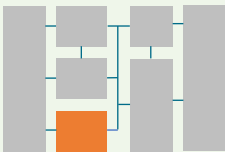
	Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations. The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i>	Standard 7: The College responds in a timely and effective manner to changing public expectations. Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner. • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i>
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	System Partner	Evidence	Outcomes
	Pan Canadian psychotherapy regulators / FACT groups 1. Inaugural meeting: representatives from 8 provinces met to establish a forum to identify common-interest issues 2. Coordinated jurisprudence online course (JRP) development/updates	1. Identified opportunities for future work with regulated and soon-to-be-regulated jurisdictions related to education and training program recognition, entry-to-practice exam issues and registration class. 2. Committed to work with provincial counterparts on update to current JRP • Current on changes to provincial legislation (e.g., PHIPA, CYFSA) • Incorporation of equity, diversity, human rights and inclusion material • Serve as shared educational product that effectively meets learning objectives	1. November 2020 meeting of all 12 provinces identified opportunities to collaborate on education program recognition, JRP requirements and information sharing. 2. December 2020 meeting to establish project charter, with CRPO as lead
	Professional associations 1. Annual meeting: professional associations provided with update and consulted on relevant regulatory issues 2. Peer Circles: professional associations invited to participate in developing and offering Peer Circles	1. Professional associations to participate in regulatory risk identification pilot 2. Registrants representing four associations trained to deliver group-based learning experience to support complex decision-making within Ontario's legal and regulatory framework. First sessions offered as part of OAMHP conference	1. Two meetings held supporting association participation in information dissemination to RPs and participation in Peer Circles project by four associations. 2. Remote group sessions offered in partnership with associations in November. Six sessions offered: all registered at capacity of 10 virtual participants. More sessions scheduled January through to March 2021, with registration at full capacity.

	3. Conference presentations: staff available to present to conference attendees re: regulatory mandate and professional practice issues	3. Presentation made to OAMHP October (regulatory tools to support diversity and inclusion); presentation to CCPA delayed due to COVID	3. Presentation completed at OAMHP with 20+ RPs participating.
	Service provider associations 1. CAMH, CMHO, AMHO: access to executive and policy staff on ad hoc basis	1. Reach extended to service provider organisations (which employ RPs) related to mental health service provisions issues	1. Collaboration on planned work to identify and address issues of systemic racism within the regulatory mandate stalled – not sure we can blame COVID entirely. Maybe revise as aspirational or omit?
	Regulatory Colleges 1. HPRO: active member of HPRO, participating in initiatives at Registrar and staff level	1. Access to shared expertise and ability to participate in / benefit from any collaborative efforts	1. <u>Promotion of Ontario health Regulators through Zoomer media</u> Articles in Zoomer Newsletters and E-Blasts - July <u>"Health Regulators Are Keeping You Safe During COVID-19"</u> - August <u>"8 Things You're Entitled to at Your Health-Care Appointments"</u> - September <u>"How to Find Information About Your Health Professional"</u> - October <u>"Tips to Make the Most of Your Health Care Visits During COVID19"</u> - November <u>"Have Your Say in Health Profession Regulation"</u> Quiz <u>"Do you know which health</u>

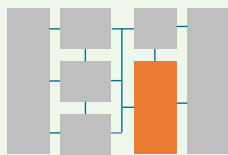
	2. 'Controlled act' colleges: collaborative relationship with other colleges whose registrants have the authority to perform the controlled act of psychotherapy	2. Consultations and collaborations as needed related to the controlled act and other psychotherapy services	professions are regulated?" completed by 568 members of the public in July 2020 Survey Asking how OHR can better serve the publics' needs completed by 316 members of the public in October 2020 Newsletters +1.5 million sent with HPRO content +4100 clicks to OHR E-Blasts 4 sent/60,000 subscribers 23% & 34% open rates (industry average 20%) 2. Ongoing dialogue with CPO regarding issues in common (supervision, divorce/custody, diagnosis vs. assessment)
	Ministry of Colleges and Universities Advanced Education Learner Supports Division Private Career Colleges Branch 1. Engaged as subject matter expert	1. CRPO able to provide evidence of curriculum and delivery recognition to ensure programs required to register as PCCs are preparing graduates to enter to the profession	1. Total of 6 programs registered as Private Career Colleges and recognized by CRPO as meeting educational requirements for registration.
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is	Public 1. Public consultations: public consultations (initially 6 across Ontario planned in conjunction with town halls in September /	1. Consultations planned with identified objectives:	1. Note that much of this work was delayed due to the pandemic. Planned activities for 2021 include:

responsive to changing public expectations. • Examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public expectations.	October; revised to be virtual and to engage various public stakeholder groups including BIPOC, LGBTQ+, new immigrant communities, shelter system users)	• Develop a deeper understanding of the mental health needs of the public and how CRPO's mandate of public protection intersects with that • Develop relationships with mental health stakeholder groups, particularly those that serve or support BIPOC and other equity-seeking communities • Revamp or create web-based resources that address some of the needs identified • Promote CRPO and the complaints process • Contribute to reporting to the Ministry of Health about the current state of mental health services	• Key informant interviews/consultations • Online / social media ad buy Activities that were undertaken: • Response to all public enquiries through the Practice Advisory service regarding access to service during the public health restrictions and once in-person practice resumed • Survey widget posted November 2020 has had 9.5K views, 2.3K responses for a click through rate of 23.98%. with responses indicating that 55% (1.3K) of those answering the question are members of the public
Standard 7 The College responds in a timely and effective manner to changing public expectations. • How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program?	1. Web analytics: introduced as a standing item to Council meetings 2. Practice Advisory service: practice advisors available to respond to public enquiries related to RP practice	1. Council more informed regarding public access to website information 2. Individual responses provided; themes and trends used to inform regulatory resource development and information sharing (e.g., COVID-19 information updates)	1. Council receives web analytics report as part of each meeting package to increase awareness of impact of efforts to encourage use of the public register and inform public / psychotherapy clients that there is an organization to receive complaints about RPs, if necessary (see also HPRO outcomes above) 2. Responded to more than 1600 email and telephone enquiries to the service.

	3. Social media access: initial social media presence established with evaluation and expansion to be considered	3. Facebook and Twitter presence with ongoing reports to Council regarding usage and engagement	3. Growth of <u>social media</u> followers
DOMAIN 4: INFORMATION MANAGEMENT			
Standard 8 Information collected by the College is protected from unauthorized disclosure.			
Measure	Required evidence	College response	
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes ☒	
		Insert a link to policies and processes OR provide brief description of the respective policies and processes. Privacy Policy Website Privacy Statement CRPO By-laws, see article 17: Confidentiality	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐	
		Additional comments for clarification (if needed)	

DOMAIN 5: REGULATORY POLICIES			
Standard 9			
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.			
Measure	Required evidence	College response	
9.1 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).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Partially ☒	
		Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g., what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). Ongoing evaluation of policies, standards and guidelines are incorporated into all aspects of CRPO’s work. Regular review of the themes and trends emerging from practice advisory enquiries, complaints and reports and registrant QA submissions inform the need for revisions and development of new guidance. If issues are identified, staff are tasked with providing public interest-based briefings to Council or committees and acting on direction to consult relevant stakeholders through online surveys, direct contact with subject matter experts and general research that is then presented back for further direction and / or Council decision-making.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes</i> ☒	
	<i>Additional comments for clarification (optional)</i> The current Council and Committee work plan includes a comprehensive review of the Professional Practice Standards. This will include codifying the review cycle and process in policy.		
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or	The College fulfills this requirement: Partially ☒	

	updated, and demonstrate how the College took into account the following components: i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback.	- For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. CRPO devoted significant resources to developing and disseminating guidance related to safe practice during the pandemic. A full set of resources are available on the COVID-19 FAQs for RPs page. Specific guidance was provided through the following: Guidance for Return to In-Person Practice Planning for Transition to In-Person Practice: Implementing Infection Prevention and Control Practices Selecting a Communications Platform for Electronic Practice These resources were developed using: - Trusted evidence and data from government and public health sources - Consultations with infection and prevention and control experts - Consultations with subject matter expert related to online practice (see the resulting webinar How to Expect the Unexpected in Online Practice) - Discussions with professional association and education program representatives - A Return to In-Person Practice online consultation with registrants <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒</i> CRPO continues to develop ways to include the perspective of the public, registrants and subject matter experts in setting standards and providing guidance to registrants. The introduction of initiatives such as the Regulatory Problem Identification Nomination Form will provide a way for a broader stakeholder group to inform the risk-based approach to providing guidance to registrants. Codifying the review cycle and process (starting with the Professional Practice Standards) will also support the College’s work to ensure guidance is up to date and relevant.
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DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ² .	The College fulfills this requirement: Yes ☒
		• Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: Credential Assessment Policy • Insert a link OR provide 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.): • Supporting Documents Checklist • Clinical Supervisor Attestation Form • Direct Client Contact Form • Statutory Declaration Form
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>

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

		CRPO reviewed its registration processes in light of the restrictions resulting from the pandemic. In response, the Supporting Documents Checklist was revised and applicants were able to provide electronic versions of unofficial transcripts, substantial completion letters, or credential evaluations. Notice of this change was sent to applicants and included on the CRPO's COVID-19 FAQ page.
	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency).	The College fulfills this requirement: Partially ☒ - 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.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. The clinical supervision requirements related to registration are being reviewed through an approach informed by information gathered from across CRPO's core work (i.e., Practice Advisory, Professional Conduct, Quality Registration, Registration). RC staff are responsible, during Q3 and Q4 of 2020/21 (that is, October 2020-March 2021) to compile information, conduct research and surveys for this initiative. While a large share of supervision related issues fall to RC, other committees and College areas are also impacted, and will be consulted or review supervision-related issues in their own area. Due to the interconnected nature of supervision issues, Executive Committee and Council will also have a role. - Provide the date when the criteria to assess registration requirements was last reviewed and updated November 2020 - clinical supervision This review included comparison with the approach of other Colleges whose members are authorised to perform the controlled Act of Psychotherapy
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
		The College fulfills this requirement: Partially ☒

10.2Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency³ and other ongoing requirements are continually met (e.g., good character, etc.).	• Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: November 21, 2019 Council Meeting Materials • The initial application and annual renewal requires an applicant/registrant to self-declare that currency and good character requirements are met. A registrant returning to active practice from inactive or revocation is also required to self-declare currency. The requirements are set out in CRPO’s Registration Regulation (see sections 4(1)1, 4(2), 5(1), 6(1)(2), 7(2)(1), 8(1)(2), 20(4), 27(a)). Staff verify currency self-declared on the initial application with the applicant’s supporting documentation (e.g., transcript). If an applicant/registrant self-declares not meeting the currency requirement, staff request further information and/or documentation for currency they do have. If an applicant/registrant makes a disclosure in response to good character questions, staff request further information, contact third parties, and/or request a criminal record check depending on the disclosure. • List the experts / stakeholders who were consulted on currency: Criminal record check requirements consultation included: • Comparison against other RHPA colleges • Legal review • Analysis of the Ministry of Community Safety & Correctional Services Police Check Comparison Chart • Public consultation responses ○ 296 RPs ○ 23 other RHPs ○ 3 professional associations ○ 6 service provider organisations
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		- Identify the date when currency requirements were last reviewed and updated: RP(Qualifying) and return to active practice requirements are assessed case by case - Describe how the College monitors that registrants meet currency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done: annual self declaration & case by case review by staff for applicants who do meet <u>currency requirements</u>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒</i>
10.3Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes ☒
		Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: Fair Registration Practices Report Registered Psychotherapists (2019) Where an action plan was issued, is it: No Action Plan Issued ☒
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (if needed)</i>

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

Standard 11		
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.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	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: Partially ☒
		- Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: - Name of Standard: Professional Practice Standard: 3.1 Confidentiality 3.2 Consent - Duration of period that support was provided: ongoing from October 2020 - Activities undertaken to support registrants: Peer Circles % of registrants reached/participated by each activity: 1% - Evaluation conducted on effectiveness of support provided: yes Does the College always provide this level of support: No ☒ If not, please provide a brief explanation: This program is in the pilot phase. It, along with other registrant support are part of a larger overhaul of the CRPO's approach to supporting continuing competence.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Peer Circles were piloted in 2020 as a means for CRPO to provide regulatory specific professional develop to support RPs in understanding and meeting standards of practice. Working in collaboration with four professional associations, sessions were offered in October 2020 and are continuing January through March 2021 with plans to continue to provide access to the program over the coming year.

		Based on positive feedback to date, this approach will be considered as part of the broader review of the QA program in developing a more proactive approach to registrant support over the 2020 – 2023 work plan,
11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; 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 if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: Partially ☒ - List the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: see improvement note below Is the process taken above for identifying priority areas codified in a policy: No ☒ <i>If yes, please insert link to policy</i> - Insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: see above 11.1 (a) - Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): currently in progress <i>If evaluated/updated, will the college engage the following stakeholders in the evaluation:</i> – Public Yes ☒ – Employers Yes ☒ – Registrants Yes ☒ – other stakeholders Yes ☒ - Insert link to document that outlines criteria to inform remediation activities OR list criteria: work to develop this is in progress <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒</i>

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

		At its December 10, 2020 meeting, the QAC directed staff to provide information about possible approaches to developing and implementing revised QA program that supports a right touch, risk-based approach to regulation and that benefits professional development by focusing on regulatory obligations. Council affirmed this direction in January 2021. In February 2021, the QAC approved a program overhaul plan that will include a targeted assessment of RPs, versus a random selection, that will allow CRPO to ensure that resources are used to identify and support at-risk practitioners more effectively. Using risk as a more targeted approach to QA reviews will also allow CRPO to develop criteria based on areas of concern identified through a formal assessment and consultation process. A data-informed approach, using trends in reports and complaints, themes in competency gaps with applicants and through consultation initiatives such as the Regulatory Problem Nomination Form, would allow CRPO to look specifically at challenges seen in the profession and in the larger context of the mental health system. The revised program will use an online assessment that is informed by data as noted above. The use of a regular cycle of CRPO-reviewed assessment, alternating with the existing self assessment requirement, will be an effective way to screen RPs without adding significantly to the burden of participation. Using the assessment as a screening will then allow CRPO to intervene with remediation and / or further assessment for at-risk practitioners.
11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Partially ☒ Insert a link to the College's process for monitoring whether registrant's complete remediation activities OR describe the process: The College monitors all registrants who have terms, conditions and limitations on their practice resulting from a decision of one of CRPO's committees, including the Quality Assurance Committee. A staff position was added in March 2020 to provide support to those registrants who are required to satisfy these terms (e.g., complete various remediation activities, undertake clinical supervision, etc.).

		This support allows staff to monitor the progress registrants are making on these requirements and to identify risks to their completion. Examples of outcomes that are monitored include: - Agreements or undertakings between an RP and the College - RPs whose certificates of registration are subject to terms, conditions or limitations - Completion of Specified Continuing Remediation and Education Programs (SCERP) Monitoring may include researching and interviewing clinical supervisors, gathering documentation, conducting calls with treating health care professionals, and/or the RPs themselves. Next steps: Compliance monitoring reports are available in the Registrar’s report at each Council meeting. More detailed reporting, relevant to the files being monitored happens at the committee level • Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: n/a
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒</i>
		The QA program overhaul that is being undertaken in 2021 will provide an opportunity for CRPO to include a process by which it will be possible to determine whether a registrant has demonstrated the knowledge, skills and judgement following remediation.
Standard 12 The complaints process is accessible and supportive.		
Measure	Required evidence	College response
		• The College fulfills this requirement: Yes ☒

12.1The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are 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).	- Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: Information about filing a complaint and possible outcomes: Filing a Complaint About a Psychotherapist Information about supports for clients alleging sexual abuse: If You Have Been Sexually Abused by a Psychotherapist - Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes ☒ Staff uses a Redactions and Disclosure Checklist to ensure that all information is received and properly prepared before disclosure of information to registrants and complainants. - Does the College evaluate whether the information provided is clear and useful: Yes ☒ A Complaints Feedback Survey link is provided to registrants and complainants when every decision is issued. CRPO Complaints Feedback Survey 1. I am a: ☐ Complainant ☐ Registrant * 2. Written information about CRPO’s complaints process (e.g. website, letters) was clear. Strongly Disagree Disagree Neutral Agree Strongly Agree N/A ★ ★ ★ ★ ★ ○ Comments * 3. The process was accessible (e.g. information about the complaints process was easy to find; the complaints process accommodated my needs). Strongly Disagree Disagree Neutral Agree Strongly Agree N/A ★ ★ ★ ★ ★ ○ 0 of 12 answered
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		Additionally, in the initial letter sent to the complainants and registrants, both are encouraged to contact staff to provide feedback throughout the process. When a complaint is received, the College confirms receipt via email within 24-48 hours. If the complaint is from a client alleging sexual abuse, information about the sexual abuse fund is providing in this initial email. Next, staff provide an "Initial Letter" to the Complainant within 14 days of receipt of the complaint. The following is a summary of the information in this letter: • A second confirmation of receipt of the complaint. • Information about next steps (e.g., the registrant will receive a copy of your complaint, the College will collect client record (notify staff if you do not wish to have your record obtained by the College), a copy of the ICRC's decision will be sent in writing, request for any outstanding documents related to the complaint, request for witness names and contact information if not already included in submission). • If the complainant is alleging sexual abuse, a link is provided to Sexual Abuse by Registered Psychotherapists, which includes information about and resources related to the Therapy and Counselling Fund ○ Form A: Funding for Therapy or Counselling Application ○ Form B: Therapist/Counsellor Information ○ Application for Funding for Therapy or Counselling for Primary Partner This letter also includes: • An acknowledgement that this process is difficult and encouragement to complainants to seek support as needed. The website provides links to Client Sexual Abuse Resources • Frequently Asked Questions (range of outcomes available to ICRC including that the ICRC cannot require registrant to pay money or provide a refund, confirmation that a lawyer is not required, information about why staff cannot speculate or predict outcomes, information about appealing the decision). • Relevant legal provisions. Once the investigation is complete and the registrant responds to the complaint, all documentation is disclosed to the complainant who is provided with an opportunity to respond.
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		A letter is provided to the complainant which explains that a response is optional. This letter currently specifies that if the complainant is currently in a situation as a result of the pandemic, which prevents them from making a full response, the College will consider requests for extensions. See APPENDIX 12.1.(a).1 - Protocol for Recording Interviews, which is provided to complainants, registrants and witnesses prior to interview. Once the investigation is complete and the registrant responds to the complaint, all documentation is disclosed to the complainant who is provided with an opportunity to respond. A letter is provided to the complainant which explains that a response is optional. This letter currently specifies that if the complainant is currently in a situation as a result of the pandemic which prevents them from making a full response, the College will consider requests for extensions.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐
		CRPO is currently working on creating example scenarios (in writing on the website and in other forms of media) to provide more detail about what is involved at each stage of the complaints and reports processes. This is part of the College’s strategic plan. Additionally, updates to the complaints webpage are planned to provide more information about how complainants can request accommodations. Finally, migration to a new registrant management system will include work to improve intake process (i.e., through a more accessible platform for complainants to submit all necessary documentation at intake).
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes ☒ 96% <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐

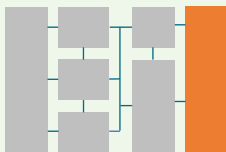
		<i>Additional comments for clarification (optional)</i>
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	- List all the support available for public during complaints process: - The public can email or phone staff at anytime throughout the complaints process and will receive a response within 48 hours. - Wherever possible, CRPO will accommodate a request to speak with a staff member of either gender. - You can bring a support person with you to an interview with CRPO staff or an investigator, or to a hearing. - When disclosing difficult information, staff call the person to explain the information may be difficult to read and ask if the person has supports in place. We also offer to send the materials to the person’s new therapist so they can review the documents in a supportive environment. - If a complainant requires accommodation putting their complaint in writing or in a permanent medium, staff will arrange and pay for a contractor to assist. - We do not send sensitive information on Fridays because mental health supports (and staff/investigators) are less accessible over the weekend. Additional Supports Offered in Sexual Abuse Files - When using a contract investigator, staff inform the client they will be contacted by an outside party regarding the investigation within the next few business days. This also provides an opportunity for the client to ask any questions of staff. - Where possible, investigators ensure clients alleging sexual abuse have access to all documents which will be reviewed in the interview, in advance. - Follow an interview format that suits the client (e.g., if the investigator requires 3 hours worth of interview time, the investigator will ask if the client is more comfortable booking 2 sittings). This work is codified and monitored through a formal Process and Procedures for Contract Investigators

		Most frequently provided supports in CY 2020: #2, #3 & #5 (above).
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		CRPO has contracted a trauma-informed expert to review the complaints process. This expert will provide recommendations for how the process can be improved.
12.2All 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 and are supported to participate in the process.	- The College fulfills this requirement: Partially ☒ - Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: All parties can contact staff via phone or email and will receive a response with 24-48 hours. When appropriate, the full investigation (including a copy of the registrant’s response) is disclosed to the Complainant who is provided an opportunity to respond to the materials. When a matter is referred to Discipline, all parties are directed to the Discipline page of our website (https://www.crho.ca/discipline/). When disclosing to clients alleging sexual abuse that the matter has been referred to Discipline hearing, information in the cover letter details privacy/publication bans. Extension Letters (60-day and 30-day) as required by legislation include detailed information about the status of each file and what next steps can be expected. Information is provided to support complainants through the process and / or to prepare them for next steps for example: -noting delays to the investigation - confirming a meeting has been scheduled to consider a decision - confirming that ICRC has begun deliberations - providing the ICRC meeting date and noting the panel will require (# weeks) to finalize its written decision and reasons. - explaining that the College has retained an expert to provide an opinion on the Registrant’s alleged conduct

		- noting that following the investigation, the Registrant will be asked to provide a response to the information gathered - confirming that the registrant’s submissions and a copy of the investigator’s report will be disclosed to the complainant for any reply they wish to make
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes</i> ☒
		This year, CRPO is moving its complaint and report processes online. All concerns from the public will be submitted securely through the website with the option for complainants to upload as many documents as necessary. Part of planned system upgrades will allow all parties to receive up to date status updates at any moment in the process. CRPO is also planning to develop more supports for all parties (especially clients involved in Discipline hearings) following the trauma-informed review of the complaints process being conducted this year.
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	College response
13.1	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	• The College fulfills this requirement: Yes ☒
		• Insert a link to guidance document OR describe briefly the framework and how it is being applied: The ICRC uses a formal framework (see APPENDIX 13.1(a).3 – ICRC Risk Assessment Framework) that was implemented in August 2017 and last updated in January 2018. It is supported through the use of a number of tools that include: - Internal Formal Complaint Risk Assessment (implemented and last updated June 2019) - Staff consider various factors (e.g. nature of the allegations, prior history, indication of client harm) to determine how the complaint should be prioritized. - Internal Report Risk Assessment (implemented and last updated April 2019)

		- Staff consider various factors to determine whether there are reasonable and probable grounds to believe misconduct has occurred. This assessment determines whether a formal investigation is warranted or if the concerns can be addressed in other ways. - ICRC Panel Worksheets (implemented and last updated March 2020) - A tool used by ICRC to assess risk and evidence when making decisions about complaints and reports. - ICRC Outcome Checklist (implemented and last updated February 2019) - A tool used by ICRC to determine specific details of proposed remedial outcomes (e.g. frequency of supervision sessions). • Provide the year when it was implemented OR evaluated/updated (if applicable): 2019 - 2020 • If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒ Further process improvements to documentation and tracking of risk will be implemented as the College moves to an online complaints and reports system.
Standard 14 The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g., law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Partially ☒ • Insert a link to policy OR describe briefly the policy: Process for Sharing Investigative Information with the College of Psychologists of Ontario (CPO) - Beginning in April 2019, where a complaint or report involves members of CRPO and CPO, the college which received the complaint or report (“Source College”) may report information about that complaint or report to the other college (“Other College”) - Should the Other College wish to conduct an investigation, the Source College will decide on a case-by-case basis what further information to provide.

		Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). n/a
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes</i> ☒
		CRPO plans to: - develop policy re: information sharing with system partners when a registrant’s registration status changes - develop safety assessment to determine when staff should disclose information to police/emergency services about a complainant, registrant or witness to prevent harm

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT			
Standard 15			
The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
15.1 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.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Partially ☒	
		Insert a link to 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), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: CRPO Council Work Plan 2020 - 2023	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒	

		CRPO has included the following in the 2020-2023 strategic plan: <table><tr><th>PRIORITY</th><th>GOAL</th><th>OBJECTIVE</th><th>DELIVERABLE</th><th>CONTEXT</th></tr><tr><td>strengthen operational and governance infrastructure</td><td>- governance practices, technology and information resources that will foster a culture of growth, continual improvement, adaptability and responsiveness to the public, registrants and other stakeholders, while meeting all legislative accountability requirements</td><td>4. Measure progress through strategic planning, risk assessment and key performance indicators</td><td>Annual report published using Key Performance Indicator framework to report on strategic priorities and broader regulatory mandate -Council and Committee evaluation program developed and piloted</td><td>Key performance indicators identified and incorporated into reporting to stakeholders on operational and regulatory progress. Council and committee evaluation framework developed and in place to support improvement of regulatory outcomes and ensure transparency in reporting to public and stakeholders.</td></tr></table>	PRIORITY	GOAL	OBJECTIVE	DELIVERABLE	CONTEXT	strengthen operational and governance infrastructure	- governance practices, technology and information resources that will foster a culture of growth, continual improvement, adaptability and responsiveness to the public, registrants and other stakeholders, while meeting all legislative accountability requirements	4. Measure progress through strategic planning, risk assessment and key performance indicators	Annual report published using Key Performance Indicator framework to report on strategic priorities and broader regulatory mandate -Council and Committee evaluation program developed and piloted	Key performance indicators identified and incorporated into reporting to stakeholders on operational and regulatory progress. Council and committee evaluation framework developed and in place to support improvement of regulatory outcomes and ensure transparency in reporting to public and stakeholders.
PRIORITY	GOAL	OBJECTIVE	DELIVERABLE	CONTEXT								
strengthen operational and governance infrastructure	- governance practices, technology and information resources that will foster a culture of growth, continual improvement, adaptability and responsiveness to the public, registrants and other stakeholders, while meeting all legislative accountability requirements	4. Measure progress through strategic planning, risk assessment and key performance indicators	Annual report published using Key Performance Indicator framework to report on strategic priorities and broader regulatory mandate -Council and Committee evaluation program developed and piloted	Key performance indicators identified and incorporated into reporting to stakeholders on operational and regulatory progress. Council and committee evaluation framework developed and in place to support improvement of regulatory outcomes and ensure transparency in reporting to public and stakeholders.								
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: No ☒ • Insert a link to last year’s Council meetings materials where Council discussed the College’s 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: If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒										
		The College fulfills this requirement: No ☒										

15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	Insert a link to Council meeting materials where relevant changes were discussed and decided upon:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes</i> ☒
		See above 15.1(b).
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement: Partially ☒
		Insert a link to College’s dashboard or relevant section of the College’s website: August 20, 2020 Council materials, CRPO Committee-level Work Plan
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes</i> ☐ <i>No</i> ☐
		<i>Additional comments for clarification (if needed)</i>

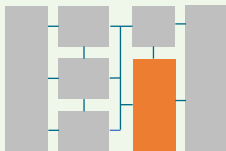
PART 2: CONTEXT MEASURES

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 methodology 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.

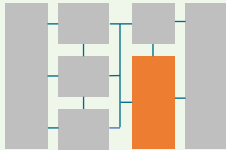
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document,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

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
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.		
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes). The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.
Type of QA/QI activity or assessment	#	
i. Self-assessment – new registrant requirement	1,019	
ii. Self-assessment – QA cycle requirements	1, 998	
iii. Learning plan development	1,998	
iv. Learning record	1,998	
v. Peer and Practice Review, level 1	62	
vi. Peer and Practice Review, level 2	NR (see note below)	
vii. Remediation plan	19	
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 = Non-reportable: results are not shown due to < 5 cases		

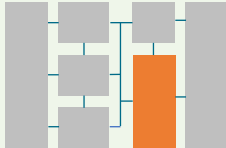
Registrants are encouraged to participate in quality assurance driven professional development through their registration with the CRPO. They are required to submit completed professional development tools to the College on or before a specific date, every two years, based on their year of registration. These include the self assessment, learning plan and learning record.

Each year, peer and practice reviews are currently conducted on a randomly selected group of the registrants who were required to submit QA in that year.

Note: CRPO delayed 10 PPR2 reviews as the in-person component of the review was not possible using existing tools. Work is underway to determine if / how these reviews can be conducted safely.

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 11				
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				
Statistical data collected in accordance with recommended methodology or College own methodology:			☒ Recommended	☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:				
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 him or her to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2020		1,998	24%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *		19 ^(see note below)	1%	
Note: CRPO delayed PPR2 reviews, which result in QAC remediation orders, as the in-person component of the review was not possible using existing tools. Work is underway to determine if / how these reviews can be conducted safely.				

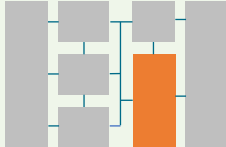
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
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.			
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	NR	NR	
II. Registrants still undertaking remediation (i.e. remediation in progress)	7	36%	
Additional comments for clarification (if needed)			
CRPO’s QA program does not currently include re-assessment. Completed remediation plans are reviewed and, if satisfactory, are deemed to satisfy that the registrant has demonstrated the required knowledge, skills and judgement following remediation.			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

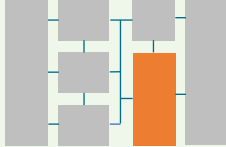


Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated‡		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	6	9%	NR	NR	
III. Communication	17	26%	NR	NR	
IV. Competence / Patient Care	33	51%	NR	NR	
V. Fraud	12	18%	NR	NR	
VI. Professional Conduct & Behaviour	42	65%	13	57%	
VII. Record keeping	12	18%	NR	NR	
VIII. Sexual Abuse / Harassment / Boundary Violations	16	25%	8	35%	
IX. Unauthorized Practice	7	11%	7	30%	
X. Other <please specify>	0	0	0	0	
Total number of formal complaints and Registrar’s Investigations**	65	100%	23	100%	

* 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 inquires and other interactions with the College that do not result in a formally submitted complaint. Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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. ‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.	
Additional comments for clarification (if needed)	

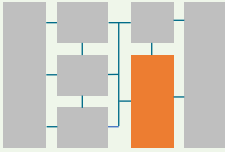
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	66 ⁵		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	17		
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 2020	23		
CM 9. ⁶ Of the formal complaints* received in CY 2020**:	#	%	What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	NA	0%	
II. Formal complaints that were resolved through ADR	NA	0%	
III. Formal complaints that were disposed** of by ICRC ⁷	17	26%	
IV. Formal complaints that proceeded to ICRC and are still pending	NR	NR	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	NR	NR	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious ⁸	NR	NR	

VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	
** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant). * Formal Complaints: 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 inquires and other interactions with the College that do not result in a formally submitted complaint. ‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Δ The Registrar may withdraw a formal complaint 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. # May relate to Registrars Investigations that were brought to ICRC in the previous year. ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at 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 ICRC. φ Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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. NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020	78						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	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	5	NR	NR	NR	0	0	NR
II. Billing and Fees	NR	NR	0	NR	0	0	NR
III. Communication	NR	NR	0	NR	0	NR	NR
IV. Competence / Patient Care	25	8	NR	11	0	0	0
V. Fraud	NR	NR	NR	NR	0	NR	NR
VI. Professional Conduct & Behaviour	33	9	NR	21	NR	NR	NR
VII. Record keeping	NR	NR	0	NR	0	0	NR
VIII. Sexual Abuse / Harassment / Boundary Violations	NR	7	NR	13	0	NR	0
IX. Unauthorized Practice	7	NR	0	NR	0	0	0
X. Other <please specify>	0	0	0	0	0	0	0

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

† NR = Non-reportable: results are not shown due to < 5 cases.

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The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

What does this information tell us?

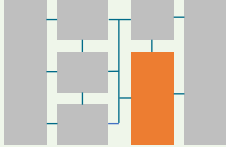
This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2020	329	
II. A Registrar’s investigation in working days in CY 2020	506	

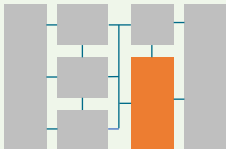
* Disposal Complaint:

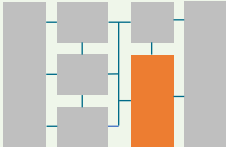
The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

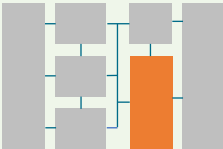
* Disposal Registrar’s Investigation:

The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		☒ Recommended	☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 12. 90th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. * The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested^ discipline hearing in working days in CY 2020	204		
II. A contested# discipline hearing in working days in CY 2020	n/a		
* Disposal: Day where all relevant decisions were provided to the registrant and complainant 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). ^ 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. # Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.			
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		☒ Recommended ☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	NR	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	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 = Non-reportable: results are not shown due to < 5 cases. Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology If College methodology, please specify rationale for reporting according to College methodology:		
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 ^{\$}	0	
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	0	
IV. Reprimand [^] and an Undertaking [#]	0	
V. Reprimand [^]	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 be equal and may not equal the total number of discipline cases. + Revocation of a 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 his/her ability to practice the profession. \$ 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 himself/herself 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. ** 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. ^ 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 his or her practice # An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee. NR = Non-reportable: results are not shown due to < 5 cases		
Additional comments for clarification (if needed)		