

College Performance Measurement Framework (CPMF) Reporting Tool



Reporting Year: January 2022 – December 2022

Table of Contents

Introduction 3

 The College Performance Measurement Framework (CPMF) 3

 CPMF Model 4

 The CPMF Reporting Tool 6

 Completing the CPMF Reporting Tool 6

 What has changed in 2022? 7

Part 1: Measurement Domains 8

Part 2: Context Measures 67

 Table 1 – Context Measure 1 68

 Table 2 – Context Measures 2 and 3 70

 Table 3 – Context Measure 4 71

 Table 4 – Context Measure 5 72

 Table 5 – Context Measures 6, 7, 8 and 9 74

 Table 6 – Context Measure 10 76

 Table 7 – Context Measure 11 78

 Table 8 – Context Measure 12 79

 Table 9 – Context Measure 13 80

 Table 10 – Context Measure 14 82

Glossary 83

Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

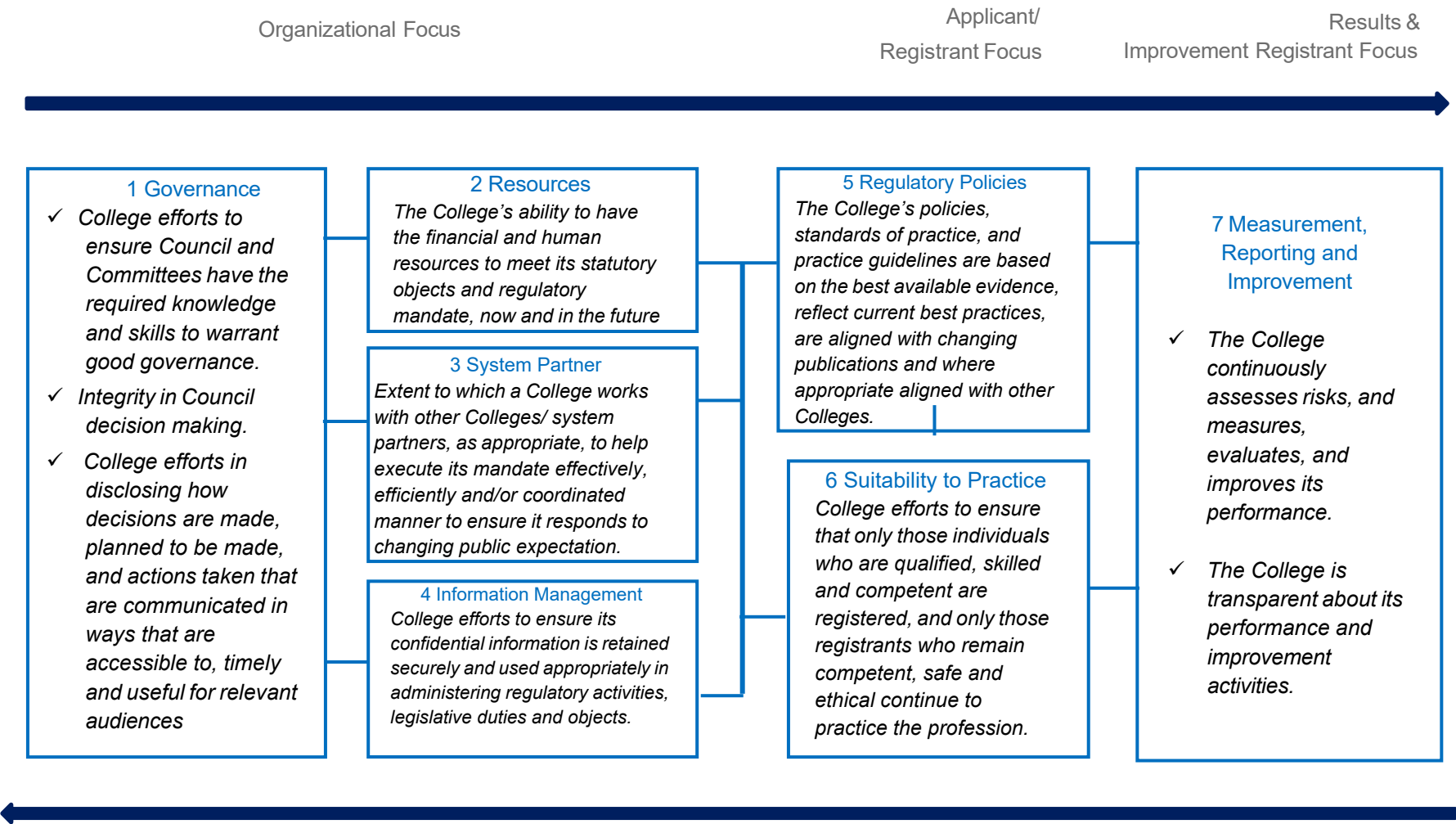


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published. For this reporting cycle, Colleges will be asked to report on:

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

Completing the CPMF Reporting Tool

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

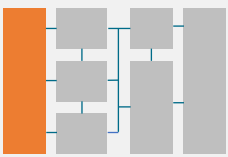
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

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

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

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.		
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response	
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and Benchmarked Evidence	The College fulfills this requirement:	Yes
			- The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> CRPO Council Competency Matrix Eligibility to Stand for Election Conflict of Interest Disclosure Time Commitment Guideline <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		ii. attending an orientation training about the College’s	The College fulfills this requirement:	Yes

		mandate and expectations pertaining to the member's role and responsibilities.	• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). The orientation training is comprised of a one-hour webinar (also available in other formats – see below) and self-study at the candidate's own pace to prepare for the competency questionnaire (knowledge test) prior to submitting their nomination. CRPO is committed to removing barriers for RPs who wish to contribute to the work of Council while ensuring that anyone standing for election meets competence and suitability criteria. Accordingly, the College developed multiple ways for interested RPs to complete the required orientation training. These include a live webinar presented by staff and two current Council members (presented in March 2022) as well as materials in audio, video and print format. After accessing the information from one of these sources, any RP who wishes to stand for election must complete and submit a questionnaire that tests their knowledge of the concepts presented. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. • written materials in accessible format • narrated video • CRPO Pre-candidacy Questionnaire	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Choose an item.	
			Additional comments for clarification (optional):	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	The College fulfills this requirement:	Yes
			• The competency and suitability criteria are public: Yes • If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. • CRPO Committee Competency Matrix (required for non-Council committee appointees) • CRPO Committee Composition Matrix • CRPO Discipline & Fitness to Practise Hearing Panel Competency Matrix	

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>		
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes	
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. New Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive initial orientation to the committee as well as participating in a 6-month long series of ‘touchpoints’ to ensure they are functioning effectively as committee members. Please see the New Council / committee member training schedule for details of this process. Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the ‘technical’ work before the new committee member observes a panel. Committee Chairs then provide a post-panel meeting remote* debrief as part of the orientation before the member attends their next meeting as an active participant. • Examination Committee Orientation • Quality Assurance Committee Orientation • Registration Committee Orientation • Inquiries Complaints and Reports Orientation Discipline Committee training is done through sessions provided by independent legal counsel and the Health Professions Regulators of Ontario. *College operations continue to be remote. Once CRPO returns to regular in-person meetings, committee members may receive a combination of remote and in person orientation training.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional):</i>		

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			- Duration of orientation training. Initial orientation is typically 3-hours of meeting time plus self-study at the member's own pace. - Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). The format of the orientation is a mix of: - self-study of materials prior to general Council onboarding 3 staff and Chair-led remote orientation sessions, culminating with completion of worksheets to assess knowledge Council orientation modules worksheet In addition to the above orientation to Council duties, public appointments also receive support in preparing for their work on the ICRC committee. This involves a remote meeting with senior staff and a learning module that provides an introduction to the profession. - Please insert a link and indicate the page number if training topics are public OR list orientation training topics. Council Orientation: CRPO 101 Everything You Need to Know About Being a CRPO Council Member: Part I Mandate and Legislation Everything You Need to Know About Being a CRPO Council Member: Part II Governance Roles and Structures Professional Practice Standards Psychotherapy Act, 2007 RHPA – Schedule 2, Health Professions Procedural Code Controlled Act Task Group Documents Summary article Bill 87: Protecting Patients Act	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
		Required Evidence	College Response
		a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 - Please provide the year when Framework was developed OR last updated. Since 2020, CRPO’s Council has been using a framework that includes meeting evaluation tools (for every Council, committee plenary and panel meeting), a Council effectiveness survey and an annual committee ‘renewal’ assessment (through the review of the terms of reference and work plan). In 2022, Council implemented the final components of the framework: an annual competence self-reflection to be completed by every Council member an annual competence evaluation to be completed by a committee chair and senior staff member for every Council member The combined results of the three (one self-reflection, two evaluations) will be used to develop a plan in February 2023 to support each Council member in competence development, as well as to inform ongoing training that will be provided to Council and committee members. - Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. May 26, 2022 Council Meeting Materials – Item 8.0 Evaluation Framework (related to final component) December 8, 2022 Council Meeting Materials – Item 3.8 Council Evaluation Framework - Evaluation and assessment results are discussed at public Council meeting: Yes <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> March 31, 2022 Council Meeting Materials – Item 4.0 Evaluation Framework: Annual Council Effectiveness Survey Report
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.	
		Additional comments for clarification (optional)	

		b. The framework includes a third- party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes - If yes, how often do they occur? A full external evaluation is scheduled, as part of the Council Evaluation Framework, for every third year. Additionally, all of the elements of the evaluation framework are supported by a third-party with expertise in governance and organizational performance. They attend Council to present the annual Effectiveness Survey each year and have also been engaged to provide coaching in delivering and acting on the individual Council member assessment results. - Please indicate the year of last third-party evaluation. The evaluation was completed in January 2023 with the report scheduled to be provided to Council in March 2023.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			- Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. January 27, 2022 Council Meeting Materials – Item 9.0 Evaluation Framework: Annual Effectiveness Survey March 31, 2022 Council Meeting Minutes – Item 1.0 Evaluation Framework: Annual Effectiveness Survey May 26, 2022 Council Meeting Materials – Item 8.0 Evaluation Framework: Annual Council Effectiveness Survey Report and Individual Competence Assessment Development June 23, 2022 Council Meeting Minutes – Item 6.0 Council Evaluation Project – documenting presentation from evaluation consultant December 8, 2022 Council Meeting Materials – Item 3.b. Council Evaluation Framework - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Council receives a quarterly report on the themes identified through the aggregate results of the 5-Minute Meeting Pulse evaluation that is completed after every Council, committee plenary and panel meeting. They also receive a report and education session to support understanding and making best use of the Annual Council Effectiveness Survey Results. These reports identify opportunities to support Council and committee members in developing competence. Training that was provided to the full Council in 2022 as a result of opportunities identified through the evaluation framework include: - Governance: Consensus building, January 27, 2022 - How the Consensus Process Works - System Partnerships: Public Protection and Stakeholder Relationships, May 26, 2022 - Discipline Proceedings: Understanding Joint Submissions, February 14, 2022 Training that was provided to individual committee members included: - Suitability to Practice: Discipline Orientation Workshops - Basic, October 14, 2022 - Advanced, November 4, 2022 - Suitability to Practice: Reasons Writing Workshop, October 7, 2022	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

		<i>Additional comments for clarification (optional):</i> The Individual Competence Assessment component of the framework was used for the first time in fall 2022. The goal of this component is to provide a useful evaluation and individual competence development plan for each council member. This assessment includes a knowledge self-assessment (based on the CRPO Council Competency Matrix, CRPO Committee Competency Matrix, CRPO Committee Composition Matrix, and CRPO Discipline & Fitness to Practise Hearing Panel Competency Matrix) and individual reflection, as well as a competence evaluation completed by a statutory committee Chair and a senior staff member. The results of the assessment will be delivered in individual meetings with each Council member, the Vice President and the Registrar and will be used to affirm positive attributes, to encourage reflection on where professional development is indicated and to direct staff and Chairs in providing ongoing educational support to individual Council members and to the Council as a whole.
--	--	---

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:		Yes
			- Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. CRPO is actively involved in the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. Our Registrar is a member of the HPRO Anti-Racism in Health Regulation project steering committee. This project has provided valuable information for our College to use in understanding current issues and training needs related to Diversity, Equity and Inclusion. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera highlighted the following recommendations related to the needs for ongoing training: - BE Thought Leaders: Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work. - TRAIN for the future: Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action. - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. CRPO's Council has been proactive in assessing its effectiveness and addressing opportunities for improvement through ongoing education with a view to building capacity to reflect evolving public expectations with respect to diversity, equity and inclusion. The following education was provided to all Council and non-elected committee members March 30-31, 2022: - Regulatory Policies: Trauma informed regulation - The Neurobiology of Trauma and the implications on memory, behaviour and trauma informed approaches to responding to complainants - Indigenous Trauma - Understanding Racial Trauma in Complaints of Clinician - Trauma within the Context of Intimate Partner Violence - Synthesizing learning through a regulatory lens Regulatory Policies: Bias workshop #3, June 23, 2022 - Mitigating Bias		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional):		

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			- Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number Code of Conduct Conflict of Interest	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			- Cooling off period is enforced through: By-law - Please provide the year that the cooling off period policy was developed OR last evaluated/updated. 2021 - Please provide the length of the cooling off period. The 'cooling off' period is one year. - How does the College define the cooling off period? - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; The requirement for a 'cooling off' period is established through by-laws by defining holding certain positions with a professional association as a conflict of interest. 16.03 – Conflicts Relating to Involvement with a Professional Association A member of Council or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its Committees at all if he or she holds a responsible position such as director, board member or officer in or is an employee of any Professional Association relating to psychotherapy. The 'cooling off' period is enforced through the eligibility for election criteria. 10.04 – Eligibility for Election (viii) the Member has resigned, no less than one year before the date of the election, any responsible position such as director, board member, officer or employee that the Member holds with a Professional Association relating to psychotherapy	

			Any RP proposing to stand for election to Council must attest that they do not have a conflict of interest in relation to a position or employment with a professional association. <u>Eligibility to Stand for Election – Candidate Attestation</u> – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. CRPO Council Meeting Materials September 21, 2021: By-Law Amendments
--	--	--	--

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u>	The College fulfills this requirement:	Yes
		i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. 2021 • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes Council members are expected to complete a conflict of interest worksheet and make a declaration prior to the meeting through the Council’s board portal. The Chair reviews conflicts of interest and asks Council members to make a declaration related to the agenda items at the beginning of every Council meeting. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. • December 8, 2022 Council Meeting Materials - - Conflict of Interest Disclosure Form and Worksheet	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			- Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. In 2019, CRPO adopted formal Regulatory Objectives. Regulatory objectives are specific and measurable efforts needed to achieve the goal of public protection dictated by the RHPA. Establishing and communicating regulatory objectives allows a regulator to demonstrate how the work they do is in the public interest. Stated objectives also support accountability within a right-touch approach: if an initiative cannot be measured against one of the objectives, it likely should not be undertaken. These objectives reviewed and validated in September 2022 and so continue to be used as the basis for ensuring that decisions are made in the public interest. In addition, Council adopted a briefing note template that includes an opening statement as to the public interest rationale of every item and decision being contemplated. This template is used for all Council meeting agenda items and is included in publicly posted material. - Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. Every issue brought to Council meetings is introduced by a briefing note that explicitly outlines the public interest rationale. See December 8, 2022 Council Meeting Minutes - - Briefing Note for Council for an example.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:	Partially
		<u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	• Please provide the year that the formal approach was last reviewed. 2022 • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. • May 26, 2022 Council Meeting Materials – Item 9 Risk Register Implementation • May 26, 2022 Council Meeting Materials – Item 9 Appendix: Notes on Risk Frequency	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (if needed)</i> The College continues to work toward a comprehensive, strategic approach to risk management. In identifying and addressing and opportunities and vulnerabilities that CRPO faces, Council and staff will be involved in framing risk management priorities. In 2023, the College will be further engaged in discussions of risk management, including adding in formal reporting on operational risks, establishing and articulating risk tolerance, continuing committee-level risk reviews and establishing more formalized reporting to Council. See Measure 14.2 for a detailed plan related to identifying, assessing and managing risk.	

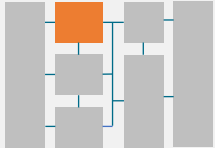
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 - Please insert a link to the webpage where Council minutes are posted. Council Meetings - Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. Updates on the implementation of Council decisions are included in meeting materials. Interested individuals can also request specific updates by email, as noted on the Council Meetings Policies and Guidelines page of the website.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		b. The 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 iv. matters or materials that will be brought forward to or affect Council; and v. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. • January 27, 2022 Council Meeting Materials – Executive Committee Report to Council • March 31, 2022 Council Meeting Materials – Executive Committee Report to Council • May 26, 2022 Council Meeting Materials – Executive Committee Report to Council • September 21, 2022 Council Meeting Materials – Executive Committee Report to Council • December 8, 2022 Council Meeting Materials – Executive Committee Report to Council	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		Measure: 3.2 Information provided by the College is accessible and timely.			
		Required Evidence			
		College Response			
		a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
			- Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Council Agenda Packages, Highlights and Meeting Minutes Council meeting dates are posted in the fall for the following full calendar year. Meeting agendas are posted two weeks in advance and full meeting material packages one week in advance of meetings. Materials from February 2016 forward are currently available.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
- Please insert a link to the College’s Notice of Discipline Hearings. Current Discipline Hearings					
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
		Additional comments for clarification (optional)			

Measure:		
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
Required Evidence	College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Partially
	- Please insert a link to the College’s DEI plan. Regulatory Objectives Fostering Excellence, Trustworthiness and Accessibility: CRPO Strategic Plan 2023 – 2026 CRPO’s current regulatory objectives provided the basis for a DEI plan; the strategic plan was written anticipating the development of a DEI strategy and plan once a DEI working group was established. - Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. December 8, 2022 Council Meeting Materials – Item 2.c DEI Working Group Appointments Diversity, Equity and Inclusion Working Group – Terms of Reference At its December 2021 meeting, Council approved the creation of a Diversity Equity and Inclusion Working Group (DEI WG) and directed staff to allocate budget and human resources to support this initiative. Council directed the Executive Committee, in their role as governance stewards, to oversee the work of establishing an approach that would provide a forum for CRPO to effectively engage with and be informed by registrants with lived experience of barriers that exist for racialized or members of other marginalized communities seeking to enter the profession, working in mental health and for clients receiving care. The Executive Committee and staff spent 2022 working with a proto-group comprised of 9 RPs with lived experience as regulated professionals and members of equity-deserving communities. This proto group developed terms of reference and participated, along with members of the Nominations and Elections Committee, in recruiting and recommending 15 RPs to be appointed to the DEI WG. CRPO’s Council is operating on the principle that a reliable and relevant way of soliciting and integrating perspectives of communities that face individual and systemic discrimination, barriers and inequities is needed for any relevant DEI plan. This direction will ensure that the CRPO’s work is informed by these disparities as a way of being able to address them. Accordingly, Council chose to wait until the DEI WG was comprised and engaged to make recommendations as to developing comprehensive regulatory and operational DEI plans.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes

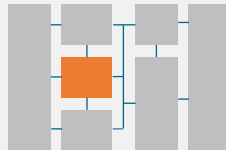
			<i>Additional comments for clarification (optional)</i> The DEI WG established at the December 8, 2022 meeting will convene in January 2023. The members will be tasked with undertaking an assessment of CRPO’s progress toward integrating and appropriately resourcing DEI initiatives. Once this has been completed, Council will look to the DEI to make recommendations for the development of a specific DEI strategy. CRPO is actively involved in the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that CRPO’s DEI WG will use in q1 of fiscal 2023 -2023 to support efforts to ensure we have a planned and resourced set of commitments to DEI, reflecting our particular needs. Specifically, we anticipate using the materials to evaluate our current strengths and gaps in q1 for action planning in q2 and 3 and beginning implementation during our annual planning activities at the end of q3.		
		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:		No
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
			<i>Additional comments for clarification (optional)</i> CRPO is actively involved the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The Registrar is a member of the steering for the HPRO Anti-Racism in Health Regulation project, which provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to enable a customized assessment of equity impact, reflecting our particular needs. Specifically, the DEI WG will be leading a based a preliminary assessment to identify priority areas for a more thorough review of strengths and gaps in q2 of fiscal 2023-2024, for action planning in q3-q4 and beginning implementation following that to close the gaps identified		

		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes - Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. January 27, 2022 Council Meeting Materials – Item 7.0 2022-2023 Budget June 22, 2022 Council Meeting Materials – Item 8.0 2022-2023 Budget Revisions September 21, 2022 – Council Meeting Materials – Item 7.0 Registrar's Report Appendix CPMF Update Strategic Planning Preparation Report - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. In preparation for the strategic planning session, Council was presented with an update on priority projects that were in progress or planned for the coming year. These were reviewed against the regulatory objectives and the CPMF standards to determine their suitability. Council agreed that the following initiatives were to be prioritized and directed staff to ensure that appropriate committee, staff, consultant and budget be allocated to ensure the availability of adequate resources. - Complete development of Council Evaluation Framework - Continue standards review - Develop and begin to act on Diversity, Equity and Inclusion strategy - Implement Regulatory Risk Register and use it to report to Council - Continue Registrant Management System implementation - Undertake trauma-informed review of core regulatory processes - Complete Quality Assurance Program enhancement project
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022
			Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. Executive Limitations Policy: Reserve Fund - Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. March 2021 - Has the financial reserve policy been validated by a financial auditor? Yes		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (if needed)		

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). <i>Benchmarked Evidence</i>	The College fulfills this requirement: Yes
			- Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Registrar and CEO Succession Planning - Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. December 8, 2022 Council Meeting Materials – Item 2.f Registrar and CEO Succession Planning Policy Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. 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).
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. December 8, 2022 Council Meeting Materials – Item 3.c. Cybersecurity Management Plan and Council and Committee Laptop Policy	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> CRPO strives for active engagement with other health regulatory colleges and system partners. The strategic plan developed by the College identified collaboration with system partners to contribute to better access to mental health services as a priority. Accordingly, over the course of 2022, CRPO worked to build on existing relationships among other regulatory and system partners to advance collective best practices and advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services. Health Profession Regulators of Ontario (HRPO) CRPO collaborates with and learns from other Ontario health regulatory colleges through HPRO. Specific engagement with HPRO included: - Membership in the Citizen Advisory Group – allowing access to consultations with an engaged and informed group of public representatives - Staff membership in regulatory practice groups (corporate services, registration, quality assurance, communications) - Staff membership in HPRO Investigations & Hearings network – allowing access to listserv resources and information sharing and meetings - Registrar attendance at HPRO Board and bi-weekly check in meetings	

	- Registrar member of HPRO Anti-BIPOC racism project steering committee - Staff attendance at CPMF working group meetings - Collaboration with other colleges whose registrants use applied behaviour analysis in their practice and may be affected by the decision to create a protected title for ABA practitioners - o Outcome: the ability to leverage work that was being done by other colleges through HPRO with the goal of incorporating best practices and increasing consistency in core regulatory functions. <u>Pan Canadian Psychotherapy Regulators Group</u> The Registrar chairs this group, which includes registrars from other regulated provinces and representatives from associations working toward regulation in yet-to-be-regulated provinces. Specific engagement included: - Collaboration with the Canadian Counselling and Psychotherapy Association to support efforts toward regulation in unregulated provinces - CRPO staff providing consultations on ‘lessons learned’ from the grandparenting process - Sharing of governance and core regulatory policies and resources - Completion of a comprehensive comparison of the entry-to-practice competency frameworks used across the country with a view to a shared review and revision effort in fiscal 2023 - 2024 - o Outcome: increased confidence in future labour mobility applications from newly regulated and yet-to-be regulated provinces. <u>Professional Associations</u> Staff and Council President hosted an annual meeting to update representatives of all psychotherapy professional associations Quarterly updates with representative from the Partnership of Registered Psychotherapist Associations and Ontario Society of Registered Psychotherapists and Ontario Association of Mental Health Professionals (OAMHP) - o Outcome: increased awareness of CRPO’s areas of focus, allowing associations them to better support members of the profession Staff presented at the annual association conference for the OAMHP, annual association conference for the Canadian Association of Marriage and Family Therapy, and at an education day for pastoral counsellors - o Outcome: increased awareness of CRPO’s areas of focus and regulatory specific professional development for attendees Cooperative efforts with the Ontario Association of Mental Health Professionals. Specific engagement included: - delivery of monthly Peer Circles to support registrants in being better able to make judgement about how to meet the standards of practice related to consent, confidentiality and information sharing - provided review of validated supervisor training under development by OAMHP - o Outcome: supported registrants in applying standards of practice and quality and availability of regulatory professional development offerings <u>Psychotherapy Education and Training Programs</u> Staff and the Registration Committee Chair hosted an annual meeting to update representatives of all psychotherapy education programs
--	---

	Staff made 10 presentations for education programs, reaching over 788 students at 8 schools ○ Outcomes: Students provided with direct access to CRPO staff; strengthened understanding of the clinical experience component of programs, providing support to students pre-application; programs aware of standards update, able to provide input <u>Government agencies</u> Office of the Coroner - Staff received and responded to report, planning specific advice to registrants directions on continuing education requirements ○ Outcome: will support RPs’ awareness of their duty to report children in need of protection. Canadian Institute for Health Information - Staff met with CIHI staff and agreed to provide aggregate data regarding registered practitioners. ○ Outcome: CRPO now providing comparable and actionable data to CIHI to make available to its stakeholders for the purpose of improving health system performance. Controlled Substances Directorate Health Canada – Staff met with the Director General and their team to discuss the status of psychedelic assisted psychotherapy research and regulation. ○ Outcome: CRPO better informed about this emerging modality and more prepared to provide appropriate guidance to registrants
--	---

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

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

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 6).*

Health Profession Regulators of Ontario (HRPO) as noted in standard 5, CRPO’s engagement with HPRO supports the development and maintenance of relationships with other colleges and stakeholders such as the Office of the Fairness Commissioner (OFC), the Ministry of Health, and the Financial Services Regulator - FSRA, who all use HPRO as a central conduit for sharing information.

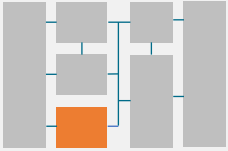
Membership in the Citizen Advisory Group (CAG), in particular, allows CRPO direct access to consultations with an engaged and informed group of public representatives.

- **Outcome: Carried out CAG consultations on two draft revised practice standards, on Unnecessary Treatment and The Complaints Process, receiving valuable perspectives from members of the public that will inform revisions to these standards.**
- **Psychotherapy Education and Training Programs** CRPO maintains an active relationship with education and training programs, particularly the 28 recognized / accepted programs, in order to regularly exchange information and address issues such as scope of practice in clinical experience placements. **Outcome: CRPO has access to timely information about issues faced by individuals seeking to enter the profession, informing registration related policy development and amendment (e.g., Clinical experience recognition, Clinical Experience for Registration Policy)**

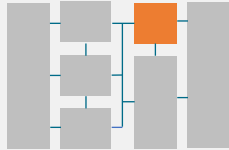
Professional Associations regular engagement with representatives from professional associations allows the regular exchange of information

- **Outcome: CRPO is aware of advocacy efforts and RP concerns and can provide useful information in timely communiques**
- January 19, 2022
- February 19, 2022
- March 15, 2022

	○ April 12, 2022 ○ May 17, 2022 ○ July 19, 2022 ○ September 20, 2022 ○ October 25, 2022 ○ December 20, 2022 <u>Targeted consultations</u> between September and December 2022 staff consulted with approximately 10 RP subject-matter experts, one law professor, one non-profit organization, three professional associations and the other psychotherapy-practising colleges regarding draft revised Professional Practice Standards and the Jurisprudence Manual. ○ Outcome: CRPO is better able to incorporate diversity of perspective and relevant best practices into the review and revision of the Professional Practice Standards.
--	---

		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
E C	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: Yes
			- Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. Privacy Policy (amended February 2021)
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
		<i>Additional comments for clarification (optional)</i>	

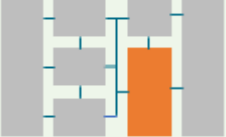
		ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
		Benchmarked Evidence	- Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. CRPO staff maintain a cyber-security risk management plan that considers the necessary creation, sharing and storage of information for the purposes of administering the RHPA, the Psychotherapy Act and related regulations. Elements covered by this plan include: - policies to address security, incident response, audit and review cycle, and insurance - staff training - remote access set up and management - email communications - work from home workspaces - hiring policies - Council, committee, and assessor technology access and support Additionally, CRPO uses a third-party provider to provide all Council and committee with a standard laptop to be used for all College business. The related operational policy (Council and Committee Laptop Policy) governs member and College obligations related to College information.	
			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).					
DOMAIN 5: REGULATORY	STANDARD 8	Required Evidence	College Response				
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2021, continues to meet in 2022</td></tr><tr><td colspan="2"> - Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). Policy Review Cycle approved March 2021 Triggers for policy review include: - evidence initiated review process that includes stakeholder feedback, legal review, research, practice of other regulators and professional associations, SME opinions and internal data monitoring / mining - time base review process requiring review within three years in the case of most policies (five years for practice standards) if not reviewed through the evidence-initiated process </td></tr></table>	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). Policy Review Cycle approved March 2021 Triggers for policy review include: - evidence initiated review process that includes stakeholder feedback, legal review, research, practice of other regulators and professional associations, SME opinions and internal data monitoring / mining - time base review process requiring review within three years in the case of most policies (five years for practice standards) if not reviewed through the evidence-initiated process	
		The College fulfills this requirement:	Met in 2021, continues to meet in 2022				
- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). Policy Review Cycle approved March 2021 Triggers for policy review include: - evidence initiated review process that includes stakeholder feedback, legal review, research, practice of other regulators and professional associations, SME opinions and internal data monitoring / mining - time base review process requiring review within three years in the case of most policies (five years for practice standards) if not reviewed through the evidence-initiated process							
Benchmarked Evidence	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.						

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback.	The College fulfills this requirement: Yes
			- Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. Standard Review Policy approved September 2021 The evidence-initiated review process outlined by the policy dictates that CRPO gathers evidence relating to standards on an ongoing basis. Evidence may be generated from a variety of sources, including but not limited to: - stakeholder feedback - legal developments - research articles - the practices of other regulators or professional associations - expert opinions - concerns raised by stakeholders (e.g., public, education programs, professional associations, government) - data from CRPO’s departments This College data (drawn from complaints and reports, discipline cases, Practice Advisory inquiries, Peer Practice reviews and concerns related to applications for registration) is regularly reviewed by staff and shared with Council through the risk register. See May 5, 2022 Council Meeting Materials- Item 9 Risk Register Implementation for the most recent comprehensive report to Council.
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
		<u>Benchmarked Evidence</u>	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Partially
			- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. CRPO works with Regulatory Objectives are used to define specific and measurable efforts needed to achieve the goal of public protection. The objectives include promoting equity, diversity and inclusion in the provision of psychotherapy services in the following ways: Objective #4 Promote equity, diversity and inclusion in the provision of psychotherapy services Discrimination that persists in the provision of health care and social services in Ontario creates barriers to access to mental health care. In particular, these biases can negatively affect individuals from racialized communities, those with low-income, the elderly, members of the LGBTQ community and those with mental illness. By engaging with the public, registrants and other stakeholders, CRPO works toward freedom from discrimination through the promotion of diversity and inclusivity in psychotherapy education and practice. Holding RPs to standards that respect the diversity and dignity of all persons ensures that they can competently and respectfully serve individuals and families from across the diverse spectrum of age, race, culture, background, sexual orientation and gender identity. Objective #5 Regulate to support the mental health system in being more accessible There is an increasing acknowledgment of the difficulties that many Ontarians face in accessing needed mental health services. CRPO is aware that barriers to access to care with RPs exist across the province for a variety of reasons. When considered in relation to ability to receive needed mental health services, the importance of the psychotherapeutic relationship and the benefits of continuity of care, these barriers constitute a risk of harm to the public. By effectively regulating RPs, CRPO ensures that qualified individuals are authorized and available to practice, that they maintain their competence and that any issues with competence or conduct are addressed promptly and appropriately. This allows stakeholders in the health care system to be confident in the quality of care provided by RPs and supports leveraging the growing number of RPs within the system broadly, resulting in improved access to appropriate continuity of care with providers and in the setting of choice. - Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. CRPO's Code of Ethics calls on registrants to "to respect the privacy, rights and diversity of all persons; to reject all forms of harassment and abuse; and to maintain appropriate therapeutic boundaries at all times." Professional Practice Standard 3.7 Affirming Sexual Orientation and Gender Identity establishes the requirement that registrants have adequate training, experience and supervision to provide services relating to an individual's sexual orientation or gender identity.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

			<i>Additional comments for clarification (optional)</i> CRPO is actively involved in the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within policies, guidelines, standards, etc. The Registrar is a member of the HPRO Anti-Racism in Health Regulation project steering committee. This project has provided valuable information for the College to use in ensuring that the principles and values of DEI are reflected in the care provided by the registrants of the College. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, including an inclusive approach to policy design with input from stakeholders who are members of equity-deserving communities. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College’s DEI WG will use in the next reporting period to ensure we apply a DEI lens in reviewing, developing and amending our practices, prioritized according to our particular needs. Specifically, we have identified priority Professional Practice Standards - which will undergo a comprehensive review and revision over the course of 2023 - for a more thorough review by the DEI WG and other stakeholders starting in q1 of fiscal 2023-2024.
--	--	--	---

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	The College fulfills this requirement: Met in 2021, continues to meet in 2022 - Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). Supporting Documents Checklist This checklist provides individuals with a clear path to submitting documents (e.g., transcripts/credential assessments, letters of standing) to support their application. An overview of the documents required for each application type is included on page 2 of the checklist. Clinical Supervisor Attestation Form Clinical supervisors or education program officials are required to complete and sign these forms, which are then uploaded by the applicant. Direct Client Contact Confirmation Form Employers, clinical supervisors, or education program officials must complete and sign these forms, which are then uploaded by the applicant. Clinical Experience Recognition Students of CRPO recognized programs that have been granted clinical experience recognition are not required to submit Clinical Supervisor Attestation Forms and Direct Client Contact Confirmation Forms. The programs provide confirmation directly to CRPO of the number of hours a student has completed. Statutory Declaration Form Applicants must submit a notarized or commissioned copy of this form, declaring that the information and supporting materials provided in their application are truthful, accurate, and complete. All staff processing registration applications receive training that includes, among other things, recognizing suspect educational credentials and using online plagiarism checking algorithms. Every application to CRPO undergoes at least a two-level staff review.

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

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement: - Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. - Please provide the date when the criteria to assess registration requirements was last reviewed and updated. Suitability to Practise Policy approved May 26, 2022 This policy provides clarity as to whether conduct is relevant to one’s suitability to practise psychotherapy. The policy aids the Registrar and the Registration Committee in making decisions as to whether an applicant’s or registrant’s conduct is relevant to their suitability to practise psychotherapy. The policy also informs applicants and registrants about what criteria will be assessed as it relates to conduct. Program Definition Policy reviewed May 6, 2022 This policy sets out the Registration Committee’s interpretation of the word “program” as used in Section 6(1)(1)(iv) of the Regulation and aids staff and panels of the Registration Committee in deciding whether applicants have met the education requirements for registration. This policy is also intended to provide potential applicants with a way to assess for themselves whether they have completed sufficient training in psychotherapy prior to submitting an application for registration. Program Recognition Policy approved November 5, 2020 CRPO’s recognition process allows graduates of a <u>recognized program</u> to know that the education requirements for registration will be met upon completion of the program. This policy aids program reviewers and members of the Registration Committee in deciding whether a program has met the requirements for recognition. This policy is also intended to assist programs in determining whether they are eligible for recognition. Clinical Experience for Registration Policy approved November 5, 2020 This policy clarifies what clinical experience the College considers adequate for acquiring and refining required entry-to-practice competencies. CRPO uses this policy to verify and approve clinical experience for registration purposes. The policy provides transparency to applicants and registrants who can use it to ensure their direct client contact and clinical supervision hours will meet expectations. Language Proficiency Policy reviewed January 27, 2023 This policy clarifies how reasonable fluency in English or French is demonstrated on an application and should enable applicants to determine whether they meet the language proficiency requirement. CRPO’s policy provides multiple ways for applicants to demonstrate they meet English or French proficiency required to ensure inter-professional collaboration, appropriate care in an emergency, and ability to maintain accessible health records. As of January 1, 2023, CRPO will accept tests that are approved under the <i>Immigration and Refugee Protection Act</i> (Canada).	Yes

			Please provide the date when the criteria to assess registration requirements was last reviewed and updated. Registration requirements are reviewed in accordance with the Policy Review Cycle. This requires review every three years, unless otherwise stipulated or unless a trigger event dictates earlier review. An update about the clinical supervision review was provided to Council at the September 21, 2022 meeting.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	- Please briefly describe the currency and competency requirements registrants are required to meet. Registrants in the Registered Psychotherapist category are required to maintain 750 currency hours of broadly defined activities related to psychotherapy on a rolling three-year basis. Inactive registrants also need to be mindful of their currency hours. If an Inactive registrant is short of 750 currency hours in the three years prior to requesting to return to active practice, their request may be referred to the Registration Committee. Registrants who have completed fewer than 750 currency hours in the previous three calendar years may be required to complete upgrading activities or undergo a peer and practice assessment. - Please briefly describe how the College identified currency and competency requirements. The currency requirement for Registered Psychotherapists is set out in section 8(1)(2) of the Registration Regulation. The 750 hour figure is based on extensive consideration by the Council regarding the minimum amount of practice necessary to maintain current competence in the profession. This reflects an average of less than five hours of practice (broadly defined) per week over three years. The College also considered the number of hours used for similar purposes by other professions with an analogous scope and complexity of practice and found that 750 hours over three years tended to be at the lower end of the range. Since the 750 hour requirement is on a rolling three year basis, if a registrant is short on hours one year they could make up the difference in the other two years. If a registrant is short on currency over the three year period, the Registrar can grant exceptions in exceptional circumstances if the registrant has demonstrated they have the knowledge, skill and judgment to practise psychotherapy in a safe and professional manner. - Please provide the date when currency and competency requirements were last reviewed and updated. The Return to Active Practice Policy was approved October 28, 2021. In applying to return to practice, registrants must complete a self-assessment and are encouraged to address any gaps in knowledge of the Professional Practice Standards that the assessment identifies.	

		Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. The initial application and annual renewal require 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.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)

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

Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Met in 2021, continues to meet in 2022
		- Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. 2021 Fair Registration Practices Report The OFC has placed CRPO in the low-risk category for the April 1, 2022 to March 31, 2023 assessment period. The OFC identified that there is no potential risk to fair registration after reviewing CRPO’s historical performance and information in response to forward-looking risk factors. CRPO is in the full compliance category with the objectives of the legislation. The OFC did not issue any compliance recommendations to CRPO in the last assessment cycle, which took place in July 2017, nor has the OFC written any since that date. - Where an action plan was issued, is it: No Action Plan Issued	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.	
		Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: Partially
			• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Choose an item. <i>If not, please provide a brief explanation:</i> There were no new or revised standards in 2022. CRPO began a comprehensive review of the Professional Practice Standards in 2022. The review was integrated with the enhancement of the Quality Assurance Program and included minor revisions to the Professional Practice and Jurisprudence handbook and learning modules. As part of the QA Program enhancement project, CRPO created a series of sample situational judgement cases that provide RPs with a chance to self-assess their knowledge of five priority standards. The CRPO Quality Assurance Assessment cases have been reviewed by 450 registrants.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes
			<i>Additional comments for clarification (optional)</i> The College’s Jurisprudence Module resources underwent a major overhaul to ensure they were up-to-date and to make them more accessible. The revised resources will be presented in q4 of fiscal 2022-2023. An updated JRP test (required of all applicants and available to any registrant who wishes to assess and improve their understanding of jurisprudence and the Professional Practice Standards) will be available in English and in French by q3 of fiscal 2023-2024. The work of reviewing and revising all of the standards will include consultation with registrants and other stakeholders (public, professional association, education programs, etc.) and will incorporate a DEI focus for some standards. These consultations will support the development of a plan to support registrants in understanding and implementing any required changes to their practice. Support will be made available after the completion of the review process, which is targeted for the end of q3 fiscal 2023-2024. Seven additional situational judgment cases will be prepared and made available to RPs in q1 fiscal 2023-2024 in preparation for the case-based assessment.

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .																						
a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;	The College fulfills this requirement:	Yes																				
	- Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. The priority areas of focus for the QA assessment are drawn from: Standards Section 1: Professional Conduct Standards Section 3: Client-Therapist Relationship Standards Section 2: Competence The specific areas of risk within these standards were reviewed by the Quality Assurance Committee using a risk register (risk frequency and risk severity) based on data as described below. Risk frequency is based on how often the issue arises within: - College committees (e.g., complaints, applications for registration) - Practice advisory inquiries - Stakeholder input (e.g., reports of ‘horizon’ issues or emerging risks) Risk severity is determined by reviewing: - Significance of outcomes (e.g., referring complaints to the Discipline Committee, refusing applications for registration) - The priorities of stakeholders (e.g., the public, government, registrants, Council and committees) The risk areas were used to develop a blueprint for the new Case Based Assessment (CBA). Registrants completing the CBA are presented with proportionally more cases corresponding to “high-risk” Practice Standards. <table><tr><th>Standard</th><th>Weight (%)</th><th>Number of cases selected</th></tr><tr><td>Section 1: Professional Conduct</td><td>29</td><td>10</td></tr><tr><td>Section 2: Competence</td><td>20</td><td>4</td></tr><tr><td>Section 3: Client-Therapist Relationship</td><td>21</td><td>6</td></tr><tr><td>Section 4: Clinical Supervision</td><td>11</td><td>3</td></tr><tr><td>Section 5: Record-Keeping and Documentation</td><td>12</td><td>5</td></tr><tr><td>Section 6: Business Practices</td><td>7</td><td>2</td></tr></table>		Standard	Weight (%)	Number of cases selected	Section 1: Professional Conduct	29	10	Section 2: Competence	20	4	Section 3: Client-Therapist Relationship	21	6	Section 4: Clinical Supervision	11	3	Section 5: Record-Keeping and Documentation	12	5	Section 6: Business Practices	7
Standard	Weight (%)	Number of cases selected																				
Section 1: Professional Conduct	29	10																				
Section 2: Competence	20	4																				
Section 3: Client-Therapist Relationship	21	6																				
Section 4: Clinical Supervision	11	3																				
Section 5: Record-Keeping and Documentation	12	5																				
Section 6: Business Practices	7	2																				

			- Is the process taken above for identifying priority areas codified in a policy: No - If yes, please insert link to the policy.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional)</i> Blueprint development will be revisited each year as new cases are created.	

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

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. The right-touch, risk-based approach directs that College and registrant resources be used in a way that is most likely to mitigate the risk of harm to the public without creating undue burden on the profession. As such, a case based assessment (CBA) has been developed and will be used to allow registrants to participate in a screening process to determine if their knowledge and understanding of the Professional Practice Standards is adequate for safe, effective, and ethical practice. The CBA screening will be required of registrants once every five years and will provide detailed feedback to assist them in determining if and how professional development activities should be used to take advantage of opportunities to develop their competence. CRPO worked with experts from Martek Assessments to create the plan and undertake the development work for the QA approach. The first phase of the process was to have the QAC participate in a workshop to: • review best practices related to the assessment of ongoing competence • identify potential factors that could undermine the validity of the processes and any remediation decisions made based on the assessment model • identify a path to enhance the fairness, defensibility and sustainability of the assessment process • determine how to provide more meaningful QA opportunities for registrants, while ensuring that College resources are appropriately focused on RPs who have been identified as having gaps in their knowledge, skills or judgement Over the course of the development of the CBA, 45 contracted RPs were involved as case writers, case developers, and answer sequencers. Eight professional and 3 publicly appointed members of the Quality Assurance Committee were involved in reviewing risk, approving case weighting and program policies. This approach ensured that the assessment being developed is informed by the perspectives of a diverse group of professionals representing a variety of psychotherapy modalities, communities of practice, and lived experiences. As part of a risk-based approach, it is important that registrants completing the CBA are presented with proportionally more cases corresponding to “high-risk” practice standards. Case weighting – the process of determining the percentage of cases on the assessment that should pertain to each section of the Standards, and on a more granular level, to each specific Practice Standard – was used to develop a blueprint that will ensure that the assessment is focused on appropriate Practice Standards. This approach (outlined above), which looks at risk frequency and risk severity, was applied to determine which Standards represent a higher risk of being breached.	

			- Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2022 and continues in 2023 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <i>Public</i> No (public appointees to Council who are members of the Quality Assurance Committee have been actively engaged in the process) <i>Employers</i> No <i>Registrants</i> Yes <i>other stakeholders</i> Yes
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			<i>Additional comments for clarification (optional)</i> During this reporting period, CRPO undertook a complete overhaul of the Quality Assurance Program (QAP) with a view to more effectively administering the assessment components in a manner that is aligned with risk-based, right-touch regulation. Consequently, all related policies, processes and tools were evaluated and revised to be based on the best available evidence, reflect current best practices and be aligned with changing public expectations. The revised policies will be published in q4 fiscal 2022 – 2023, the case-based assessment will be in full operation in May 2023 and the Peer Practice Review and coaching tools will be ready in q3 and q4 fiscal 2023-2024. Over the course of fiscal 2023 – 2024, CRPO will continue to evaluate the process using the results of the approximately 2,000 registrants who will be writing the two assessment sittings (one in May and the other in October). Demographic, practice history and accommodations data will be collected for both sittings and used, along with analysis of the results, to ensure that the program is effectively and fairly assessing risk.
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: Yes Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. Peer-assisted review will be the first line remediation activity required of registrants who demonstrate that they have gaps in their knowledge, skills or judgement based on the Case-Based Assessment. Peer-assisted review activities with a CRPO peer coach (assessor) may include a behaviour-based interview, a clinical records review, and supportive coaching. Registrants will be selected to participate in a peer-assisted review, in accordance with the following criteria: a) They score more than one standard deviation below the required score of 80% on their first attempt of the CBA and choose not to complete a second CBA. b) They score more than one standard deviation below the required score of 80% on their second attempt of the CBA.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			<i>Additional comments for clarification (optional)</i> The revised policies related to this will be published in q4 fiscal 2022 – 2023.

Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.		
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:
		Yes
		- Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. CRPO has compliance monitoring staff who are assigned to each registrant who has been directed to undertake remediation activities. Staff work with registrants to ensure that they understand what they have been directed to do, have access to the resources they require (e.g., a College-approved supervisor, professional development courses, etc.). The staff team also provides support to any registrant who requires an accommodation to complete the requirements. In this reporting period, staff monitored 55 ICRC cases (28 remained active at year end + 27 closed) 77 Registration Committee cases (52 remained active at year end + 25 closed) - Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. Compliance staff: - monitor remediation milestones (e.g., reports from College-mandated supervisors, successful completion of required courses, etc.) and conduct follow up if milestones are not met - report to department managers and Registrar as to progress through required remediation Once all elements have been completed or at the end of the remediation deadline, a final report is made to the Registrar who relies on the results of each of the required elements to confirm satisfactory completion of remediation activities. In cases where the RP is directed to write a reflection paper, the Registrar refers to the Reflection Paper Instructions provided by Conduct staff when the committee’s decision is shared with them. Any registrant not successfully completing an element the prescribed remediation will be reviewed and it is determined whether an undertaking to complete them is required, if an extension is warranted or if the matter should be referred for investigation by the ICRC.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (if needed)</i> Once the QA Program enhancement is completely launched, it will include a re-assessment for any RP who is found to have deficits in knowledge, skill or judgement through a QA process. The new right-touch, risk-based program was piloted in November 2022 and will be fully operational in May 2023.	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1		
		The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	College Response	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Filing a Complaint about a Psychotherapist If You Have Ever Been Sexually Abused by a Psychotherapist - Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. Staff are directed by a Formal Complaints Infrastructure: Procedure document that requires the review of a formal complaint form by next business day and response to the complainant to confirm receipt within two business days. Within the first week of receipt of the complaint, staff gather any previous communication with the complainant, complete a copy of the Complaint Risk Assessment Tool, screen for possible interim order and determine next steps for the investigation. Staff use a Redactions and Disclosure Checklist to ensure that all information is received and properly prepared before disclosure of information to registrants and complainants.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)		

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
		<i>Benchmarked Evidence</i>	• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. A Complaints Feedback Survey link is provided to registrants and complainants when every decision is issued. 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 provided in this initial email. Next, staff provide an "Initial Letter" to the Complainant within 14 days of receipt of the complaint. The letter includes: • 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, staff determine what information, if any, is disclosed to the complainant for reply. Confidentiality and safety concerns are reviewed carefully at this stage of the process. If the complainant is provided an opportunity to reply, a letter is provided to the complainant which explains that a response is optional. A Protocol for Recording Interviews is provided to complainants, registrants and witnesses prior to interview.	

			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). 97.5%	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

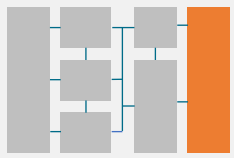
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please list supports available for the public during the complaints process. • The public can email or phone staff at any time throughout the complaints process and will receive a response within 5 business days. In the last year, CRPO expanded its Professional Conduct department to increase its capacity to offer timely and responsive support. • Wherever possible, CRPO will accommodate a request to speak with a male or female staff member. • You can bring a support person with you to an interview with CRPO staff or an investigator, or to a hearing. • Interviews can be booked outside of regular office hours to accommodate the witness’s schedule. • 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. • Translation services available for complainant preferred language. • CRPO recently obtained the services of a file sharing platform which allows for secure bi-directional file sharing. This provides a simplified solution for complainants to securely send staff complaint materials. • Designated staff at CRPO manage all formal requests for accommodation to ensure accessible services, information and communication to individuals with disabilities. Accommodation will be customized to each person according to their needs. 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). Client sexual abuse resources and other crisis resources are also available on the CRPO website.	

		The above approach has been codified and is monitored through a formal Process and Procedures for Contract Investigators. Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The support resources are available on CRPO’s website accessible at any time, particularly supports related to sexual abuse of clients. Supports related to participation in the investigation process are typically offered when the investigator makes initial contact with a potential witness. Staff are always available to answer questions, including prior to a formal complaint being submitted. Accommodation requests can be made at any point in the complaints process.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		Choose an item.	
		<i>Additional comments for clarification (optional)</i>	
Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.			
a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement: - Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. How to File a Complaint Complaints Form All parties can contact staff via phone or email and will receive a response within 3 business days. This is an improvement from previous years when responses would be guaranteed within 5 business days. - Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. 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 CRPO’s website. 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:		Yes

			• 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 whether 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 Information is available online for complainants to access at any point: • Before you Make a Complaint • After You File a Complaint • What if I Disagree with the Decision? • How Long Will This Take? • Confidentiality • Feedback About the Complaints Process Frequently Asked Questions are also posted to help provide information in a clear, accessible format: Should I file a complaint or a report? • Can you protect my identity from the psychotherapist if I make a complaint or report to CRPO? • Do I need a lawyer for the complaints process? • How long does it take for CRPO to make a decision on a complaint? • What is the purpose of the complainant replying to the psychotherapist's response to a complaint? • What decision is likely to be made regarding my complaint? A close captioned video is available to support complainants in understanding the process: • Filing a Complaint About a Registered Psychotherapist (video)
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			- Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. The ICRC uses a formal Risk Assessment Framework that was updated in February 2022. It is supported through the use of tools that include: - Internal Formal Complaint Risk Assessment - 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 - Staff consider a range of 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 - A tool used by ICRC to assess risk and evidence when making decisions about complaints and reports. - ICRC Outcome Checklist - A tool used by ICRC to determine specific details of proposed remedial outcomes (e.g. frequency of supervision sessions). - Internal procedure for files involving safety concerns - A procedure used to prevent privacy breaches and facilitate the safe disclosure of information in files where the complainant is not the client or where safety concerns have been identified. Identified files are flagged and coded accordingly. Any communication with parties involved in these files requires the review of two senior staff.	
			Please provide the year when it was implemented OR evaluated/updated (if applicable). 2022	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)		

DOMAIN 6:

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
DOMAIN 7: MEASUREMENT,	ST A	Required Evidence	College Response
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: No Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. CRPO is currently undergoing the development of a robust performance and evaluation framework associated with the risk register implementation, strategic plan priorities and efforts to comply with the CPMF standards. The Key Performance Indicators (KPIs) that will be developed will include process and outcome measures with the objective of ensuring that indicators are robust, rigorous and demonstrate correlation with the strategic objective.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes
		b. The College regularly reports to Council on its performance and risk review against:	<i>Additional comments for clarification (if needed)</i> See 14.2 a below.
			The College fulfills this requirement: Partially - Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. September 21, 2022 – Council Meeting Materials – Item 7.0 Registrar’s Report Appendix CPMF Update Strategic Planning Preparation Report May 26, 2002 Council Meeting Materials – Item 9 Appendix: Notes on Risk Frequency March 31, 2022 Council Meeting Materials – Item 4.0 Evaluation Framework: Annual Council Effectiveness Survey Report
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes
		iii. its risk management approach.	<i>Additional comments for clarification (if needed)</i> See 14.2 a below.

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Partially
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. • May 26, 2002 Council Meeting Materials – Item 9 Appendix: Notes on Risk Frequency • March 31, 2022 Council Meeting Materials – Item 4.0 Evaluation Framework: Annual Council Effectiveness Survey Report The Council’s current risk management approach includes a review of the risk register and Council effectiveness survey results on an annual basis, annual reporting of progress toward and quarterly Registrar’s reports and recommendations on additional risk issues. Through the Registrar’s report, the Council reviews metrics and other data related to: Finance, Human Resources, Communications, Registration, Practice Advisory Service, Quality Assurance, Compliance Monitoring and System/Stakeholder issues.	
	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> In Q4 of fiscal 2022-2023, the College’s Registration, Quality Assurance and ICR committees each reviewed their terms of reference, the 2023-2026 strategic plan and regulatory objectives as well as the risk register data report made in May to inform the selection of KPIs. CRPO is taking a practical approach so that development is contextual and iterative. The KPIs will be drawn from processes that are already in place or that can easily be adopted. Over the course of the year, upon review of the usefulness and relevance of the information they provide, the KPIs may be modified before being finalized for the following fiscal year. The proposed KPIs will be presented to the Executive Committee for the identification of governance related KPIs and discussion of operational measures. Following this review, the proposed set of initial KPIs will go to Council for approval at its March 29, 2023 meeting. Staff will undertake the work required to begin the collection and formal reporting on the KPIs starting at its June 2023 meeting. The KPIs will be integrated into risk register reporting at the September 2023 Council meeting.	

Benchmarked Evidence

Measure: 14.3 The College regularly reports publicly on its performance.			
	w	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		• Please insert a link to the College’s dashboard or relevant section of the College’s website. • Annual reports • Council Meetings – meeting materials, minutes and brief highlights • Annual Council Effectiveness survey results reports • Discipline hearings • Fair Registration Practice reports • Communiques • College Performance Measurement Framework reports	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

Part 2: Context Measures

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

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

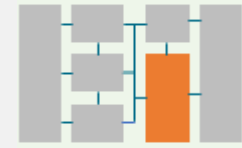
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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

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

-

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
i. self-assessment new registrant requirement	2178		
ii. self-assessment QA cycle requirements	2859		
iii. learning plan development	2859		
iv. learning record	2859		
v. Peer and Practice Review Level 1	NR		
vi. Peer and Practice Review Level 2	NR		
vii. Peer and Practice Review Case-based assessment	178		
viii. Peer and Practice Review modified (educational upgrading)	6		

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

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

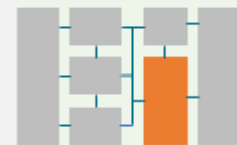
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2022	3037	27%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR	NR	
NR			
Additional comments for clarification (if needed)			
-			

Table 3 – Context Measure 4

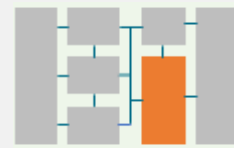
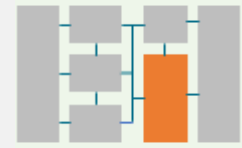
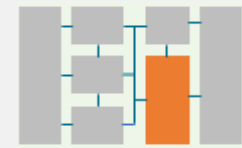
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.			
Additional comments for clarification (if needed) In light of the QA program project enhancement, the QAC deferred random selection of registrants to complete a Peer Practice Review pending the introduction of a risk-based, right-touch approach to identifying which RPs should undergo review. As a result, the committee did not issue directions to complete remedial activities in 2022. -			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations	What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	9	5%	0	0%	
III. Communication	NR	NR	0	0%	
IV. Competence / Patient Care	32	20%	NR	NR	
V. Intent to Mislead including Fraud	31	19%	NR	NR	
VI. Professional Conduct & Behaviour	59	36%	7	30%	
VII. Record keeping	11	7%	NR	NR	
VIII. Sexual Abuse	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	22	13%	NR	NR	
X. Unauthorized Practice	NR	NR	0	0%	
XI. Other <please specify>	0	0	0	0%	
Total number of formal complaints and Registrar’s Investigations**	76	100%	14	100%	

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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	75		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	27		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	14		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0%	
II. Formal complaints that were resolved through ADR	0	0%	
III. Formal complaints that were disposed of by ICRC	9	11%	
IV. Formal complaints that proceeded to ICRC and are still pending	12	15%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0%	

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

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	0	0	0	0	0	NR
II. Billing and Fees	NR	NR	0	0	0	NR	NR
III. Communication	0	0	0	NR	0	0	0
IV. Competence / Patient Care	27	NR	NR	7	NR	0	6
V. Intent to Mislead Including Fraud	12	NR	NR	NR	0	NR	NR
VI. Professional Conduct & Behaviour	47	13	NR	6	0	NR	6
VII. Record Keeping	NR	NR	0	0	0	NR	0
VIII. Sexual Abuse	0	0	0	0	0	NR	0
IX. Harassment / Boundary Violations	10	NR	0	0	NR	0	0

Table 7 – Context Measure 11

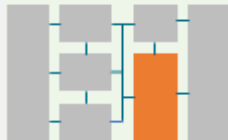
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2022	319	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2022	388		
Disposal			
Additional comments for clarification (if needed)			
-			

Table 8 – Context Measure 12

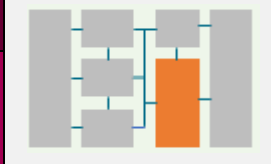
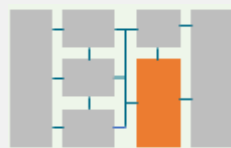
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2022	448	
II. A contested discipline hearing in working days in CY 2022	N/A	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed) -		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



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

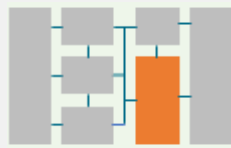
If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		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	0	
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	0	

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

[NR](#)
Additional comments for clarification (if needed)

Table 10 – Context Measure 14

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

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)