

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

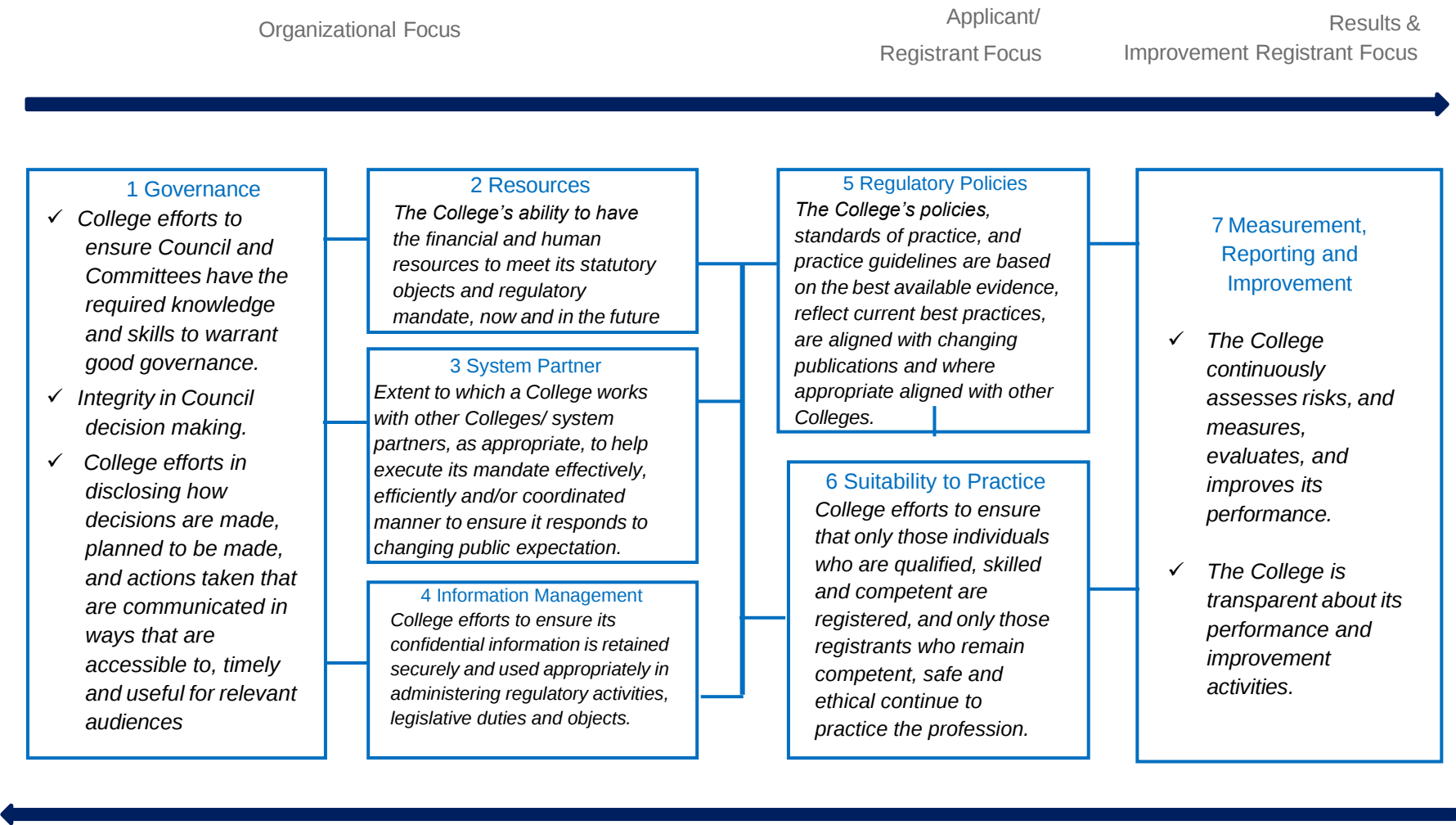


Figure 2: CPMF Domains and Standards

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.

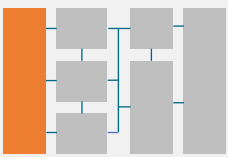
What has changed in 2022?

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.

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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 If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. The COTO Board Competency Framework was developed and approved in 2021 and represents the optimal mix of skills, expertise, and experiences that Board Directors should possess to ensure that the Board can carry out its strategic objectives. The Framework also recognizes that the Board and its Committees need to reflect the diverse populations that use occupational therapy services in Ontario. This diversity includes culture, gender, race, age, geographical setting, and practice setting. As part of the elections process to the Board, registrants are asked to highlight in the position statement the skills and experiences that they bring as they relate to the Board Competency Framework. Suitability Criteria for Elected Directors can be found in College bylaws under Section 5.03.1 (p.14). In 2021, COTO expanded the suitability criteria to include a three-year cooling-off period for any registrant who sits or is an employee of an association from sitting on the board. In addition, any registrant considering running for elections must complete the online orientation module prior to submitting their application. 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.

R		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. Duration of orientation training: As part of their eligibility, all candidates for election must complete the College’s interactive pre-election module, approximately 45 minutes – 1 hour in duration. The module provides the essential information about the College, our mandate and the roles and responsibilities of Board Directors. Click here to access the module. In addition, newly Elected and appointed Public Directors undergo a half-day training session prior to their first Board meeting with the College Registrar and Board Chair. They also attend orientation prior to attendance at any committee meeting. The Board undergoes a half-day training session annually. In addition, a portion of each Board meeting includes education or additional training sessions that the Board identifies as learning priorities. Format of orientation training: Board orientation is done in-person or in a virtual platform, facilitated by College staff and Legal Counsel and/or staff. List orientation training topics: Introduction to Regulatory Framework Public Interest Roles and Structures Role of the Board Role of individual Board Directors Rules of Order Fiduciary Duties Code of Conduct Confidentiality Conflict of interest Human Rights and the Ontario Human Rights Code Bias Diversity, equity, and inclusion Risk Management Finance (how to read financial statements) Current issues of the College Strategic Plan	
			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>	
		b. Statutory Committee candidates have:	The College fulfills this requirement:	Yes
		i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	- The competency and suitability criteria are public: Yes - If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. The Board approved the Committee Competency Framework for all statutory and non-statutory committees in June 2021. As Board Directors sit on College committees, the Committee Competency Framework builds on the Board Competency Framework. All committee members are expected to demonstrate key attributes, and to collectively represent diverse perspectives and backgrounds (this includes professional diversity, regional diversity, age diversity, cultural and gender diversity). Suitability criteria for Committee candidates can be found in College bylaws under Section 12.01.1 for Professional Committee Appointees, and under Section 12.02.1 for Community Appointees (p.27). When appointing a Board Director to committees, the Governance Committee considers the Director’s skills, experience and commitment and recommends appointments to the Board based on the competencies required by the Committee. The recruitment of Professional Committee and Community appointees is undertaken by each Committee and results in recommendations to the Board for committee appointments. Each committee recruits appointees considering the competencies, skills and experiences that are unique for that committee, which is available on the College website when committee vacancies are posted. In January 2023, as part of their continued governance modernization efforts, the Board approved the creation of a Nominations Committee, which will be arm’s length from the Board, and made up of Community Appointees (no Board Directors or Professional Committee appointees). Their role will be to undertake the screening of committee candidates including having a more robust screening process which would include reviewing and evaluating committee candidates and determining if they have the suitable skills, knowledge, experience, and competencies. They will be recommending the composition of committee members and committee chairs to the Board for approval. The College anticipates the Nominations Committee will be up and running by June 2023.	

			<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: • 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. Duration of orientation training: Each new Professional or Community appointee attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day. The College is in the process of developing an online orientation module for committee applicants that will be ready in 2023. This will be in addition to training Directors and Committee members will receive post election/appointment. Format of orientation training: Committee orientation is done in-person or in a virtual platform, facilitated by College staff and Legal Counsel and/or staff. List orientation training topics: Individual statutory program requirements (include program requirements, legislative and regulation requirements, terms of references and powers of the Committee as well as review of individual program policies and procedures) Public Interest Fiduciary Duties Code of Conduct Confidentiality Conflict of interest Diversity, equity and inclusion Human Rights and the Ontario Human Rights Code Accommodations Bias Decision writing Current issues and risks facing each Committee	Yes

			In addition, all members appointed to the Discipline Committee must complete Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO).	
			<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. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. Duration of orientation training: New Public Directors must complete the College’s interactive orientation module, approximately 45 minutes to 1 hour to complete. The module provides the essential information about the College, our mandate and the roles and responsibilities of Board Directors. Click here to access the module. In addition, Public Directors undergo a half-day training session prior to their first Board meeting. They also attend orientation prior to attendance at any committee meeting. In addition, as the Ministry has now instituted a governance training course for Public Directors, there will be an expectation that all public appointments maintain currency of this training. Format of orientation training: Orientation for Public Directors is done in-person or in a virtual platform, facilitated by the College Registrar and Board Chair. List orientation training topics: Introduction to Regulatory Framework Public Interest Roles and Structures Role of the Board Role of individual Board Directors Rules of Order Fiduciary Duties Code of Conduct Confidentiality Conflict of interest Human Rights and the Ontario Human Rights Code Bias Diversity, Equity and Inclusion Risk Management Finance (how to read financial statements) Current issues of the College Strategic Plan In addition, any new Public Director appointed to the Discipline Committee must complete Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HRPO).	
			<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>
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		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. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> Year the framework was developed or last updated: 2021 Insert a link to Framework OR link to Council meeting materials where framework is found and was approved: January 2022 Board meeting (p.146). Evaluation and assessment results are discussed at public Council meeting: March 2022 Board Meeting (p.223).
		<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 framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes <i>If yes, how often do they occur? Once every three years</i> - Please indicate the year of last third-party evaluation. 2019 The College undertook a full governance review by a third-party consultant in 2019 and began working on implementing the recommendations and incorporating governance changes ever since. Moving forward and built into Governance Committee workplan for 2023, the Committee will consider proposals for a third-party evaluator to assess Board effectiveness once the elements of the College’s revised governance modernization plan are in place.	
			<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. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Link to documents outlining how outcome evaluations have informed training: January 2022 Board meeting (p.136) The Board approved the Skills Matrix tool that is used to assess the overall composition of the skills and competencies of the Board related to the Board Competency Framework, with the results being reported to the Board at its January meeting. The tool plays a key role by helping to identify gaps among the current Board and identify future Board training and development. The results and feedback are collated and shared with the Governance Committee and shared with the rest Board. This targeted training is in addition to the annual training received by Board and Committee members. Additional training the Board received in 2022 include: • Risk Management by Richard Steinecke (January 2022) • How to Read Financial Statements by College Director of Finance (June 2022) In addition, after each Board and Committee meeting, and as part of annual Director and Committee members self-evaluation, there is an opportunity for Directors and Committee members to identify their own individual development and education interests. Members in the past were asked to complete this survey anonymously. As part of the College governance modernization efforts, the Board agreed at its October 2022 meeting (p.80) with the Governance Committee’s recommendation in removing the anonymity of all Board and Committee evaluations beginning in January 2023.	
			<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>	

		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: • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Since 2020, the College has continued to make a strong commitment to diversity, equity, and inclusion and aims to reflect this commitment across our regulatory processes, policies, practices, and organizational culture moving forward. In March 2022, the College publicly restated its DEI commitment on its website: Over the course of the year, the College conducted all-staff training sessions with a subject matter consultant and an external human resources (HR) review to inform next steps for HR planning. The Board of Directors also received diversity, equity, and inclusion education through a dedicated session. Greater awareness and knowledge across all staff and Board members will help to implement appropriate actions. The Board and College staff have recognized the need to review College materials to ensure content and messaging is inclusive and reflective of College values. The College continues to contribute to the Health Profession Regulators of Ontario’s Anti-Racism Working Group. The College furthered its commitment to diversity, equity, and inclusion by establishing two new registrant panels on Indigenous insights and equity perspectives. These panels have provided valuable input on multiple initiatives, including: • Culture, Equity, and Justice in Occupational Therapy Practice; • Development of the new Standards for Practice; and • Scenarios for the Competencies for Occupational Therapists national eLearning module The development of the new resource Culture, Equity and Justice in Occupational Therapy Practice was a significant achievement touching on all key areas of focus. Finally, in January 2022 the College Board received an education session relating to risk management to improve understanding of effective management of internal and external risks and operational challenges.	Yes
			<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>
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DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes
			- Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. - Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. Year when Code of Conduct and Conflict of Interest policy was last evaluated/updated: 2021 Given public expectations the College’s Code of Conduct for Board and Committee members now consists of a set of four values and the principles that apply to them. One of the new values that was added in the current version includes diversity and inclusion. The Conflict of Interest policy was updated to include which types of relationships potentially represent conflict of interest and thus need to be disclosed. In addition, all Board Directors must attest in writing that they do not have a conflict of interest to declare prior to each meeting and that written attestation is included in all Board meeting materials.
			<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. 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. Links to Code of Conduct and Conflict of Interest 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>	
		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. - Please provide the length of the cooling off period. - How does the College define the cooling off period? - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR - Where not publicly available, please briefly describe the cooling off policy. Year that the cooling off period was developed OR last evaluated/updated: 2021 Length of the colling off period: three years College defines cooling off period in College bylaws. Under section 5.03 (Eligibility for Election, p.14), subsection 5.03.1(i) states that a registrant is eligible for election if: "... not at present nor has been at any time within the three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association".	

			<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. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. Year conflict of interest questionnaire was implemented OR last evaluated//updated: 2021 A focus on Director expectations regarding conflict of interest is part of the annual orientation and includes information on regulatory requirements and various scenarios to support Directors’ understanding of these expectations. All Board Directors are asked to review and complete the conflict-of-interest questionnaire on an annual basis. In addition, prior to and before the start of every Board meeting, the Chair will ask Directors to declare any conflicts of interest based on agenda items and any conflicts are recorded in the minutes and managed accordingly (January Board meeting , p.4).	
			<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>	

Board		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. • 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. All briefing materials include a rationale to explain why the matter for discussion is in the public interest. The content of each briefing reinforces the connections of the matter to the College’s mandate and Board’s role. This includes providing the necessary context and background to support the Board’s decision-making and understanding of any key considerations that must be included to demonstrate the item as a matter of public interest (October 2022 Board meeting, p.53).	
			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)	

		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:	Yes
		<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. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. The College’s Risk Management program was officially established in 2018. Since then, it has been reviewed and occasionally changed with respect to processes and oversight. Any new risks are evaluated and added to the risk register and integrated into the development of our annual operating initiatives if needed. The Executive Committee oversees the Risk Management Program and ensures the Board is informed about evolving risks. Any risks identified as high or critical risks in each quarter are brought forward to the Board (see October 2022 Board meeting, p. 67). In 2022, it was further clarified in each committee’s terms of reference, that all committees review risks related to the mandate of their committees and take the necessary steps to ensure they are managed.	
		<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>		

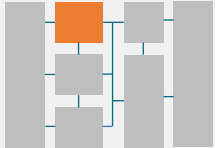
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials 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. - 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. Link to College website where Board minutes are posted. Status updates on the implementation of all Board decisions are provided in the Board meeting materials. Click here to see an example from the October 2022, Board meeting (p.15).
			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 matters or materials that will be brought forward to or affect Council; and iv. 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.		
			For each Board meeting package, the College posts minutes of Executive as well minutes from all its Board Committees (Governance, and Finance and Audit). Click here to see the Executive Committee minutes from the March 2022 Board meeting (p.27).		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (optional)					

Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	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. Click here to access past Board meeting materials.	
	<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. 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. Click here to access the College's Notice of Discipline Hearings.	

			<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:		
		3.3 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:			Yes
	• Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.			
	Click here to access highlights of the College’s work related to diversity, equity, and inclusion in 2022.			
	At the January 2023 Board meeting (p. 165) the Board received the College’s Diversity, Equity and Inclusion plan which sets out how the College will address diversity, equity and inclusion both as an employer and as a regulator. The Centre for Global Inclusion’s Global Diversity, Equity and Inclusion Benchmarks: Standards for Organizations Around the World will be used by the College as a guide to inform the strategic and operation plans for the next three years.			
	<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 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:		Yes
			• 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. At the October 2022 Board meeting (p. 82), the Board approved the adoption of the Ministry of Health’s Health Equity Impact Assessment tool to assist the College in integrating equity considerations into new initiatives and more detailed planning. The College has facilitated two groups of occupational therapists: an equity seeking group of occupational therapists, and an Indigenous group of occupational therapists who have been providing valuable insights into our initiatives and their impact on diverse groups. Beginning in 2023, all Board and Committee briefing materials include a section on diversity, equity, and inclusion considerations to assist the Board and Committee members to better inform decision-making.		
			<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>		

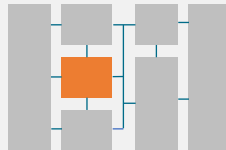
		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes
			- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. A new Leadership Outcomes document was developed in 2020 by the Board to set the strategic priorities of the College for the next three years from 2020-2023. In March 2022, the Board approved an extension of the strategic priorities for another year. Each year, following the reaffirmation of the strategic priorities defined in the Leadership Outcomes, budget allocations are made based on projected work for the year in every area of the College. The operational plan priorities for the following year are presented to the Board. These planned priorities outline the College's annual commitment towards the Leadership Outcomes, which form the foundation for the development of the budget, which is then followed by budget approval. A link to the June 2022 Board meeting includes a discussion about the activities or projects to support the strategic plan (p.76) that include the 2022-23 annual operating budget that is brought forward by the Finance and Audit Committee to the Board for approval. The budget outlines the associated costs of each of the College's programs and activities to support the College's strategic plan. Click here to access the Leadership Outcomes report for 2022.
			<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: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. Has the financial reserve policy been validated by a financial auditor? Yes The College’s Finance and Audit Committee has the oversight responsibilities relating to financial planning and reporting. Several financial planning and budgeting policies were updated and brought forward to the Board for approval at the June 2022 Board meeting (p.82), including the Establishing and Maintaining Reserve Funds policy (p.88).	
			<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>	

		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. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The Board considers the annual operating budget developed by staff and recommended by the Finance and Audit Committee which is tied to the strategic plan and the human resources required to support the delivery of strategic outcomes (June 2022 board meeting, p.76). This includes budgeting for all current and projected staffing needs and assessed by the Finance and Audit Committee. Additionally, the College has a practice of completing organizational reviews periodically, as the environment changes. Several financial planning and budgeting policies were updated and brought forward to the Board for approval (June 2022 Board meeting, p. 83). This includes the Financial Planning and Budgeting policy which outlines the requirements for the budget submitted to the Board, and includes language related to planning for an appropriate balance between human and financial resources in meeting the College’s strategic objectives.	

			<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>
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		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. The College data and technology plan was presented to the Board at the March 2020 meeting, p. 47-73. The College’s enterprise system project development and implementation is currently underway and until the project is completed it is included on the College’s risk management report (October 2022 board meeting, p. 69). The new enterprise system will allow for increased digitization, by facilitating the use of paperless files for registrants as well as improve work flows to increase efficiencies for the College and therefore improved service to the public and applicants/registrants. The College regularly trains staff on cybersecurity measures and has completed penetration testing, for example, as one preventative measure.	
			<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> Active engagement with system partners and other health regulatory colleges are central to the work carried out by the College in 2022. System Impact is one of the four elements of the College's strategic priorities, and this includes the College being a collaborative, effective regulatory leader. To achieve a positive system impact, the College will continue to develop open and collaborative relationships that promote system alignment, collaboration and share best practices. The following highlights some of the various strategies employed by the College during the current reporting period to engage with system partners and the results of those engagements. <u>Shared Regulatory Opportunity for Learning and Exploration of Diversity, Equity, and Inclusion</u> In the fall of 2022, the College partnered with the College of Physiotherapists of Ontario and other regulatory health colleges to provide a workshop series with Future Ancestors to explore diversity, equity, and inclusion in the workplace and within the therapeutic relationship. This was two-part workshop series for participants to build their capacity in critically articulating their worldviews and the consequential relationships with work and self. Participants had the opportunity to more effectively and ethically contribute to	

fostering anti-racist workplaces and relationships. Key concepts explored in the workshop series included worldview, intersectionality, identity, (micro)aggressions, bias, and critical self-reflection. The opportunity was shared to registrants with significant uptake. The initiative provided additional resources and perspectives reflective of the College’s commitment to [Culture, Equity and Justice in Occupational Therapy](#).

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

This national group works together throughout the year to advance excellence in occupational therapy regulation across the country. This is critical for labour mobility and provides economy of scale for national initiatives. Highlights in 2022 include:

- **Substantial Equivalency Assessment System** - This a national system to assessment competencies of internationally educated occupational therapists. This program is closely monitored and supported by each province. COTO supports this system by working on the national oversight committee and managing the human resources of the program. This year we worked together to implement a new gap filling program for internationally educated OTs (IEOTs) in partnership with the University of Alberta occupational therapy program. This program was developed, pilot tested and delivered for IEOTs within this calendar year. The work on this program ensures a consistent, high-quality assessment for IEOTs with appropriate follow up supports as necessary. This is critical for health human resources.
- **National E-Learning Module** - New competencies for occupational therapy practice were developed and released in December 2021. Through ACOTRO and in partnership with all provinces, an e-learning module was developed and implemented in English and French for all OTs across the country. This was the first national module developed by ACOTRO. COTO heavily sponsored this project and provided expertise and project management. All OTs in Canada will have access to the same competencies, and this promotes consistent high-quality service for the public. The competencies will be used by universities to develop curriculum and the exam provider to update the National Certification Exam for OTs.
- **Remote practice discussions** – Discussions were held through ACOTRO to forward an agreement that would support OT practice that uses electronic means to deliver service remotely. This promotes appropriate services that are still accountable through regulation, without requiring registration in multiple jurisdictions. COTO allows OTs registered in another Canadian jurisdictions to practice remotely with clients in Ontario without needing to also register in Ontario. A national agreement has been worked on and should be available in spring 2023.
- **Language Assessment Changes** – Due to government requirements to use specific federal language tests for registration decisions, the College worked with ACOTRO to set appropriate scores for the profession that will be used nationally. In addition, ACOTRO partnered with the profession of Physiotherapy to gain economies of scale to complete this work. Use of this language assessment process is intended to reduce barriers for those needing an assessment of their language skills in order to work safely in Canada.
- **Work with Veterans Affairs Canada** – Through ACOTRO a memorandum of understanding has been developed and maintained that outlines appropriate registration for OTs working for this national service. This ensures that all who work for this organization are clear about regulatory obligations and are not over regulated – that is, not registered in multiple jurisdictions when that is not needed.

Health Profession Regulators of Ontario (HRPO)

The College collaborates frequently with other health regulatory colleges through HPRO, which is a collaborative group of health regulatory colleges across the province. Over the past year we have been a contributor through their regular meetings as well as through various working groups that addressed common issues such as the ongoing COVID-19 pandemic, Governance, Practice Advisors, and Diversity, Equity, and Inclusion. COTO supports this group through leadership on the management committee and at the Board level. Where possible, opportunities to leverage existing efforts are explored and the College often shares resources and practices with, and learnings from other Colleges to

	achieve consistency in our regulatory function. For example, the COTO practice team worked with the other HPRO colleges to develop guidance related to service delivery during the COVID pandemic including guidance documents for occupational therapists working in school health. <u>Creation of an e-learning module for Board, Committee and Staff members</u> The College participated in a collaborative working group with 5 other regulatory colleges (Dentists, Physiotherapists, Kinesiologists, Engineers, Registered Psychotherapists) on the development of an e-learning module for prospective Board members. The College of Physiotherapists shared its e-learning module for use as a foundation. The College worked with the group to outline expectations and share potential content on what could be included in an online orientation program. In 2022, the College worked to customize and build its own e-learning module. The e-learning module was implemented for all prospective Board members in late 2022 and is to be expanded for use for Committee appointments and in onboarding College staff in 2023. Successes and lessons learned are being shared with the collaborative group. <u>Responding to evolving practice: Occupational Therapy Behavioural Techniques</u> The College of Psychologists of Ontario (CPO) has been working with the Government of Ontario toward proclamation of the Psychology and Applied Behaviour Analysis Act, 2021, since 2019. The College participated in a collaborative working group with 4 other colleges (Social Workers and Social Service Workers, Speech Language Pathologists and Audiologists, Early Childhood Educators, and Nurses) whose registrants may all use behavioural techniques in their practice in the public domain. The Group is working together to provide common information and data collection with regards to understanding the distinct scope of practice of the profession of ABA; the proposed restrictions on the use of the title “Behaviour Analyst”; and prohibitions of non members of CPO from “holding out” as qualified to practise as Behaviour Analysts. The common approach is to be implemented in early 2023.
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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 7).*

Developing Standards of Practice for Occupational Therapists in Ontario

In 2022, the College continued a multi-step project to update the Standards of Practice for Occupational Therapists in Ontario. Engagement with system partners included:

Registrants: Approximately 300 College registrants who work in various practice settings participated in the survey in June 2022. Registrant feedback rated their understanding of the updated standards, identified any gaps, and provided feedback on how to improve the standards. Their input aided in the development of an accompanying resource with practice scenarios to help occupational therapists determine how the standards apply to their practice.

Public: The updated Standards of Practice went out for public consultation in June 2022 and were revised following the feedback received. Learning from the Citizen Advisory Group was incorporated into the development of the document, including the use of plain language.

Professional Association: The updated Standards of Practice went out to the Ontario Society of Occupational Therapists in June 2022 and were revised following the feedback received. Specific feedback from system partners about individual Standards emerged and the Practice Committee acted on feedback to modify the standards related to: Psychotherapy, OT Students and Occupational Therapy Assistants; Practice guidance development; Modernization and plain language; and Definitions of new terms.

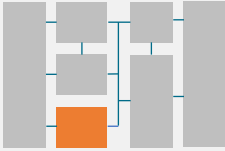
The Standards of Practice are principle-based and now incorporate the Competencies for Occupational Therapy Practice in Canada. The updated Standards of Practice will be implemented by June 2023 and will clarify the minimum expectations for the evolving practice of occupational therapists in Ontario and for the public, occupational therapists and other interested parties.

The College engages with many partners to ensure our regulatory work is of high quality and involves relevant system partners. Examples of this engagement are:

Citizen Advisory Group (CAG) – Any policies that relate to the public receive input from this group. In 2022 the College developed a rights and responsibilities document developed for our patient audience, that received input via the Citizen Advisory Group. Planned release of this document is later in 2023. In partnership with other Ontario Colleges including Nurses, Dental Surgeons, Massage Therapists and Physiotherapists, the College engaged the advisory group on the subject of “Stakeholder Engagement and Building Inclusive Collaboration”, we learned what citizens want to know from Colleges, how they want to hear the information, how to have patients and families involved in the College’s work; and about what topics citizens are most important to engage with in discussion. The Citizen Advisory Group was consulted regarding proposed revisions to the College logo to enhance public understanding of the public protection role of the College, specifically the addition of the tag line

	'regulator of occupational therapists in Ontario'. A subset of CAG provided valuable input to inform and support the change. CAG input was brought forward to the College Board (October 2022 p.89), resulting in approval of the proposed change. The revised College logo was launched in early 2023. HPRO – as noted in standard 5, the College engages with HPRO to establish and maintain relationships with other colleges and stakeholders such as the Office of the Fairness Commissioner (OFC), the Ministry of Health, and the Financial Services Regulator who all use HPRO as a central conduit for sharing information. The Registrar is active on the Executive of HPRO and managers all engage with HPRO committees, including; the Quality Assurance Working Group, the Investigations and Hearings Group, the Diversity, Equity and Inclusion Working Group, the Practice Group, as well as any ad hoc groups that arise. Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) – The partnership is crucial for the ongoing delivery of the Substantial Equivalency Assessment Program (SEAS) for internationally educated occupational therapists (IEOTs). The SEAS program ensures that all internationally educated occupational therapists have a fair and consistent assessment of their credentials and competencies and gap filling opportunities are available. ACOTRO also facilitates labour mobility across provincial borders by ensuring that registration requirements are harmonized and the Labour Mobility Support Agreement for occupational therapists is maintained. In addition, discussion and policy making around regulation of remote practice is an advancement that assists the Ontario public to have access to occupational therapists who may work in different jurisdiction without needing additional regulation. The College Registrar is currently the President of this organization which facilitates collaborative work amongst Canadian occupational therapist regulators and ensures this valuable partnership is maintained. This year, the College was required to approve an additional language assessment used by the federal government for immigration purposes for use for language assessment for IEOTS. The partnership with ACOTRO facilitated the approval process and it is now approved for national use as well. The partnership with ACOTRO facilitates involvement in needed national working groups that work on regulatory processes such as the national certification exam for occupational therapists as well as accreditation of occupational therapy university programs. This year, due to growing use of remote technologies, the College has been exploring a cross Canada memorandum of understanding regarding how to manage the registration for those who work remotely across provincial borders. Canadian Association of Occupational Therapists (CAOT) – The College engages with CAOT as they are the third party who delivers the entry to practice exam and accreditation of university programs. We participate in the Exam Oversight Committee to ensure exam policies are fair and clear, as well as work together to ensure the agreements are up to date and adhered to. This year, through ACOTRO, the College is part of the governance review of the accreditation processes for Canadian occupational therapy programs, as well as the exam blueprint working group. Indigenous and Equity Panels – This year the College developed two panels of registrants to contribute to the revision and development of policies and standards. The panels also provided input with regards to Practice and Quality Assurance Programs. Language recommended by the panels was incorporated in our updated Standards of Practice and our Annual E-Learning Module (developed in 2022 for implementation in 2023). Examples of improvements recommended by the panels included incorporation of appropriate language and a glossary of terms for the language was created; for example, direction on when to use the word client and replacement of words such as stakeholders. Cases described in our E-Learning Module incorporate culturally appropriate terminology for therapeutic interventions and family situations based on input of our panels. The goal for 2023 is to incorporate the panel consultations into our operational DEI plan and our strategic plan. Ontario Society of Occupational Therapists – The College maintains good working relationships with the provincial association for occupational therapists - the Ontario Society of Occupational Therapists, through regular dialogues and scheduled meetings. The College partners with the association through presentations at conferences and educational meetings. In 2022, the main topic for join was related on the new Competencies for Occupational Therapists in Canada.
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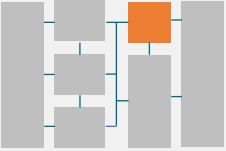
	Ontario University Programs – The College has regular meetings with the university programs for occupational therapists in Ontario. This year, one important topic of discussion was the integration of the new national competencies into university curriculums for student occupational therapists.
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: • Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. Link to College's privacy policy. Privacy at the College is protected as follows: The Human Resources material has a confidentiality policy, and forms are signed by all staff. All Board and Committee members review and sign confidentiality agreements annually. Confidential COTO email addresses are provided to Board and Committee members to enable secure communications and transmission of College materials. Confidentiality provisions and associated fines from the RHPA are included in on-boarding and training materials. The Investigations and Resolutions program of the College applies privacy practices and processes at all stages of the investigation, from intake to disposal, including not sharing personal identifiers or sensitive information through the College's telephone and messaging system and sharing meeting packages (using a secure document sharing platform) with the ICRC in a manner which prevents them from downloading the materials onto their personal computers. ICRC access to the meeting packages is removed once its written reasons for its decisions are issued. The Registration and Quality Assurance program also use a secure document sharing platform to share confidential documents with registrants and others, and have processes for maintaining confidentiality of information, including a consent process. The Quality Assurance program redacts registrant information, with the registrant's name applied to decision letters and forms after the Committee decision is made. The Practice Service is also anonymous, with names or contact information of inquiries retained for response purposes only.
			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>
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		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. Benchmarked Evidence	The College fulfills this requirement: Yes
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College is monitored 24 hours a day, 7 days a week for system failure, ransomware detection and cyber-attacks employing several security tools like multifactor authentication for all College accounts. Access to the College network is only accessible through a virtual private network. Confidential and sensitive information is received and shared through secure channels. The College has an internal privacy policy with steps for managing a breach of privacy, including a log of breaches, a report outlining the events, and disclosure of what materials were inadvertently sent to involved individuals. Managers have all been trained on managing breaches in their programs. Staff have all been trained to detect malicious requests and links. The College has a document retention policy. All Board and Committee packages include information about virtual meeting conduct, including proper destruction of meeting materials. The College's Program Director is the designated Privacy Officer.
			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 POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: 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). The College has an up-to-date document framework (p.245) to ensure all policies, standards of practice and practice guidelines are current. The framework outlines the review process including the steps required to bring a policy or standard forward for changes.
		<i>Benchmarked Evidence</i>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		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. <i>Benchmarked Evidence</i>	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. All College policies, standards and guidelines are regularly reviewed and updated to ensure they are current. The College aims to initiate the review process every 3-5 years with adjustments given changing priorities or areas of risk. The process typically involves an environmental scan of other Colleges' information along with an analysis of available data from complaints, investigations, quality assurance, practice inquiries and website analytics. There is also a literature review of available data and relevant publications. The results of the environmental scan initiate changes which are brought in draft form back to Committee or the Board. An external consultation is conducted giving all system partners, occupational therapists, and members of the public, including the involvement of the Citizens Advisory Group, an opportunity to provide feedback and inform the process. Revisions may be made in response to the feedback and the revised version is brought back to the Board for final approval. Key materials, including Standards of Practice and practice resources are available online in both French and English. Notice of revision and release of new material is shared online and through the College newsletter.		
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>		

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
			- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. - Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.	
			In 2020, the Board revised the College values to reflect our commitment to treating everyone with dignity and respect and supporting diversity, equity, and inclusion (DEI). In 2021 the College began its work to address DEI throughout all areas of operation. First, it retained a DEI expert to assist with training College staff and the Board in anti-racism and unconscious bias. The consultant also reviewed several program policies and practices from a DEI lens and recommended changes, which have been implemented including updates to our Code of Ethics and Code of Conduct to add provisions that address diversity, equity, and inclusion.	
			In 2022, the College created the Diversity, Equity, Inclusion Plan, which sets out how the College is addressing diversity, equity, and inclusion both as an employer and as a regulator. The Centre for Global Inclusion's Global Diversity, Equity, and Inclusion Benchmarks: Standards for Organizations Around the World began being used by the College as a guide to inform the strategic and operational plans in December 2022. View the College's Equity, Diversity, and Inclusion commitment and additional resources. Some examples of College documents in 2022 where DEI are embedded include: - Bringing any new or revised policy/ standard before the College's Indigenous and Equity Seeking panels. Language recommended by the panels was incorporated in our updated Standards of Practice Document and our Annual E-Learning Module developed in 2022 for implementation in 2023. Examples of improvements included incorporation of appropriate language and a glossary of terms for the language was created, for example direction on when to use the word client and replacement of words such as stakeholders. Building on this work, both Practice Guidance Documents and Quality Assurance Policies are in process of being improved. - The College developed a new online orientation module which includes a section on the College's expectations regarding diversity, equity, and inclusion. - Implemented a new Equity Impact Assessment tool on how to embed an equity analysis into our work moving forward. - Updated the briefing note templates to include a dedicated section on diversity, equity, and inclusion considerations to ensure that a DEI lens is applied to all board and committee decisions.	
			<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:					
		9.1 Applicants meet all College requirements before they are able to practice.					
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response				
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2021, continues to meet in 2022</td></tr><tr><td colspan="2"> - 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.). </td></tr><tr><td colspan="2"> The College establishes and maintains the requirements for registration with the College. COTO has developed policies to: -help the applicant better understand the registration process and what to expect, -be transparent about the decision-making process, assessment criteria, and possible outcomes, -provide rationale for why certain requirements are in place, -ensure integrity and validity of required documentation, -ensure registration processes are conducted in a way that is transparent, objective, impartial and fair. All registration policies are available on the College website. Detailed information about the registration process for each applicant type is also available on the College website. Canadian Educated Internationally Educated Applicants Registered in Another Province Former Registrants Applicants must complete an application and submit documentation to demonstrate they meet the requirements as prescribed in regulation under the Occupational Therapy Act, 1991. All applications are processed by staff in accordance with College policies. If an applicant does not meet the requirement, the Registrar refers the application to the Registration Committee for decision. </td></tr></table>	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.).	
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.).							
The College establishes and maintains the requirements for registration with the College. COTO has developed policies to: -help the applicant better understand the registration process and what to expect, -be transparent about the decision-making process, assessment criteria, and possible outcomes, -provide rationale for why certain requirements are in place, -ensure integrity and validity of required documentation, -ensure registration processes are conducted in a way that is transparent, objective, impartial and fair. All registration policies are available on the College website. Detailed information about the registration process for each applicant type is also available on the College website. Canadian Educated Internationally Educated Applicants Registered in Another Province Former Registrants Applicants must complete an application and submit documentation to demonstrate they meet the requirements as prescribed in regulation under the Occupational Therapy Act, 1991. All applications are processed by staff in accordance with College policies. If an applicant does not meet the requirement, the Registrar refers the application to the Registration Committee for decision.							

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.

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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <i>Additional comments for clarification (optional)</i>	Choose an item.
		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. The College maintains relationships with system partners to identify best practices including the Canadian Network of Agencies for Regulation (CNAR), the Council on Licensure, Enforcement and Regulation (CLEAR), and Ontario Regulators for Access Consortium (ORAC). By attending and presenting at conferences organized by these organizations, College staff are kept abreast of best practices and developments in registration and assessment of entry of practice. Registration policies are routinely reviewed to ensure best their continued relevance and necessity. Several approaches are taken to ensure best practice in assessment of whether an applicant meets the registration requirements through the policy development and review process. These include: - Environmental scanning and benchmarking of other regulators in Ontario and occupational therapy regulators across Canada, - Harmonizing of occupational therapy regulators across Canada where possible (for example, language requirements), - Review and input from external consultants to gather data and/or provide expert knowledge, - Consideration of Ontario Fairness Commissioner exemplary practices. Several registration policies were reviewed and updated in 2021 for currency and relevancy, plain language and through a diversity, equity, and inclusion lens. The following policies were reviewed in 2022 to clarify expectations for applicants and registrants, enhance fairness, transparency, objectivity, and impartiality and are intended to ensure an equitable experience for all registrants/applicants. Vulnerable Sector Screening Determining Suitability to Practise at Registration Education & Fieldwork Requirements for Canadian Educated Applicants	Yes

		Education & Fieldwork Requirements for Internationally Educated Applicants Language Fluency 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> The College is working in collaboration with occupational therapy regulators (ACOTRO) across Canada to review refresher program requirements for applicants and registrants who do not meet the currency requirement. Effective January 1, 2023, the Language Fluency Requirement Policy has been revised to comply with the new Registration Requirements under the amended <i>Regulated Health Professions Act, 1991</i> (RHPA). The regulation is meant to harmonize language proficiency requirements under the <i>Immigration and Refugee Protection Act</i> , with those required by health regulatory colleges. This will ensure more effective and efficient registration especially for internationally educated applicants, while protecting the public.	

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. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.	
		Currency	
		Recent practice is one of the ways that occupational therapists show they possess the current knowledge, skills, and judgment to provide safe, effective, and ethical care. The currency requirement for registrants is established in law by regulation under the <i>Occupational Therapy Act, 1991</i> . The currency policy was last updated in 2021. The policy, Currency Requirement for Annual Renewal , which operationalizes the currency requirement is reviewed and updated frequently. The policy was most recently updated in December 2022 incorporating concepts related to the impending introduction of a regulation change to introduce an emergency class of registrants.	
		At annual renewal, registrants must declare whether they meet the currency requirement. The currency requirement is 600 hours of practice within the scope of the profession in the past three years, or successful completion of a College-approved refresher program in the past 18-months. Self-declarations are reviewed against date of registration, registrant employment history, and last completed refresher program (as applicable). Occupational therapists who do not meet the currency requirement must undergo a review. If a registrant does not meet the currency requirement, they may be required to complete a refresher program.	
		Suitability to Practise	
		The suitability to practise requirements for registrants are established in regulation and in College bylaws. The College broadly defines suitability to practise. It includes a registrant's conduct and character, such as previous findings of professional misconduct, or being found guilty of a criminal offence. Suitability to practise also includes determining whether a registrant has a physical or mental condition or disorder that could affect their ability to practise safely. Suitability to practise is an ongoing expectation of registrants. Once registered, registrants are required to provide information about the following during the annual renewal process (and/or within 30 days of an issue occurring) including:	
		- details about registration, membership or licensure with any other regulatory body in any jurisdiction - details about misconduct, incompetence or incapacity proceedings against the registrant, whether completed or ongoing, by a regulatory body in any jurisdiction - details about conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority - details about any charges laid against the registrant in respect of a federal, provincial, or any other offence, in any jurisdiction	

	- details about any findings of guilt by a court or other lawful authority of an offence - details about any findings of professional negligence or malpractice -information of an event or circumstance that would provide reasonable grounds for the belief that the registrant will not or is not able to practise occupational therapy in a safe and professional manner. In addition to the requirement to provide this information within 30 days and during the annual renewal process, registrants of the College must submit a Vulnerable Sector (VS) check when requested by the College. The College recognizes that the results of criminal record screening may not guarantee good character or predict future conduct. However, the College endorses criminal record screening as an important tool for helping to ensure public safety. The suitability to practise requirements were most recently updated in 2022. Minor changes to requirements were made to incorporate recommendations from the Ontario Fairness Commission.
	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. - Where an action plan was issued, is it: No Action Plan Issued Link to the most recent assessment report by the OFC.	
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).	The College fulfills this requirement: Met in 2021, continues to meet in 2022
		<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.	- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided - Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> In 2021 the College embarked on a project to update all the Standards of Practice. The aim of this policy change was to move towards principle-based (and shorter) regulatory documents by streamlining the information, enhancing the consistency across documents, applying plain language for ease of public use, and integrating the new occupational therapy competencies. At the March 2022 Board meeting (p. 232), the Board approved the draft Standards for Practice for public consultation and an outreach campaign was launched shortly thereafter. The College completed a province-wide online survey with registrants for the proposed Standards of Practice. The goals of the survey were to: - collect high-level feedback on proposed Standards of Practice, - gather input into sections that underwent substantial revisions, - inform how systemic biases can be corrected through final edits; and - build awareness and support for the streamlined Standards. The survey was disseminated to interested parties, registrants, and members of the public. Through this survey, respondents told us that the proposed Standards are: - easy to read and understand. - protect the public from harm. - will maintain relevance and stability over a reasonable timeframe. - accommodate emerging practice areas; and - are flexible for varying practice areas. Respondents also agreed that the Standards describe ethical, accountable, safe, quality, and effective expectations for service.

	Specific feedback about individual Standards emerged and the Practice Committee acted on the information related to: Psychotherapy, OT Students and Occupational Therapy Assistants; Practice guidance development; Modernization and plain language; and Definitions of new terms. The final draft was brought back to the Board for final approval in January 2023 (see p. 95). Practice consultants at the College are available to respond to any questions about these documents. In addition, case studies and questions and answers are available to support registrants on the application of all standards and guidance documents for practice. In addition, to facilitate an understanding of the new Competencies for Occupational Therapists in Canada, 2021, the College released an eLearning module about these competencies. This was mandatory for all occupational therapists in Ontario and part of the Quality Assurance program in 2022. Once the new Standards are released in 2023, an education campaign will be launched to support all registrants to adopt the updated Standards of Practice and Quality Assurance program tools.	
	<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: 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: Met in 2021, continues to meet in 2022
		• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> The following links provide information on the College's priority areas of focus for Quality Assurance (QA) assessment and how they are identified: -General information about the College's QA Program Requirements -Information about competency assessment and the College's risk-based selection Over the course of 2022, the pilot assessment cohort of 110 registrants was completed. The data analysis and system partner feedback identified strengths and challenges with the proposed tools. Through this pilot, it was determined that the root cause analysis screening tool was not a viable long-term method to incorporate into the competency assessment process and hence removed. In 2022 a Record Keeping Reflection activity utilizing the Standard for Record Keeping was developed and piloted with a subset of registrants in November-December 2022 as a proposed replacement for the screening step. Preliminary data support the future use of this tool and development continues to expand this step to also include a Consent Reflection activity that utilizes the Standards for Consent. The 2022 competency assessment process was revised with these priority areas of focus: ▪ New expectations for Occupational Therapists: In November 2022, the new Competencies for Occupational Therapists in Canada were released. New Standards of Practice were also developed and are being prepared for release in 2023. The tools used by QA to assess competency required a major revision to reflect these foundational changes. The new Behavioural Based Interview assessment tool and Self Reflection assessments were developed over 2022 to reflect evolving OT practice across the province and country e.g., the inclusion of Culture, Equity, and Justice in OT practice. ▪ Risk based approach: The Quality Assurance program takes a multifaceted approach to identify possible areas of risk in OT practice. First, registrants are selected using the risk-based selection algorithm indicators that may indicate an elevated risk in practice. Quality Assurance also utilizes College data from Investigation and Resolutions and Practice programs to identify challenging areas of practice to include in the assessment tools. Data from these programs have identified aspects of occupational therapy such as consent, record keeping, professional boundaries, and communication as domains to include in Quality Assurance assessment tools to support continued competence. ▪ Efficiencies: A new process for assessing competencies was drafted and piloted including the use of self-reflective exercises and a more streamlined and efficient interview tool. Preliminary data suggests the change is both efficient and effective and will result in the ability to increase the number of registrants who participate in the competency assessment 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> To reflect these changes a complete review of all QA policies has been underway and will be presented to the Board in 2023 for approval. The extensive policy review started in 2022 and a streamlined approach has been proposed which will reduce the number of policies from 20+ to 5 key policies, leading to greater transparency, accessibility, and efficiencies for system partners.	

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:		Met in 2021, continues to meet in 2022	
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> – <i>Public</i> Yes – <i>Employers</i> Yes – <i>Registrants</i> Yes – <i>other stakeholders</i> Yes			
			The QA program continues to use the right-touch risk-based selection process to determine which registrants will participate in the competency assessment process. This was first developed in 2020, applied to the selection of registrants required to participate in 2021 and continues to be used in the program as the primary means of selecting registrants. In 2022, a pilot of a rubric based on a risk-based approach was piloted when reviewing requests by registrants that have applied for a deferral or exception for their annual QA requirements. The QA program has formally adopted principles that reflect right touch regulation, and these are included in the orientation of all committee members and new staff members. This assures the public that all processes, communications, and tools reflect this consistent approach to quality assurance. To further this work, a survey will be launched in 2023 with system partners to confirm the principles and to further explore level of risk for certain activities in OT practice.			
			<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>			

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. The QA Committee uses a decision criteria and risk analysis approach to make decisions about remediation activities required of a registrant following non-compliance with a QA requirement, or after a Peer Assessment. Historical information is considered, along with a registrant’s response and demonstration of insight and change following the assessment. A decision-making tool, that uses a risk framework, is used to facilitate consistent decisions and outcomes for each registrant. Remedial activities are consistent based on the tool, with consideration for individual practice circumstances.
		<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.

		Additional comments for clarification (optional)	
		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. - 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. Registrants are provided with a Notice of Intent to issue a remediation activity. Sometimes this notice prevents the need for the remedial activity, as the registrant responds and shows that they have addressed the identified concerns. When the remediation activities are required, the registrant is tracked internally for completion of the needed items. Missed deadlines or incomplete remediation participation is reviewed by the Quality Assurance Committee. Depending on the remediation activity, registrants are either required to complete any outstanding continuing competence tool (e.g. self-assessment, professional development plan or the learning module) and submit evidence of the same, write a reflection paper that is submitted and approved, participate in practice monitoring with a learning plan that is also submitted and approved, or have another peer and practice assessment after the remediation activities are complete to confirm that they now demonstrate the required knowledge, skills and judgment. At the highest risk, registrants may have Terms, Conditions and limitations imposed on their certificate of registration or may be referred to the Inquiries, Complaints and Reports Committee for determination of non-compliance with the Quality Assurance Program.	
		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 (if needed)</i>
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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: - supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; - 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: - Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. - Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. Concerns or Complaints about an Occupational Therapists Investigating Complaints Report Concerns or File a Complaint about an OT Concerns and Complaints: Frequently Asked Questions Alternative Dispute Resolution Information about Sexual Abuse Application for Funding for Therapy, Counselling and Related Non-Therapeutic Expenses Sexual Abuse Prevention All complainants also receive an acknowledgment and information that explains the investigations process and possible ICRC outcomes. The intake and complaints process are well documented, and procedures are in place for gathering information and evidence and obtaining responses during the investigation. One of the requirements is that investigations and resolutions staff review all information and documentation when received during the investigation of any case assigned to ensure the information is complete and to ascertain if clarification or any additional information should be requested. The College also has templates for emails and other written correspondence that provides information about the complaint process for complainants (and potential complainants) and registrants who are the subject of a complaint. Frequently enclosed with these templates are relevant sections of the Health Professions Procedural Code. The College additionally has an internal policy, approved by the College Board, that outlines criteria that must be met for a complaint to be eligible for Alternative Dispute Resolution. As noted above, the College has a lot of information available on its website for the public including possible outcomes of a matter.	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>
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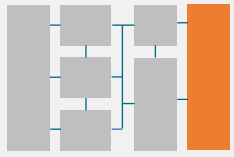
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. A review of website content and other communication is conducted regularly, and feedback received from members of the public and complainants is considered when making any revisions. Additionally, the College launched a complaint process feedback survey to registrants and complainants to collect data and feedback once a matter is resolved. Some of the questions asked specifically seek to evaluate whether the information provided about the College's complaint process was clear and useful. Finally, all our materials outlining the complaints process underwent an external plain language review.	
		<i>Benchmarked Evidence</i>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		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 (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).	
			In 2022 the College received 62 inquiries and the College’s response rate was 100% within 5 days	
			<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. 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. - Please briefly describe at what points during the complaints process that complainants are made aware of supports available.	
			Supports available to the public during the complaints process includes: - All information and details of the complaints process are available on the College website, including how to make a complaint, what to expect, contact information, and frequently asked questions. - All complaints and reports can be filled online on the College website, additionally they can be sent by fax, email or mail. - Access to a third-party facilitator or investigator throughout the entire complaint process to explain the various steps in the complaints process or clarifying the complainant's concerns. - Language translation services are available either through a translation service or by sending documents out for translation. - Accommodations to access the complaint process are available, for example, if someone is unable to write or type a complaint, staff will assist complainants in recording their concerns in alternative means and any other accommodations required for the complainant to meaningfully participate in the process. - Additional information and supports for those reporting sexual abuse. This includes providing information on how to access the sexual abuse fund. The College also offers a support person to any alleged victim at no cost. During all telephone and email contact, staff invite complainants to contact them if they have any questions or concerns about the information provided or in the investigation process. When a complaint is received, staff assigned to the complaint conduct an introductory call with the complainant within five days of receipt of the complaint to introduce themselves to the complainant as the person who will be conducting the investigation and with whom the complainant will be interacting throughout the course of the investigation. Staff will also explain the various steps in the complaints process, and this includes providing digital information sheets that explains the College's complaint process. This is to further assist the complainant in understanding the process and make complainants aware of all supports available to them including accommodations.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	Choose an item.

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: Yes - Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. - Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description.
		The following are links outlining how complainants can contact the College during the complaints process: https://www.coto.org/clientsandthepublic/questions-concerns-complaints https://www.coto.org/clientsandthepublic/questions-concerns-complaints/report-concerns-or-file-a-complaint https://www.coto.org/members/professional-conduct/mandatory-reports https://www.coto.org/clientsandthepublic/questions-concerns-complaints/information-about-sexual-abuse Complainants can contact staff via phone or email and will receive a response within 24-48 hours. When appropriate, the full investigation including a copy of the registrant's response is disclosed to complainant who is provided with an opportunity to respond to materials. If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time. The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of. The complainant is contacted when the investigation is ready to be presented to the Inquiries, Complaints and Reports Committee (ICRC). The complainant is also sent a copy of the ICRC decision immediately upon release. Once a matter is referred to discipline, complainants subsequently receive updates from the College and/or prosecutor representing the College in a discipline matter, either directly through legal counsel or representative. The College maintains regular contact with witnesses to assist with hearings and to provide direct support to those testifying at a hearing. College staff will follow up with witnesses regarding the outcome and decisions of the Discipline Panel, provide updates and involve witnesses in penalty 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)	
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. • Please provide the year when it was implemented OR evaluated/updated (if applicable).	
			All complaints and reports are reviewed by College staff to assess risk using a standard risk classification process, including any potential need for an interim order. In accordance with right touch principles, moderate and high-risk cases are prioritized.	
			The Inquiries, Complaints and Reports Committee utilizes two different types of risk assessment tools: a Risk Assessment Framework to determine the level of risk and a decision tree that ensures all its decisions are consistent and fair.	
			Year the Risk Assessment Framework was last reviewed/updated: 2020	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)				

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:	
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Partially - Please insert a link to the policy and indicate page number OR please briefly describe the policy. - Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). While the College does not have a written policy, when circumstances arise, COTO routinely shares information with other occupational therapy regulators as requested through Letters of Professional Standing that includes registration and professional conduct information. When any concerns are received that impact another Ontario health regulator, College staff share all known information about the concerns to any other regulatory body. The College considers sharing information, within the legal framework, with other system partners where there may be a risk to public safety (e.g., local health authorities, police, and employers). The College has shared information about a registrant’s prior history and whether they are subject of any ongoing investigations with other regulators in Canada that the registrant is applying for registration with. The College will proactively share discipline information with other OT regulators across Canada especially if the registrant may provide services in another jurisdiction.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes	
		Additional comments for clarification (if needed) The College is developing a written policy to outline criteria for disclosing information that will be finalized in 2023.	

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. This was updated in 2020 to include important KPIs per program and committee and the information collected and reported on is related to the strategic priorities. Click here to access the Board material explaining purpose of the Quarterly Report (p.40).
		<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>	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			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. Click here to access the presentation of the June 2022 Board meeting where the College reported on the 2021-2022 Leadership Outcomes (Strategic Plan). In addition, at each quarterly Board meeting the Registrar provides a written report and makes a presentation on the outcomes and progress of the College work against the stated objectives. Click here to access the report (p. 6); meeting minutes (p.12); and risk management report (p.55).	
			<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>	

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. Benchmarked Evidence	The College fulfills this requirement:	Yes
	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. Click here to access the Risk Management Report and action plan and monitoring process for all high or critical risks identified (p.72).	
	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:		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	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. All Board materials are posted on the College website. In these, all information about strategic priorities and performance are posted. Click here to access the presentation of the June 2022 Board meeting where the College reported on the 2021-2022 Leadership Outcomes (Strategic Plan).	
	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.

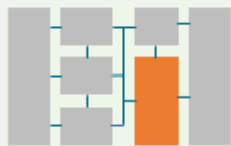
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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.

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 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 several ongoing changes that might impact how they practice (e.g., ongoing pandemic management, 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. Risk Based Selection Algorithm (RBSA)	110 (original selection August 2021 and carried out in 2022)		
ii. Peer and Practice Assessment (PPA)	66		
iii. Professional Development Plan	5974/6107 (97.8%)		
iv. PREP (Annual E- Learning Module)	6492/6517 (99.6%)		
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. – <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i> NR	
<i>Additional comments for clarification (if needed)</i> Responding to evolving health environment requires a nimble QA program. In 2022 the tools used in the QA program were redesigned to combine into one tool the self-assessment and the professional development plan. This new Annual learning Plan was revised to reflect the new 2022 <i>Competencies for Occupational Therapists in Canada</i>. Among many changes that streamline this tool, are the broadened range of activities for professional growth and development and an emphasis on changes to practice that affect the public and other system partners. The deadlines for all QA tools have been synchronized for ease of completion. This tool will be launched in 2023 for use. In 2022, content for the new eLearning Module was developed in collaboration with system partners. This module to be released in 2023 is entitled Building a Sound Foundation for Occupational Therapy Practice and focuses on key OT practice issues and emerging trends related to equity, inclusion, and risk and i.e., record keeping, sensitivity to client experiences, diversity, and inclusion, managing risk, virtual assessment and conflict of interest.	

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	6492/6517	99.6%	
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.	13/66	19.6%	
NR			
Additional comments for clarification (if needed)			
A new process for assessing competencies was drafted and piloted including the use of self-reflective assessments and a more streamlined and efficient interview tool. Preliminary data suggests the change is both efficient and effective and will result in the ability to increase the number of registrants who participate in the competency assessment process. Phases of the competency assessment will be 1) risk-based selection 2) self-reflection assessment: record keeping and consent 3) a concise behavioural based interview (when indicated or based on risk selection) with a peer. This process is expected to be available for use with registrants in May 2023.			

Table 3 – Context Measure 4

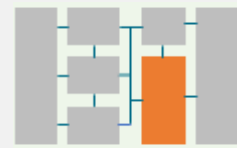
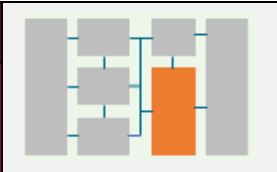
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 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*		11/13	85%	
II. Registrants still undertaking remediation (i.e., remediation in progress)		2/13	15%	
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)				
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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



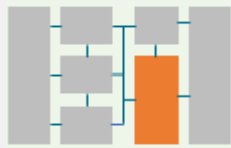
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended
If a College method is used, please specify the rationale for its use:

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	0	0	NR	NR	
II. Billing and Fees	NR	NR	NR	NR	
III. Communication	NR	NR	NR	NR	
IV. Competence / Patient Care	15	53.6%	5	18.5%	
V. Intent to Mislead including Fraud	0	0	NR	NR	
VI. Professional Conduct & Behaviour	10	35.8%	8	29.6%	
VII. Record keeping	NR	NR	5	18.5%	
VIII. Sexual Abuse	0	0	0	0	
IX. Harassment / Boundary Violations	0	0	0	0	
X. Unauthorized Practice	NR	NR	0	0	
XI. Qther <Privacy>	NR	NR	NR	NR	
XII. Other <Conflict of interest>	NR	NR	NR	NR	
XIII. Other <Health>	0	0	5	18.5%	
XIV. Other <Criminal Charges>	0	0	NR	NR	
XV. Other <Failure to update>	0	0	NR	NR	
XVI. Other <Use of Title>	0	0	NR	NR	

Total number of formal complaints and Registrar’s Investigations**	28	100%	27	100%	
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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	28	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	17	
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	14 50%	
IV.	Formal complaints that proceeded to ICRC and are still pending	0 0	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	0 0	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	2 7%	

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	Provides advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	NR	0	0	0	0	0
III. Communication	5	0	0	NR	NR	0	0
IV. Competence / Patient Care	6	8	NR	NR	7	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	5	7	NR	NR	NR	0	0
VII. Record Keeping	NR	NR	NR	NR	6	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X.	Unauthorized Practice	0	0	0	0	0	0	0
XI.	Other <Privacy>	NR	NR	0	0	0	0	0
XII	Other <Conflict of Interest>	0	NR	0	0	0	0	0
XIII	Other <Health>	0	NR	0	0	0	0	0
XIV	Other <Criminal Charges>	0	0	0	0	0	0	0
XV	Other <Failure to update>	0	0	0	0	0	0	0
XVI	Other <Use of Title>	0	0	0	0	0	0	0
• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022. ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions. NR								
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.								

Additional comments for clarification (if needed)

Table 7 – Context Measure 11

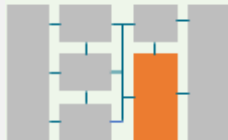
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal 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	272	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	427		
Disposal			
Additional comments for clarification (if needed)			
The Days reflected in the above table are in Calendar Days			
-			

Table 8 – Context Measure 12

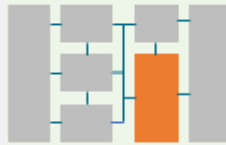
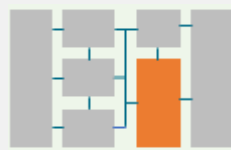
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested discipline hearing in working days in CY 2022	0		
II. A contested discipline hearing in working days in CY 2022	0		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
-			

Table 9 – Context Measure 13

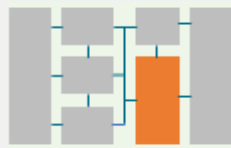
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding 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	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
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	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
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](#)