CCO College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

Filed: March 27, 2024

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

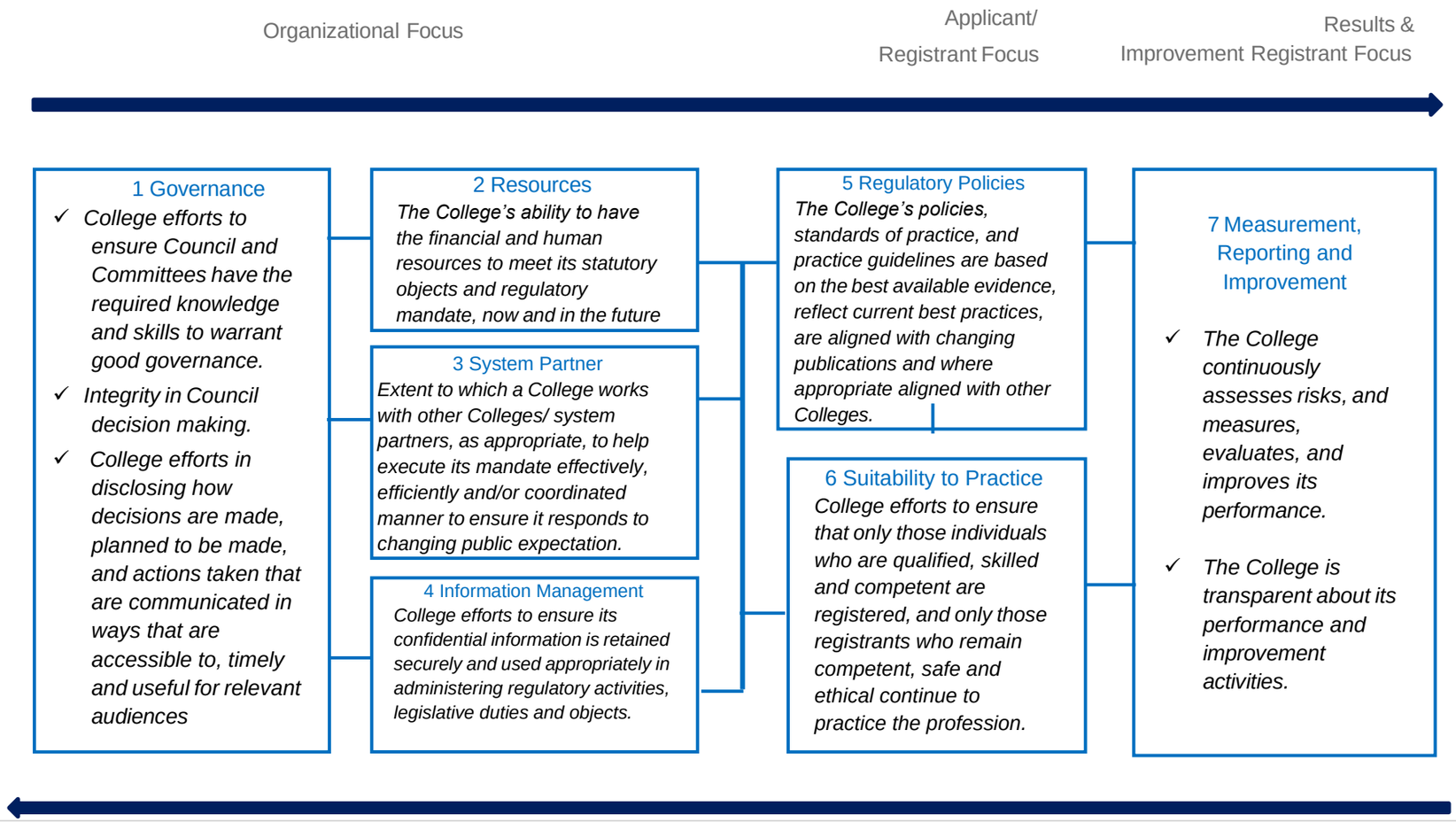

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

Completing the CPMF Reporting Tool

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

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

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

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

	Measure: **1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.**	
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: Choose an item. *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* CCO identifies competencies for candidates for election to Council and appointment of non-council committee members in the following documents: • Competencies for Council and Committee Members and Peer Assessors - this document was passed by CCO Council on November 25, 2021 and amended on June 21, 2023 to identify competencies for Council and committee members and peer assessors, including competencies that candidates may already possess and competencies that can be learned and developed through CCO orientation and educational opportunities. • 2023 Notice of Election - the Notice of Election identifies the criteria for being eligible for election to Council and the factors and the conflicts of interest that would preclude a member from being eligible for election to Council. In the 2023 Notice of Election, CCO has identified various competencies that candidates are encouraged to include in their election material, including: knowledge, expertise, skills and attributes related to: chiropractic care of patients, including patients from different backgrounds, protection of the public interest, serving on boards in an oversight role, interpersonal and communication skills, previous roles and experience in business, organizational planning, human resources, health and safety, policy development, risk management, education and research, financial or accounting, information technology and any other roles relevant to CCO's mandate and functions. • CCO By-law 6 and By-law 12 identify criteria and requirements for being eligible to be a Council or committee member.

			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.

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		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. Candidates, Council and Committee members are required to participate in various orientation and training sessions throughout the year. These include: • In April 2021, Council approved a mandatory orientation session (communicated to members and stakeholders as part of the 2023 Notice of Election) for candidates for CCO Council for the 2023 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 21, 2023 from 6 pm - 8 pm. • On April 20, 2023, 8:30 am - 1 pm, Council and committee members participated in an orientation on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2023, each committee held an introduction to the committee mandates and functions at its first meeting. • CCO Council approved an Internal Policy on Guidance for Committee Chairs on April 19, 2023. • On September 8 - 10, 2023 - Council and staff attended strategic planning and educational sessions related to best practices on CPMF, Council evaluation, and communications. • On November 24, 2023, 8:30 am - 11:30 am, Council and committee members attended an educational session on Council effectiveness and evaluation led by outside consultants. • New Council and Discipline committee members are required to complete the discipline training sessions conducted by the Health Professions Regulators of Ontario (HPRO).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* • Competencies for Council and Committee Members and Peer Assessors - this document was passed by CCO Council on November 25, 2021 and amended on June 21, 2023 to identify competencies for Council and committee members and peer assessors, including competencies that candidates may already possess and competencies that can be learned and developed through CCO orientation and educational opportunities. • CCO By-law 7 and By-law 12 identify duties and powers of executive officers and committee chair and criteria for appointing committee members. Candidates interested in all committee positions are required to submit a letter of intent and curriculum vitae, identifying their interest, relevant competencies, skills and qualifications for committees. Committee members may also speak to their interest, competencies, skills and qualifications to Council, prior to the appointment to committee. • CCO Council passed a policy, Internal Policy I-019: Policy on Nominations and Election Procedures for Committee Positions (page 168 of April 21, 2022 public Council package), on November 25, 2021, to outline the policies and procedures for the nomination and election for committee positions. CCO applied this policy to elections of committee members, which took place on April 20, 2023. This internal policy was amended at the September 8, 2023 Council meeting, and the amended policy will be applied to internal elections to committee in April 2024. • Consistent with the CPMF-inspired move toward competency-based selection and appointments process for all members of Council or committees, CCO, like many health regulators in Ontario, has amended its by-laws to permit the appointment of an individual who is neither a member of the college nor a public member appointed by government, but who demonstrates the competencies, skills and judgement to contribute to the work of a specific committee. Consistent with this policy, Mr. Robert MacKay was reappointed to the Discipline Committee on April 20, 2023. • With respect to evidencing the suitability of nominees, in keeping with the aspirational objectives of Measure 1.1 of the CPMF this year the CCO Executive Committee directed all Council members to provide their interest, and relevant background and skills for any desired Committee position. These responses were compiled for Council's consideration at its meeting on April 20, 2023. Matching interest with skills and competency for committee membership is a recognized best practice, supported by the MOHLTC and highlighted in the landmark 2018 inquiry into the BC College of Dental Surgeons undertaken by Harry Cayton (known as the 'Cayton Report').	

			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.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee. • Candidates for CCO elections attended a mandatory orientation session conducted by outside counsel and CCO staff on February 21, 2023. • Committee members are required to attend an orientation session, which took place on April 20, 2023, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2023, each committee held an introduction to its committee mandate and functions at its first meeting. • New Council and Discipline Committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others.	
			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):

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		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. • Once appointed to Council, new public members participate in informal communication with the President, Registrar and General Counsel, and outside legal counsel on the College's mandate and expectations pertaining to the appointee's role and responsibilities. • Council members, including public members, were required to attend an orientation session, which took place on April 20, 2023, 8:30 am - 1 pm, on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • New Council and Discipline Committee members are required to complete the discipline training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • All Council and committee members are encouraged to attend additional HPRO training sessions, including governance training, reasons writing and others.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	**College Response**
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: Partially • 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: Choose an item. • *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.* As part of its strategic planning sessions on September 8 – 10, 2023, CCO Council and staff participated in educational and planning sessions led by outside consultants focused on developing a framework for Council evaluation. Council continued this session at its Council meeting on November 24, 2023 and developed an action plan on Council evaluation to begin implementation in 2024. These discussions were part of the November 23, 2023 (page 103 of public Council package) and February 23, 2024 (page 132 of the public Council package) Council meetings. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes *Additional comments for clarification (optional)* CCO will be rolling out its action plan for Council evaluation in 2024 and in the subsequent years.

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Partially
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. Although CCO has not engaged a third party for a formal review of the Council's effectiveness in 2023, CCO has brought in outside consultants, including regulatory consultants, legal counsel and communication experts to facilitate education sessions on issues related to governance, best practices for regulators, evaluating Council performance, and duties of Council. On September 8 - 10, 2023 and November 24, 2023, Council and committee members attended Council educational sessions and workshops intending on developing an action plan for evaluating Council performance, led by CCO outside consultants and legal counsel. CCO last updated its missions, vision, values, and strategic objectives using an outside facilitator in 2017 (last full strategic planning to update CCO's mission, vision, values, and strategic objectives). Evaluation and assessment of Council will be a priority in 2024 and will be reported on further in the 2024 CPMF.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) Evaluation and assessment of Council will be a priority in 2024 and will be reported on further in the 2024 CPMF. CCO Council developed a draft action for Council evaluation from the September 8 – 10, 2023 and November 24, 2023 Council meetings and strategic planning sessions, which will begin implementation in 2024.	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Partially
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. Council and committee education and training are informed by council and committee member feedback and direction. Specific education and training in 2023 took place at various times during the year – in February and April for orientation, September for strategic planning and November for an end of year educational session and workshop focusing on Council evaluation. Topics included introduction to CCO and professional regulation, duties of council and committee members, governance, best practices of colleges with respect to CPMF, avoidance of conflict of interest, cyber security training, communication practices and Council evaluation. CCO staff also participated in various education and training, including attending the CLEAR and CNAR conferences in 2023, attending various HPRO meetings and events and continuing education events put on by outside law firms and organizations. Materials from educational sessions are often included in public Council packages.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): CCO will continue to hold education and training sessions for Council and committee informed by Council and committee member feedback.	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: 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 over the last calendar year. • In April 2021, Council approved a mandatory orientation session (communicated to members and stakeholders as part of the 2023 Notice of Election) for candidates for CCO Council for the 2023 elections to Council. This training session was led by CCO staff and outside legal counsel and took place on February 21, 2023 from 6 pm - 8 pm. • On April 20, 2023, 8:30 am - 1 pm, Council and committee members participated in an orientation on CCO's mandate and objectives, duties and roles of committees, and duties of council and committee members. This was led by the Registrar and General Counsel and outside legal counsel. • At various times in May - June 2023, each committee held an introduction and orientation to its committee at the first meeting of each committee. Depending on the committee, staff and outside legal counsel provided this orientation. • On September 8 - 10, 2023 - Council and staff attended strategic planning and educational sessions related to best practices on CPMF, Council evaluation, and communication practices. • As part of its strategic planning sessions on September 8 – 10, 2023, CCO Council and staff participated in educational and planning sessions led by outside consultants focused on developing a framework for Council evaluation. Council continued this session at its Council meeting on November 24, 2023 and developed an action plan to begin implementation in 2024 on Council evaluation. These discussions were part of the November 23, 2023 (page 103 of public Council package) and February 23, 2024 (page 132 of the public Council package) Council meetings. • New Council and Discipline committee members are required to complete the Discipline Training sessions conducted by the Health Professions Regulators of Ontario (HPRO). • CCO staff participated in a number of education and training sessions in 2023 including attending educational conferences on topics related to professional regulation, DEI, and legal trends put on by CNAR, CLEAR and HPRO. • Review of standards of practice, policies and guidelines continue to be informed by emerging regulatory issues, input from the Inquiries, Complaints and Reports Committee based on trends and emerging issues in complaints, and correspondences from system partners, such as chiropractic professional associations. • The Health Profession Regulators of Ontario (HPRO)'s DEI Organizational Self-Assessment and Action Guide (including Equity Impact Assessment Tools) will help CCO better understand public expectations. Training opportunities continue to be identified, and the College will participate in HPRO training for all Colleges as part of HPRO membership.	Partially

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): CCO will be reviewing the guidance for demonstrating commitment to DEI at the Board level, including representation, awareness, and appointments), and mitigating unconscious bias in decision making at both system and personal levels. • HPRO EDI Organizational Self-Assessment and Action Guide (pdf) • HPRO EDI Organizational Self-Assessment and Action Guide – Case Studies (pdf) • HPRO EDI Organizational Self-Assessment and Action Guide – FAQs (pdf)	

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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 Further clarification: 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. CCO has several code of conduct documents that are required to be signed by council and committee members on an annual basis. These include: • CCO Code of Conduct for Council and Committee Members (public document on CCO's website, reviewed annually, last amended June 21, 2023) • CCO Code of Conduct for Peer Assessors (public document on CCO's website, reviewed annually, last amended April 23, 2014) • CCO Confidentiality Undertaking for Council and Committee Members (public document on CCO's website, reviewed annually, last amended June 21, 2023) • CCO Confidentiality Undertaking for Peer Assessors (public document on CCO's website, reviewed annually, last amended January 20, 2024) • Internal Policy I-015: Zero Tolerance for Abuse, Neglect and Harassment (internal policy, reviewed on an annual basis, last amended September 2018) Included in every Council and committee information package, are the mission, vison, values and strategic objectives of CCO and the duties and objects of the College under the *Regulated Health Professions Act, 1991 (RHPA)* and the code of conduct for Council and committee members. Council and committees always review these documents at the first meeting of a new council or committee to ensure that council and committee members have an understanding of the regulatory and strategic objectives of the College. These documents are also included as part of any council and committee training. CCO also has a Policy on Conflict of Interest for Council and Non-Council Committee Members which is included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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		ii. accessible to the public.	The College fulfills this requirement:	Yes
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy ***OR*** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. See response above	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Yes
			• 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. CCO By-law 6: Election of Council Members and By-law 12: Appointment of Non-Council Members identify "cooling off" periods as follows: • A member may be on CCO council or a committee for a maximum of nine years and then is required to be off CCO council or a committee for at least three years until being eligible for election again to Council or appointment to a committee. • A member may only be chair of Council or a committee for a maximum of two consecutive years. • A member is required to not be an employee, officer or director of a professional chiropractic organization that is identified as having a conflict of interest with CCO for a period of at least three years before being eligible for election to CCO Council	

			• CCO distributed to stakeholders, including members, proposed amendments to various by-laws, including cooling off periods. The distribution can be found at the following link as part of the September 19, 2023 President's Message. All feedback from stakeholders, including members, was included in the November 23, 2023 Supplementary public Council package. CCO Council deferred consideration of by-law amendments related to cooling off periods to its February 23, 2024 Council meeting.

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			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. CCO's Policy on Conflict of Interest for Council and Non-Council Committee Members and Code of Conduct are included and reviewed every time there is a consideration of a conflict of interest on a specific matter. This is a public document available on CCO's website. At the beginning of all Council and committee meetings, council and committee members are required to identify any conflict of interest that may arise with any item on the agenda, based on the criteria of this policy. The remainder of Council and committee members will then make a determination of whether this member has a conflict and whether they should be absent from the meeting for this agenda item. Legal advice may also be sought, depending on the issue. CCO Council members complete and sign a code of conduct, confidentiality undertaking, Internal Policy on Zero Tolerance for Abuse, Neglect and Harassment, and elected member undertaking on an annual basis. All of these forms, in addition to the Policy on conflict of interest, identify potential conflicts of interest issues https://cco.on.ca/wp-content/uploads/2023/04/Council-Orientation-Elections-Public-Package-April-20-2023.pdf (pages 313 - 323) Although these forms are completed annually, all council and committee members are required to identify any potential conflicts of interest for council or committee agenda items, at the beginning of a meeting, prior to review of those items. CCO reviews all conduct documents on an annual basis and will seek outside legal advice in making updates to these documents. Continuous training on conflict of interest is provided at the annual orientation on April 30, 2023 and other times, such as during the candidate orientation on February 21, 2023 and as part of strategic planning on September 8 – 10, 2023	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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		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:	Yes
			• 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. Council materials include committee reports that describe the public interest rationale, as well as processes, research and background materials for any motion that is made for approval from Council. Reports to Council often includes research on practices and procedures of other jurisdictions and Ontario regulators in Ontario, feedback from distributions to members, patients and stakeholders and government regulations and priorities. Public Council packages can be found at the following link.	
			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. Further clarification: 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.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. CCO regularly reviews, assesses, and manages internal and external risks in the following manner: • CCO reviews all standards of practice, policies and guidelines on an annual basis. This review involves how assessing internal and external risks might inform amendments considered for these documents. Review of standards of practice, policies and guidelines are also informed by internal communication, such as communication from the Inquiries, Complaints and Reports Committee based on trends in complaints, and external communication, such as communication from system partners and stakeholders, as well as circulation of documents for feedback from stakeholders, including members, organizations and patients. • The Inquiries, Complaints and Reports Committee continued to apply risk management tools developed in 2021, available to the public and posted on the complaints webpage, to identify, assess and manage risk associated with complaints. • In 2023, CCO continued to prioritize identifying, assessing and managing risk associated with IT functions and cyber security, including obtaining enhanced cyber security insurance, requiring dual factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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		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.	*Additional comments for clarification (if needed)*

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DOMAIN 1: GOVERNANCE	STANDARD 3	Measure: 3.1 Council decisions are transparent.	
		Required Evidence	**College Response**
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Yes • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. CCO posts on its "News & Updates" page and distributes to members and stakeholders through President's Messages and other communication materials any new and amended CCO regulations, standards of practice, policies and guidelines approved by Council, once they come into effect following approval of the Council minutes. Status reports are also publicly communicated through committee reports as part of public Council packages. CCO publishes Council minutes once they are approved, in accordance with Policy I-017: Minutes for CCO Meetings (page 493 of the April 14, 2021 public Council package). *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	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. CCO publishes Executive Committee meetings dates in its public Council packages and posts them on the CCO website on the Council meeting page. The public Council package includes committee reports, including the Executive Committee report to Council, which includes all recommendations recommended to Council by the Executive Committee. Recommendations include a description of the recommendation, all relevant documents, including marked up copies of changes to existing documents, relevant information from other regulators, stakeholders and system partners, and feedback from members and stakeholders, if applicable. The Executive Committee report also includes any decisions or approvals made by the Executive Committee to be ratified by Council, if properly constituted.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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		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.	*Additional comments for clarification (optional)*

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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:	Yes
	• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. CCO posts its upcoming Council meeting dates and public Council meeting materials once they are prepared, generally one week in advance.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's Notice of Discipline Hearings. Notices of discipline hearings are posted both on the CCO website and under the member profile on the public register. These postings include a link to the Notice of Hearing and discipline hearing dates once they are scheduled. Following the discipline hearing, an agreed statement of fact, discipline decision and suspension dates are posted.	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure:

3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	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.

CCO Council approved a Diversity, Equity and Inclusion (DEI) Plan on April 20, 2022. Among the objectives in the DEI Plan and the actions in 2023:

- Appointing three CCO staff members as DEI officers.
- Directing CCO committees to review standards of practice, policies and guidelines through a DEI lens. CCO Council approved amendments to several standards of practice, policies and by-laws, including Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs, Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members and CCO's by-law review and amendments. Amendments included using gender neutral language whenever possible, and increasing information and accessibility to the funding for therapy program.
- Identify current CCO standards of practice, policies and guidelines which include DEI principles for both members and CCO, such as Guideline G-001: Communication with Patients and Policy P-057: Accessibility Policy.
- Publish CCO's Land Acknowledgement on the CCO website, and begin every Council meeting with a reading of this.

- Various DEI training and meeting opportunities through HPRO, other regulatory colleges and other providers. In 2023, CCO staff attended the following education sessions related to DEI: Aiming for Equity in Leadership: March 16, 2023, Unconscious Bias Workshop: April 26, 2023, Understanding Gender Diversity in Children and Adolescents: May 10, 2023, Discussing Diversity: May 29, 2023, Anti-Racism in Health Care Regulation: June 29, 2023, Antisemitism in health care: September 19, 2023, CNAR Programs – Compassion in Regulation: Taking a People-Focused Approach, A Roadmap for Centering Equity, Diversity and Inclusion as a Regulator: October 17, 2023
- Including a presentation on DEI and accessibility at the Peer Assessor Workshop on January 28, 2023.
- CCO actively supports the work of HPRO on anti-racism and Diversity, Equity and Inclusion and will be reviewing and applying its resources and guides in 2023. The work of the HPRO in these areas has helped inform CCO work on Diversity, Equity and Inclusion.
- DEI events for staff, including the celebration and education on various events and holidays throughout the year.

CCO is a member of the Health Profession Regulators of Ontario (HPRO), and the CCO Registrar is a member of the Board of Directors. HPRO's Board has committed one of its three strategic priority areas to EDI. All 26 Colleges within the RHPA are members of HPRO and have agreed to this priority. Within HPRO's EDI priority, HPRO has completed an important project that provides an EDI Organizational Self-Assessment and Action Guide (including an Equity Impact Assessment Tool). The Guide addresses the CPMF and its seven distinct domains and provides specific steps to be considered for improvement.

The Guide helps the College carry out its EDI and anti-racism self-assessment across all aspects of the College's work and functions. It also helps the College with its continual EDI and anti-racism integration and improvements. It was based on research and evidence, and it included dedicated efforts and collaboration from College staff who, along with project management provided by external consultants Graybridge Malkam who have expertise in EDI.

The College will continue to support HPRO as it adds to its EDI toolkit and provides ongoing education, information, and training for College staff and governors.

- HPRO EDI Organizational Self-Assessment and Action Guide (pdf)
- HPRO EDI Organizational Self-Assessment and Action Guide – Case Studies (pdf)
- HPRO EDI Organizational Self-Assessment and Action Guide – FAQs (pdf)

			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)	

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		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.
		
		Further clarification:
		
		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:
			
			• 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.
			
			CCO has several policies and procedures intended to ensure that decisions are fair and non-discriminatory. These include the following documents and excerpts from those documents:
			
			Diversity, Equity and Inclusion Plan
			• Direction to Committees to review standards of practice, policies and guidelines through a DEI lens.
			Diversity, Equity and Inclusion Progress Update
			Guideline G-001: Communication with Patients
			• Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary.
			• Members are to address the patient directly, even if an interpreter or support person is present.
			Guideline G-009: Code of Ethics
			• Chiropractors shall render care to those who seek it, without discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, socio-economic status or disability.
			Guideline G-011: Accommodation of Human Rights and Disabilities
			• To encourage members to foster an environment in which the rights, autonomy, dignity, and diversity of all patients are respected;
			• To outline members' obligations under the Ontario Human Rights Code, 1990, (the Code) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA) to:
			  ○ provide health care services without discrimination; and
			  ○ accommodate patients who may face barriers to accessing care.
			Policy P-045: CCO's Legislation and Ethics Examination
			• CCO is committed to accommodating candidates with physical and/or learning disabilities in completing its Legislation and Ethics examination. A candidate who is otherwise eligible to write the Legislation and Ethics examination may file a written request to the Registrar, along with proof of the disability, for reasonable, alternative testing accommodations if he/she is unable to write the examination under standard circumstances. CCO will make reasonable efforts to accommodate individuals with disabilities.
				Partially

Policy P-057: Accessibility Policy

- CCO is committed to providing inclusive and responsive services, in accordance with the Ontario Human Rights Code, 1990, the Accessibility for Ontarians with Disabilities Act, 2004, that accommodates applicants, members of CCO and members of the public with disabilities in accessing CCO services.

Competencies for Council and Committee Members (November 25, 2021)

- The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario.
- Council and committee members should demonstrate a commitment to diversity and inclusion.

CCO Council approved amendments to several standards of practice, policies and by-laws, including Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs, Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members and CCO's by-law review and amendments. Amendments including using gender neutral language whenever possible, and increasing information and accessibility to the funding for therapy program.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

Additional comments for clarification (optional)

CCO will continue to review and adopt DEI principles, including further review and revisions of CCO's DEI plan, participation and adoption of HRPO DEI resources, and further education and training related to DEI.

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. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	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.

Among CCO's strategic objectives is the committee to "Continue to meet CCO's statutory mandate resource priorities in a fiscally responsible manner".

Fiscal management is one criterion at which CCO has excelled, as evidenced by the following:

- Through extensive efforts over many years, CCO built sufficient resources to purchase a new home for CCO headquarters in 2019 at Yonge and Bloor.
- CCO's new office space was built out on budget (despite many setbacks).
- CCO increased members' fees for 2023 renewal by the Cost-of-Living-Adjustment (COLA), as authorized in By-law 13: Fees. This resulted in a $50 increase to General members' fees for 2023 renewal. This was the first fee increase since 2011. CCO did not increase any renewal fees for 2024 renewal (launched in October 2023).
- CCO approved amendments to By-law 13: Fees on November 23, 2023, following circulation to stakeholders, including members, for feedback. Amendments included a reflection of fees for the emergency class of registration and Specified Continuing Education or Remediation Programs (SCERPs).
- The staff complement is small, competent, and loyal; there are 12 staff members for just over 5400 members.

CCO has operated in a fiscally responsible manner as evidenced in its financial reports published in its annual reports and in every Council meeting package. 2022 audited financial statements are included in the 2022 Annual Report and 2023 financial statements will be posted in the 2023 Annual Report, on completion of the audit. CCO has operated with a surplus in every year in the recent past and has reserves that are sufficient to operate CCO for at least one fiscal year.

			At every Council meeting, CCO Council reviews its expenses vs. budget for every budget item ongoing during the fiscal year. CCO will review any budget items where the actual expenses may be in excess of the budgeted cost. This may occur for committees such as Inquiries, Complaints and Reports and Discipline where the committee costs are contingent on the number of complaints and discipline hearings and may be difficult to predict exactly when approving a budget. Since these are core functions, CCO has always been able to fulfill the mandate of these committees by increasing the budget line for that particular committee or function. CCO will also use these increased figures as a guide for budgeting for the next year. Despite the requirement to increase particular budget items or committees as described above, CCO has not gone over budget as a whole during a fiscal year. At every Council and Executive meeting, actual financial results are compared with the budget and significant variances are reviewed and investigated further.
			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)

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		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:	Yes
			• 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 CCO Council approved a financial reserve policy (page 664 of the June 22, 2022 public Council package) on November 25, 2021, based on recommendations from the Executive Committee. This policy was developed in collaboration with CCO's financial auditor.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). *Benchmarked Evidence*	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. CCO includes detailed financial statements in the in-camera section of each Council package as well as each Executive Committee meeting package. At each meeting, the treasurer provides a detailed report on CCO's updated financial information, including assets and liabilities, yearly spending vs. budget items, details about various fixed costs and reports on human resources, staff and staff training updates. CCO's financial and human resources information is publicly available in CCO's annual reports.	
			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.	

		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. In 2023, CCO continued to prioritize identifying, assessing and managing risk associated with IT functions and cyber security, including requiring two-factor identification for logins, training for staff, reviewing and enhancing cyber security requirements and conducting an independent assessment on cyber security. CCO obtained additional cyber security insurance, and continued requiring two-factor authentication for remote access to CCO emails and files. CCO continues to review its use of technology as it applies to virtual council and committee meetings, virtual discipline hearings, member and corporation renewal, and reporting of quality assurance activities.	
			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 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response *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.* *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.*
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, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. 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: • *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.).* CCO actively engages with other health regulatory colleges, system partners and stakeholders to align the oversight of the practice of the profession and support execution of its mandate. The following is a description of several of those organizations and CCO's involvement in them. Specific initiatives with stakeholders and system partners are further described in standards 5 and 6. The Health Professions Regulators of Ontario (HPRO): is an organization comprised of all health regulatory colleges governed under the *RHPA*. HPRO regularly has meetings of all its directors and Executive Committee, as well as several sub-committees, including Communications and Corporate Services. HPRO conducts training and seminars for council and staff of regulatory colleges, such as governance training, basic and advanced discipline training and prevention of sexual abuse of patients. The discipline training is a requirement for CCO Council and committee members to complete before sitting on a Discipline panel. Additionally, HPRO has conducted many virtual and in-person meetings in 2023,

	primarily to communicate with the Ontario Government and Ministry of Health and communicate among health regulatory colleges. CCO staff have attended many meetings and educational session conducted by HRPO, including ongoing meetings related to the professional regulation and DEI. CCO staff participate in several HPRO groups including those related to practice advisors, DEI, CPMF and others. Educational sessions related to DEI are summarized in the DEI section of this document.
	
	The Ontario Fairness Commissioner (OFC) is the organization that assesses the registration practices of regulated professions and trades in Ontario to make sure they are transparent, objective, impartial and fair for anyone applying to practise his or her profession in Ontario. CCO provides annual reports to the OFC, posted on CCO's website and has annual meetings with the OFC to discuss ongoing developments in registration practices. CCO's 2022 annual report (most recent report) to the OFC is posted on CCO's website.
	
	The Federation of Canadian Chiropractic (FCC) is a national federation of chiropractic regulators, educational institutions and specialty colleges whose purpose is to promote effective communication and cooperation among its members relating to education, accreditation and regulation of chiropractic in the public interest that enhances the work of the members collectively and individually. The FCC typically holds board meetings in April and November. CCO actively participates in these meetings, and specifically in the chiropractic regulatory group. The FCC provides a national forum to:
	• exchange best practices concerning regulatory issues,
	• develop the capacity to:
	  ○ educate federal government policy makers in the public interest concerning regulatory affairs,
	  ○ educate those involved in chiropractic regulation,
	  ○ educate the chiropractic profession concerning the public interest,
	• establish standards and to evaluate and accredit chiropractic educational programs, and
	• provide leadership on issues such as licensure, accreditation, examination, continuing competence, inter-jurisdictional mobility, scope of practice, standards of practice, codes of ethics and specialty designation.
	The FCC regularly holds two multi-day meetings, typically taking place in April and November each year, as well as holding additional meetings and communication exchanges throughout the year.
	
	The Canadian Chiropractic Protective Association (CCPA): the largest malpractice protective association for chiropractors in Canada. The CCPA attends meetings at the FCC and has presented on issues related to professional liability protection. CCO engages in regular communication with the CCPA and both organizations often refer members with questions related to professional liability protection vs. professional regulation. The CCPA was also instrumental in helping to develop the "Roadmap of Care" documents, which has been used as an educational tool in CCO workshops.

	The Canadian Chiropractic Examining Board (CCEB): conducts clinical competency examinations for individuals seeking licensure to practise chiropractic in Canada. The CCEB is responsible for the development, delivery and administration of three examinations: • Component A – Chiropractic Knowledge • Component B – Clinical Decision Making • Component C – Clinical Skills Demonstration As a member of its board of directors, CCO attends annual meetings of the CCEB, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, as well as the election of various board positions the review and approval of financial information. CCO attended the CCEB Board Meeting on November 22, 2023. The CCEB has updated its examination structure in late 2023/early 2024. CCO will report on these updates in its 2024 CPMF. The Canadian Memorial Chiropractic College (CMCC) is the only English-speaking accredited chiropractic college in Canada. CMCC is a member of the FCC and attends those meetings to participate in discussions and policy development around accreditation and educational. CCO is in continuous communication with CMCC concerning the requirements for new graduates to become registered with CCO following graduation. CCO, along with other stakeholders and system partners will often present to students at CMCC on matters related to professional regulation. On August 25, 2023, CCO presented to CMCC students on topics related to professional regulation. The Ontario Chiropractic Association (OCA) is the largest professional association for chiropractors in Ontario. CCO communicates continuously with the OCA. The OCA is a stakeholder for CCO and is included as a recipient of CCO communications, including the distribution of draft documents for feedback. The Canadian Chiropractic Association (CCA) the largest professional association for chiropractors in Canada. CCO communicates continuously with the CCA. The CCA is a stakeholder for CCO and is included as a recipient of CCO communications, including the distribution of draft documents for feedback. The Alliance for Chiropractic (AFC) is an Ontario chiropractic advocacy group that exists to heighten public awareness of the multitude of health benefits associated with chiropractic care. CCO continuously engages in communication with the AFC. The AFC is a stakeholder for CCO and is included as a recipient for CCO communications, including the distribution of draft documents for feedback.

	CCO received communications and participated in a number of meetings with various chiropractic associations on the topics of changes to entry-to-practice examinations, chiropractic care of animals and the consultations on amendments to the Veterinarians Act and number of CCO distributions for feedback from stakeholders, including members, including introducing an Emergency class of registration, proposed amendments to guidelines on assignment of care, development of a new guideline on virtual care, proposed amendments to various by-laws, and proposed amendments to standards on continuing education requirements.

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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).*

Following are examples of key successes and achievements from 2023 in which the College engaged with partners, including patients and the public, to ensure it responds to changing public/societal expectations.

Health Professions Regulators of Ontario (HPRO): CCO Council and committee members attended various training sessions conducted by HRPO related to conducting discipline hearings, governance and other professional regulatory topics. Staff participated in various HRPO meetings, committees and educational sessions related to the Quality Assurance, Practice Advisory, CPMF and DEI training. Council and committee members applied the knowledge from discipline training to serve on four discipline panels in 2023, three of which were uncontested and one of which was contested. CCO actively supports the work of HPRO on anti-racism and Diversity, Equity and Inclusion and will be reviewing and applying its resources and guides in 2023. The work of the HPRO in these areas has helped inform CCO work on Diversity, Equity and Inclusion. Participating in the Quality Assurance and Practice Advisory groups has helped inform amendments to CCO's Quality Assurance program, including introducing more mandatory continuing education programs for the July 1, 2022 – June 30, 2024 CE cycle, updating a second version of the Self Assessment for more experienced practitioners, and updating Peer and Practice Assessment (PPA) 2.0 to include more examples and case scenarios to be analyzed as part of Peer and Practice Assessment (PPA). HPRO also meets every other week to discuss any emerging issues in professional health regulatory in Ontario. CCO has staff members of HPRO's EDI Network they actively participate in meetings and educational opportunities. The Network's activities include environmental scans and knowledge sharing, outreach to system partners through HPRO (e.g., Office of the Fairness Commissioner), opportunities for sharing in a safe and inclusive space, and documents and tools that the College can consider for possible implementation.

	CCO filed its 2022 Annual Report to the OFC (most recent report) and posted on CCO's website. CCO continues to be meet its key performance indicators for registering applicants in a timely, consistent and transparent manner, as reported to the OFC, including those registering under labour mobility and from other jurisdictions outside of Canada. CCO was indicated as a "low risk" college by the OFC as it relates to registration practices. CCO regularly communicates with other regulators inside and outside Canada to obtain letters of standing and other information relevant to registration of applicants. CCO attended meetings of the FCC Regulatory Council and full FCC, which included presenting reports from all jurisdictions across Canada, sharing best practices and emerging issues in chiropractic regulation across Canada and accrediting Canadian chiropractic educational programs. CCO attends annual meetings of the CCEB as a member of the board, along with all other chiropractic regulators across Canada. Board meetings include presentations, discussions and review of topics such as examination composition and administration, psychometric analysis of the examination, modified examinations for experienced practitioners, the election of various board positions the review and approval of financial information. CCO attended the CCEB Board Meeting on November 22, 2023. CCO presented to CMCC students on August 25, 2023 on topics related to professional regulation, on August 25, 2023. CCO received communications and participated in a number of meetings with various chiropractic associations, including the OCA, CCA and AFC on the topics of changes to entry-to-practice examinations, chiropractic care of animals and the consultations on amendments to the Veterinarians Act and number of CCO distributions for feedback from stakeholders, including members, including introducing an Emergency class of registration, proposed amendments to guidelines on assignment of care, development of a new guideline on virtual care, proposed amendments to various by-laws, and proposed amendments to standards on continuing education requirements. Feedback on these various consultations from stakeholders, including members, are included in public Council packages.

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DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Measure:** **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
	• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information. CCO has various policies and by-laws intended to maintain privacy and prevent the unauthorized disclosure of information: • CCO has a Privacy Code outlining the privacy practices of the College, available on the CCO website. • CCO Council and committee members and peer assessors are required to sign annually a confidentiality undertaking. • CCO staff members have all signed a confidentiality undertaking with regard to working remotely. This undertaking outlines the expectations of maintaining privacy and confidentiality specific to remote work. CCO makes member information public in accordance with the public register requirements of the Health Professions Procedural Code and By-law 17: Public Register.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		ii. 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. CCO continued with several cyber security initiatives in 2023: • CCO continued to use cyber security insurance. • CCO continued to apply and expand its use of two-factor authentication access to CCO emails and files while working remotely.	
			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. In conjunction with its IT providers, CCO will continue prioritizing IT and cyber security reviews in 2023, enhancing security, and performing independent assessments.	

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:	Yes

Benchmarked Evidence

- 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).

At the first committee meeting, following the constitution of new committees annually, every committee reviews all its standards of practice, policies, guidelines, policies and by-laws and identifies documents that should be reviewed and considered for amendments. Committees may recommend amendments to documents for various reasons, including receiving a memorandum from the Inquiries, Complaints and Reports Committee on recent complaints matters, complying with legislative and regulatory amendments, researching and applying best practices from other professional regulators and other jurisdictions and other communications from system partners such as the Office of the Fairness Commissioner, chiropractic professional associations and malpractice insurance providers and members of the public. The following are examples of revisions made to CCO documents in 2023:

- CCO circulated draft amendments to its Registration Regulation to introduce an Emergency Class of Registration. Feedback was included in public Council packages (pages 35 – 111) and final approvals for amendments to the Registration Regulation were made on August 31, 2023.
- CCO approved amendments to Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members to include more details on the policies and procedures of review of applications for funding. CCO also expanded this section on the website to include more information and common Q&A's and developed a flowchart to visualize the process.
- CCO circulated to stakeholders, including members, proposed amendments to guidelines related to assignment of care and a new guideline on virtual care. These reviews were taken as a result of a number of complaints related to the issue of assignment of care in an effort to strengthen the communication and consent regarding assignment of care between the chiropractor and patient. Establishing a permanent guideline on virtual care was done to replace temporary guidance during the COVID-19 pandemic and to address new and emerging areas of practice. Feedback was reviewed and included in the November 23, 2023 public Council package and final approvals of these documents were made by Council on November 23, 2023. Content related to

		these new and amended guidelines is included in CCO workshops. Guideline G-014: Delegation, Assignment and Referral of Care and Guideline G-015: Virtual Care are posted on the CCO website. • CCO circulated to stakeholders, including members, proposed by-law amendments related to a number of topics, including DEI, using gender neutral pronouns, improving clarity and eliminating redundances, correcting minor inconsistencies, changing cooling off periods to be eligible for election to Council, allowing the President to vote on matters before Council, and updating the fees by-law to reflect fees for the emergency class of registration and Specified Continuing Education or Remediation Programs (SCERPs). Feedback was included in the November 23, 2023 public Council package. Council approved a number of by-law amendments and deferred consideration of others to the February 23, 2024 Council meeting. Updated by-laws are posted on the CCO website.
		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.

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		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. *Benchmarked Evidence*	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. CCO reviews all its by-laws, internal policies standards of practice, policies and guidelines on an annual basis or if there is a regulatory reason for review, such as a change in legislation, a direction from the Inquiries, Complaints and Reports Committee or Discipline Committee or a change in public health requirements (e.g., related to the COVID-19 pandemic). In its review, CCO committees will include as part of their review, as included in committee materials: • Evidence and data related to inquiries, complaints and discipline trends and results, • Risk based analysis posed to patients and the public, including the review of journal and academic articles, and • Comparable documents from other Ontario Health regulatory colleges and other chiropractic regulators across Canada and sometimes in other jurisdictions (USA, Australia, UK) CCO also reviews submissions and responses to distributions and requests for feedback from members, patients, stakeholders, system partners, professional associations, academic institutions, and professional malpractice insurance providers. As described in the previous section, CCO conducted several distributions for feedback from stakeholders, including members, on various new and amended standards of practice, guidelines and by-laws. Feedback and recommendations for approval of several of these documents are summarized as part of the November 23, 2023 Council meeting: • CCO Council Meeting Public Package • CCO Council Meeting Public Supplementary Package – Compilation of Feedback re: By-law Distribution as at November 20, 2023, excluding legal advice which may be discussed in camera by Council pursuant to Ss. 7(2) of the Code • CCO Council Meeting Public Supplementary Package – Compilation of Feedback Related to Quality Assurance Committee Recommendations to Council	
			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.	

		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.

CCO has several policies and procedures intended to ensure that decisions are fair and non-discriminatory. These include the following documents and excerpts from those documents:

Diversity, Equity and Inclusion Plan

- Direction to Committees to review standards of practice, policies and guidelines through a DEI lens.

Diversity, Equity and Inclusion Progress Update

Guideline G-001: Communication with Patients

- Members are to be sensitive to those with language difficulties and to provide an interpreter, when necessary.
- Members are to address the patient directly, even if an interpreter or support person is present.

Guideline G-009: Code of Ethics

- Chiropractors shall render care to those who seek it, without discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, socio-economic status or disability.

Guideline G-011: Accommodation of Human Rights and Disabilities

- To encourage members to foster an environment in which the rights, autonomy, dignity, and diversity of all patients are respected.
- To outline members' obligations under the Ontario Human Rights Code, 1990, (the Code) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA) to:
  - provide health care services without discrimination; and
  - accommodate patients who may face barriers to accessing care.

Policy P-045: CCO's Legislation and Ethics Examination

- CCO is committed to accommodating candidates with physical and/or learning disabilities in completing its Legislation and Ethics examination. A candidate who is otherwise eligible to write the Legislation and Ethics examination may file a written request to the Registrar, along with proof of the disability, for reasonable, alternative testing accommodations if he/she is unable to write the examination under standard circumstances. CCO will make reasonable efforts to accommodate individuals with disabilities.

			Policy P-057: Accessibility Policy • CCO is committed to providing inclusive and responsive services, in accordance with the Ontario Human Rights Code, 1990, the Accessibility for Ontarians with Disabilities Act, 2004, that accommodates applicants, members of CCO and members of the public with disabilities in accessing CCO services. Competencies for Council and Committee Members (November 25, 2021) • The experience and background of Council and committee members should complement each other and represent the diversity of practice in Ontario. • Council and committee members should demonstrate a commitment to diversity and inclusion. CCO Council approved amendments to several standards of practice, policies and by-laws, including Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs, Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members and CCO's by-law review and amendments. Amendments including using gender neutral language whenever possible, and increasing information and accessibility to the funding for therapy program.
			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)

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Measure:

9.1 Applicants meet all College requirements before they are able to practice.

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 9

Required Evidence	College Response	
a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement:	Yes

- 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.).

CCO's Prospective Members section of its website includes all regulations, by-laws, policies, application forms, decision-making charts for requirements for registration and links to outside organizations, such as educational accrediting agencies and the clinical competency examining board.

CCO's Registration Coordinator receives completed applications from prospective members and verifies them to determine if all the requirements for registration are included. As part of the registration application submission, CCO will receive documents from outside organizations, such as transcripts from accredited chiropractic educational institutions, examination results from the CCEB and Vulnerable Sector Police Checks from police departments.

Once a completed application is received and reviewed by the Registration Coordinator, it will then be reviewed by the Registrar and General Counsel. The Registration Coordinator and Registrar and General Counsel will review each application to ensure that all requirements for registration in CCO's Registration Regulation and various registration by-laws and polices have been met.

If any application is missing a requirement or if there is a question as to the completeness of an application, the applicant will be asked to provide additional information.

			Only after review and approval from the Registrar and General Counsel, will an application for registration be approved and the applicant be issued a certificate of registration. Approximately 95% of applications are approved by the Registrar and General Counsel. If there is a question whether the applicant meets the requirements for registration, the application and additional information will be referred to the Registration Committee for review and a decision. Review of the application may include a request for additional information for review, such as a member's professional portfolio, outlining their quality assurance and continuing education activities, letters of good standing from other regulated jurisdictions in which the member practised and any applicable letters from medical or legal practitioners or experts. The Registration Committee will also review CCO regulations and policies as well as decision-making charts based on specific criteria and past precedents to help guide its decisions for previous members and new applicants. Following review of an application and all applicable information, the Registration Committee may make the following decisions: • Register the applicant, • Register the applicant with terms, conditions and limitations, • Not register the applicant, • Require the applicant to complete further requirements to be eligible for registration, or • Request further information.

[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.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College 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:	Yes
			• 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 Registration Committee annually reviews its regulations, policies and by-laws related to criteria and processes for registration. CCO also reviews annual recommendations from the Ontario Fairness Commissioner for ways to further ensure its registration processes are fair, impartial, and transparent. CCO's bi-annual meetings with the Federation of Canadian Chiropractic often include discussions and sharing of best practices regarding registration issues, accreditation and movement of members and applicants across jurisdictions within Canada.	
			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: **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.

The Registration Committee reviews its annual renewal processes each year to ensure that members self-declare on various aspects of their practice, including their business addresses, preferred methods of communications with CCO, professional malpractice insurance provider and coverage, mental and physical competency to practise chiropractic, good character reporting, reporting of any criminal charges or convictions or findings of professional negligence and other practice information. Every two years, during the same renewal period, members are also required to report on their compliance with CCO's Quality Assurance requirements, such as compliance with self-assessment and continuing education. Quality Assurance requirements and reporting are found in the Quality Assurance section of this document. Information related to 2024 renewal can be found at the following link.

CCO's Registration Committee reviews legislation and regulation, specifically the *RHPA* and its regulations, for any updates to registration, renewal or public register requirements to ensure its renewal process is compliant with existing legislation and regulation. As well, in its review, the Registration Committee will review all relevant by-laws, regulations and policies for any updates to the renewal process. If necessary, CCO will consult with outside legal counsel for any advice.

For the 2024 renewal process, the Registration Committee met in July 2023 to review the 2024 renewal memorandum and online questionnaire and made recommendations to Council, which were approved in September 2024.

If a member answers certain questions, such as disclosing that they have a criminal offence or charge or that they lack the mental or physical capacity to practise chiropractic, CCO's Registration Coordinator will automatically be notified by email through the renewal system, and that member's renewal will be pending a review by the Registrar and if necessary, the Registration Committee. Following review, the renewal status of the member may be approved, denied or approved with terms, conditions and limitations.

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:	Yes
	• 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: Completed CCO's OFC reports can all be found at the following link. CCO has been identified as a "low risk" college by the OFC, as of February 21, 2024. CCO has continuously updated the "Prospective Members" section of its website to ensure that its registration practices are transparent, objective, impartial and fair. These updates, based on its meetings and self-assessments with the OFC, have included more links to outside organizations, costs associated with the registration process, lists of requirements and forms to be completed for registration with CCO, links to all relevant by-laws, regulations and policies associated with registration, and flowcharts to visualize requirements for registration for different types of applicants, depending on their circumstances. CCO's meetings with chiropractic stakeholders, such as educational accrediting boards and clinical competency examination providers include discussions and meetings to ensure that CCO's registration practices, including those administered by third parties, are transparent, objective, impartial and fair.	
	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). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: Yes • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes *If not, please provide a brief explanation:* CCO approved amendments to Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members to include more details on the policies and procedures for review of applications for funding. CCO also expanded this section on the website to include more information and common Q&A's and developed a flowchart to visualize the process. CCO circulated to stakeholders, including members, proposed amendments to guidelines related to assignment of care and a new guideline on virtual care. These reviews were taken because of a number of complaints related to the issue of assignment of care in an effort to strengthen communication and consent between the chiropractor and patient regarding assignment of care. A permanent guideline on virtual care was created to replace temporary guidance during the COVID-19 pandemic and to address new and emerging areas of practice. Feedback was reviewed and included in the November 23, 2023 public Council package and final approvals of these documents were made by Council on November 23, 2023. Content related to these new and amended guidelines is included in CCO workshops. Guideline G-014: Delegation, Assignment and Referral of Care and Guideline G-015: Virtual Care are posted on the CCO website. CCO Council approved amendments to several standards of practice, policies and by-laws, including Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs, Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members and CCO's by-law review and amendments. Amendments including using gender neutral language whenever possible, and increasing information and accessibility to the funding for therapy program.

CCO communicated amendments and supported implementation of new amended documents by means of various messages to stakeholders, including members, and communicate many of these amendments in its March 1, 2024 distribution (following the February 23, 2024 Council meeting, when many of these provisions came into effect. CCO also presents updates on these amended documents as part of its Regulatory Excellence Workshop (REW) (which is offered for free virtually three times a year, and will be offered as part of free, in-person road shows in 2024 around Ontario – three are scheduled), updates to its PPA 1.0 and 2.0 checklists and programs. Further statistics about these initiatives can be found in the Quantitative section of this document related to Quality Assurance initiatives.

As of July 1, 2022, the REW has become a mandatory component of CE requirements, to be completed once every six years. The REW is continuously updated to include the most recent version of standards of practice, policies and guidelines, as they related to all aspects of professional regulation and patient care, as well as new and amended documents and how they apply to practice.

CCO staff is always available to respond to questions from members, stakeholders, and members of the public. If there is a novel issue raised, this may be brought to the attention of the appropriate committee for further review.

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: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**	
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: Yes • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • *If yes, please insert link to the policy.* CCO's QA Program, details which are available on the CCO website consists of many components, including Professional Portfolio, Self Assessment, Continuing Education, PPA 1.0, PPA 2.0 and REW and the Core Competencies Document. All members are required to participate in the QA program and are required within a two-year Continuing Education (CE) cycle to complete a self-assessment, participate in continuing education and report these activities to CCO through the member portal. The requirements of the quality assurance program are described in Standard of Practice S-003: Professional Portfolio. As well, approximately 250 – 500 members are randomly selected each year for either PPA 1.0 or 2.0. However, there are several factors which may trigger a specific member being selected for a PPA, a requirement to attend a REW or additional educational activities: • Members re-entering the General (i.e., active) class of registration after a period of at least two years are required to attend a REW and be peer assessed, in addition to re-taking CCO's legislation and ethics examination. This is described further in Policy P-053: Returning to the General Class of Certificate of Registration. • Members who are subject to the inquiries, complaints and reports or discipline process are often required to participate in various components of the QA program, such as a the REW and PPA, through undertakings and discipline decision. These activities are intended to remediate deficiencies found through the complaints or discipline processes.

CCO receives feedback on its QA program in a number of ways:

- CCO holds an annual PPA workshop with all its peer assessors. In 2023, CCO held an in-person peer assessor workshop on January 28, 2023. This workshop provided an opportunity for peer assessors to offer valuable feedback on both versions of the PPA. Presentations to the peer assessors was also provided on new and updated standards of practice, policies and guidelines, DEI and competencies as they relate to controlled acts. Each peer assessor conducts approximately 10 – 20 peer assessments per year and, as representatives of CCO who have the opportunity to assess and interact with members in an educational setting, they provide invaluable feedback on strengths, weaknesses and areas for improvement for the PPA and the QA program in general. Peer Assessors can also provide feedback on the program through a variety of systems and all feedback is brought forward to the QA Committee for analysis and consideration of further ways to improve the program.
- Each PPA includes a feedback form that is completed by the member being assessed. All feedback is reviewed by the QA Committee for the purposes of improving the program.
- All substantive new or amended by-laws, regulation, standards of practice, policies and guidelines are distributed to members and stakeholders for feedback, as well as posted publicly on the "News & Updates" section of the CCO website providing an opportunity for the public and patients to provide feedback as well. All feedback related to quality assurance initiatives is reviewed by the Quality Assurance Committee and Council for further amendments.
- In 2023, The QA Committee reviewed in detail the "Right Touch" regulation document and will be including it in all committee information packages. The current PPA program utilizes the "Right Touch" principles as it is meant to be educational and remedial rather than punitive. Only continued non-compliance results in punitive measures, such as referral to the Inquiries, Complaints and Reports Committee.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

Additional comments for clarification (optional)

CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of other Ontario health regulatory colleges in order to advance its understanding of best practices and areas for improvement for CCO's QA Program. CCO also continue to review the "Right Touch" model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.

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

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). ***OR*** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Yes – *Employers* Yes – *Registrants* Yes – *other stakeholders* Yes The QA Committee reviewed the Right Touch regulation document in detail at several meetings in Fall 2021 and reported on this as part of the Quality Assurance report to Council on November 25, 2021. As part of its review, the Quality Assurance Committee applied the following principles: • Using a risk-based approach, primarily risk to the patient, in reviewing standards of practice, policies and guidelines as well as programs and processes of Quality Assurance. • Reviewing relevant information in the review of standards of practice, policies and guidelines, including but not limited to: comparable documents from other Ontario health profession and other chiropractic regulators from other jurisdictions, memoranda from the Inquiries, Complaints and Reports Committee, statistics related to complaints and discipline, feedback from members, stakeholders, patients and organizations, and research and academic articles. • Amendments to various CCO documents and programs such as the REW are reported on elsewhere in this document.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) CCO continuously reviews and assesses its quality assurance initiatives and participates on HPRO groups involving quality assurance staff of other Ontario health regulatory colleges in order to advance its understanding of best practices and areas for improvement for CCO's QA Program. CCO also continues to review the "Right Touch" model of regulation for opportunities to incorporate elements of this approach into its Quality Assurance program.	
			The College fulfills this requirement:	Yes

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria. As described above, the QA program and the PPA Program specifically are primarily an educational and remediation program, and punitive measures, such as referral to the Inquiries, Complaints and Reports Committee have only occurred in situations of non-compliance. Individual PPAs may result in additional remediation or member requirements, such as re-submitting patient health records for review.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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	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. Both PPA streams, 1.0 and 2.0 are designed to be non-punitive, providing real-time feedback to members on a wide range of topics related to chiropractic practice. Additionally, the QA Committee reviews the summary reports and provides all members with an official Disposition Report. This report would include, if appropriate, specific remediation recommendations for the member to follow. Further remediation follow-up is scheduled on a case-by-case basis and CCO staff follows up with these members to ensure remediation recommendations are incorporated into their practices. This can occur through resubmission of updated record keeping forms.	
	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 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	**College Response**
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for	The College fulfills this requirement: Yes • Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/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. CCO has several pages on its website describing the complaints process, including how to file a complaint, the information to be included in a complaint, template letters used in the complaints process, the various steps of the complaints process and the possible outcomes of the complaints process. Any complaint involving allegations of sexual abuse include communication from CCO staff to the complainant of the availability of funding for therapy and counselling and direction on where to find the appropriate information and forms. These are included at the following links, under both the "Members of the Public" and "Members of CCO" tab on the website: • https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/ • https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-complaints-process-2/ • https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/appointment-and-powers-of-investigators/ • https://cco.on.ca/members-of-the-public/how-to-file-a-complaint/the-discipline-process/ • https://cco.on.ca/members-of-the-public/funding-for-therapy-and-counselling/ CCO staff will often correspond with potential complainants by phone and/or email to assist them with the complaints process. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

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		sexual abuse therapy); and;	*Additional comments for clarification (optional)*

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iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
	• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. All committees, including the Inquiries, Complaints and Reports Committee, review their policies and procedures on an annual basis, or if there is any regulatory amendment or committee or stakeholder feedback that will result in changes, to reflect any updated policies and processes.	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes
	Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). Responses to inquiries from the public or members regarding the filing of an inquiry, complaint or report, are provided within one to five business days. Emails and phone inquiries are directed to the staff member associated with the question or concern. If a staff member is away for a period of time, an auto response is provided by email or phone to contact another staff member who will be able to assist the individual. College staff will also inform individuals of the timeline associated with a response to their inquiry, complaint or report. This includes the date of the next Inquiries, Complaints and Reports Committee meeting, an upcoming investigation or other processes within the complaints committee.	

			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)	

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		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:	Yes
			• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The College supports the public in a number of ways: • Communicating with the member of the public by phone and/or email to aid in understanding the existing standards of practice, policies and guidelines of the College, • Communications to members and members of the public involve the complaint process, possible outcomes of a complaint and links to relevant tools used by the Inquiries, Complaints and Reports Committee. Information and sample letters are included in the inquiries, complaints and reports webpages, • Assisting the member of the public with information on how to draft a letter of complaint and what accompanying information is to be included, • Assisting the member of the public in understanding the various steps of the complaints process, such as communication with the member, review by the ICRC, investigation including the collection and review of clinical notes and records, timelines of the complaints process and possible outcomes for complaints, • CCO has assisted members of the public who are unable to write a letter of complaint. An example of this is CCO taking a recording of the individual's complaint through a telephone conversation and transcribing this as a letter of complaints, and • CCO has provided members with translated documents upon request. The College will inform a complainant who is making a complaint for an allegation on sexual abuse on the right of the complainant to apply to the College for funding for therapy or counselling. The College will inform the complainant on the process for this application and direct them to the various forms associated with the complaints process.	
			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: **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 College provides formal letters to the complainant and member within the timelines of the complaints process under the Health Professions Procedural Code under the *RHPA*. CCO will log and track complaints within the internal member database which includes key dates that are required for communications consistent with the *RHPA* requirements. Information and sample letters are included in the inquiries, complaints and reports webpages.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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			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: Yes
			• 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). CCO's Inquiries, Complaints and Reports Committee prioritizes complaints that have a high level of public risk, such as allegations of sexual abuse, patient harm and financial/insurance fraud. CCO developed a number of risk assessment tools for reviewing and prioritizing complaints, which are posted publicly on the CCO webpages related to complaints: • Risk Assessment Framework Statement • Risk Assessment Framework • Risk Assessment Framework Tool • Interim Order Assessment Tool • Transparency Principles
			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)

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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:	Yes
			• 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'). Historically, CCO has communicated and shared information with other authorities, such as law enforcement, criminal and civil courts, as authorized by governing legislation, when there are matters or concerns related to professional regulation as well as another governing authority. These matters may arise in the inquiries, complaints and reports, discipline, fitness to practise and registration processes when there are simultaneous investigations or decisions of other external system partners. CCO developed a "Transparency Principles" policy document, available to the public, which outlines this framework of transparency and disclosure to outside parties.	
			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)	

		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: Yes
			• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number ***OR*** list KPIs and rationale for selection. In addition to its mission, vision, values and strategic objectives and committee objectives, CCO approved the Key Performance Indicators document for core CCO functions. KPIs are regularly included in Council and committee packages, and are intended to identify the core objectives of certain statutory committees and the annual review of standards of practice, policies and guidelines. CCO continues to meet its KPIs, in terms of registering applicants in a timely manner, processing complaints in accordance with the requirements of the *RHPA*, conducting PPAs on approximately 5 – 10% of members registered in the General class of registration annually, and reviewing all by-laws, standards of practice, policies and guidelines annually, or more often if there is a regulatory reason for review.
			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) CCO has prioritized review of its mission, vision, values and strategic objectives as part of its strategic planning session in September 2024, which may have an effect on its KPIs.
		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: Yes • 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. Public Council packages include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council. *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)* CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.

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:	Partially
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. Public Council packages include materials and reports from committees, describing their statutory objectives. This includes recommendations for new and existing standards of practices, policies and guidelines, reports on inquiries, complaints and reports appeals to the Health Professions Appeal and Review Board (HPARB), discipline decisions, and communications and materials from various stakeholders and system partners. Recommendations from committee to Council are guided by CCO's statutory mandate, regulation objectives, mission, vision and strategic objectives, and risks identified by the committee and Council.	
	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. CCO developed a number of risk management tools for the Inquiries, Complaints and Reports process. It will continue to work on formalizing its practices for the college and committees regarding identifying and tracking risks.	
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:	Yes
	• Please insert a link to the College's dashboard or relevant section of the College's website. All decisions addressing these issues are included in public Council package and communicated to members, stakeholders and system partners and posted on the CCO website under the "New & Updates" section.	

			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)	

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Part 2: Context Measures

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

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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**	
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. *If a College method is used, please specify the rationale for its use:*	
Context Measure (CM)	
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*	
Type of QA/QI activity or assessment:	#
1. Regulatory Excellence Workshops (REW) For many years, CCO has mandated all its new registrants to attend the interactive REW (formerly known as the Record Keeping Workshop) within the first year of registering with CCO. Additionally, to ensure all members are maintaining their knowledge and understanding of the College's standards, policies and guidelines, it is mandatory for all members to attend a REW once every three CE cycles (6 years). This change was approved by Council and made effective on July 1, 2022. This workshop is led by CCO staff, including one member of the profession, the Director of Professional Practice. Since the pandemic, CCO continues to deliver the workshop virtually as this facilitates access to all its members throughout the province. It should also be noted that the College does not charge a fee to attend the workshop. Below is compilation of the REWs from 2023:	3 workshops 362 attendees

What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.

Workshop Date	Actual Number of Attendees Present
Feb 17	120
June 2	126
Nov 1	116

This interactive workshop continues to be an excellent opportunity for the College to set member expectations; to talk about emerging trends; quantify, qualify and address potential risks as members enter their practice life, all in keeping with the principles of "Right Touch regulation". REW provides its members and any interested parties (i.e. insurance companies) the ability to review any updates to standards of practice, polices and guidelines and their implementation strategies.

The workshop features a step-by-step approach, broaching the following topics:

- an introduction to CCO
- accurately documenting the "story" of the doctor/patient relationship (consultation, history, examination, diagnostic imaging, report of findings, communicating a diagnosis, treatment, SOAP notes, re-assessment, dismissal)
- informed consent – when, how, and why
- communication with patients, avoiding boundary crossings and prevention of sexual abuse
- chiropractic scope of practice
- billing and business practices
- adjunctive therapies and assistive devices (including orthotics)
- delegation, assignment and referral of care
- advertising, websites and social media
- privacy of personal health information (including the use of electronic health care records)
- changes to and dissolution of practice
- new and amended CCO standards of practice, policies and guidelines

• current events For further information regarding CCO's REW, please see the following link: https://cco.on.ca/members-of-cco/workshops/		
2. Peer and Practice Assessment (PPA) Details surrounding the PPA Program can be found on CCO's website: • PPA 1.0 • PPA 2.0 CCO's Quality Assurance (QA) Committee developed the PPA Program to enhance members' learning opportunities and ensure their compliance with the regulations, standards of practice, policies, and guidelines. On becoming registered with CCO, members have the right to call themselves chiropractors and to practice chiropractic within the scope of practice identified in the *Chiropractic Act, 1991*. In assuming the right to practice, members also assume the responsibilities associated with this right, including the responsibility to maintain competence. The public must feel confident that chiropractors within Ontario, who demonstrated entry-level competencies when they registered with CCO, continue to demonstrate their competence for the duration of their practice. As such, there is an expectation that members engage in life-long learning, and continually build their competencies throughout their career. During the assessment, peer assessors can flag any deficiencies noted with the members' record keeping and/or knowledge of the College's standards of practice, policies, and guidelines. This process also allows the member to engage in conversations with their peer assessor regarding any noted deficiencies so that they may address them immediately.	PPA 1.0 = 242 PPA 2.0 = 274	

CCO has developed two phases (thus far) to the PPA Program to acknowledge and address the changes in member competencies that are gained with clinical experience. ***PPA 1.0*** is intended for use with entry-to-practice new registrants/practitioners. Its focus is to ensure members: • Are adhering to *S-002: Record Keeping* (https://cco.on.ca/wp-content/uploads/2023/02/S-002Feb2023.pdf) with the review of five (5) sterilized patient files; • Fully understand all standards of practice, policies, and guidelines in a "Q and A" formatted section; • Fully understand all components of the professional portfolio and are able to demonstrate their clinical competencies via continuing education activities. ***PPA 2.0*** has been developed for assessing more experienced practitioners and typically, is only used after a member has undergone PPA 1.0 and addressed any issues revealed in that process. These two streams of assessments also provide opportunities to interact, one-on-one, with members at different stages of their professional lives. Building on successful elements of PPA 1.0, the PPA 2.0 assessment process involves: • A more in-depth, conversational review of a selection of four (4) patient files to better ensure that members are maintaining an accurate patient health record, reflective of the patient encounter and "story"; • A review and conversation related to scenarios commonly encountered in clinical practice that show implementation of regulations, standards of practice, policies, and guidelines in real life situations; • A more complete review of the member's professional portfolio to ensure that all components, especially areas needing improvement identified in the member's Self-Assessment Plan of Action, are being addressed by the member. Both PPA streams are designed to be non-punitive, providing real-time feedback to		

members on a wide range of topics related to chiropractic practice. Members are randomly selected to participate in the program. Once assessments have been completed, the QA Committee reviews the summary reports and provides all members with an official disposition report. This report would include, if appropriate, specific remedial recommendations for the member to address. If required, further remedial follow-up is scheduled on a case-by-case basis. A system has been implemented to track members who require additional submissions due to deficiencies noted during their PPA. This is to help reduce the potential risk of members receiving complaints and maintain the interest of the public.

The numbers of completed peer assessments for 2023 are as follows:

PPA, 2023	
1.0	**242**
2.0	**274**

Participation is Mandatory

Members who hold a General (i.e., General Active, General Non-Practising and General Non-Resident) Certificate of Registration are required to participate in this program.

If a member is registered as General Non-Practising and General Non-Resident, they will undergo a modified assessment. For example, if the member does not actively see patients (General Non-Practising), the assessment would entail a review of their knowledge of CCO regulations, standards of practice, policies, and guidelines.

The QA Committee has taken steps to ensure that ALL members registered, regardless of whether they work in direct patient care or not, take steps to maintain the skills and knowledge that are core to providing direct patient care.

Information gathered during the peer assessment is shared with the members of the QA Committee only.

Member Selection CCO randomly selects members to participate in the program and matches the selected member with a suitable peer assessor: a colleague trained to identify areas of improvement and encourage members to strive for continuous quality improvement will conduct the assessment, designed to be educational, not punitive. It should also be noted that, in keeping with "Right Touch regulation" principles, the PPA Program has been increasingly used by both CCO's Registration Committee (e.g. having members undergo a proactive PPA when returning to practice after an absence) and ICRC (e.g. creating the Peer Mentoring Program, based on PPA 2.0, that helps guide members' understanding and implementation of better practices for members having been identified as non-compliant in some manner). **Peer Assessors, Training and Support** CCO continues to maintain a core group of highly trained peer assessors since the inception of the program. These assessors play a key and vital role in the success of both the development and implementation of the program. Successful peer assessors must meet the conditions and elements outlined in our *P-051: Peer Assessors* (https://cco.on.ca/wp-content/uploads/2018/12/P-051.pdf). In 2023, CCO had a roster of 31 trained and experienced peer assessors working in the field providing valuable guidance to members, in-person and remotely. Each year, since the start of the PPA program, the QA Committee has hosted all peer assessors for an in-person day-long training workshop. This workshop typically involves the following elements: • Review of updates to regulations, standards of practice, policies and guidelines related to the practice of chiropractic;		

• Review of changes to the PPA programs to accommodate the above updates; • Gathering front-line feedback from assessors on their experiences of the past year's PPA cycle; • Group and/or individual performance feedback to peer assessors; • Small group break-out sessions that often task assessors with brainstorming, creating and developing ideas for new elements, changes or refinements of future PPA or other QA initiatives; • Guest speakers with experience in quality assurance, continuing competencies or other areas relevant to this initiative; • Updates on current events such as professional or government trends and/or initiatives; • Plenty of opportunity for assessors from all over the province to interact with their colleagues. On January 28, 2023, the annual Peer Assessor Workshop was held in-person at the CCO offices, with the option to attend virtually. Attendees included peer assessors, Council President, elected professional and public-appointed members of the QA Committee, and CCO staff. This year's break-out sessions focused on assessing core competencies and controlled acts, as well as diversity, equity and inclusion. Once again, feedback was overwhelmingly positive, and assessors provided various suggestions for future workshops. Peer assessors are always encouraged to contact the Director of Professional Practice if they have any questions/concerns regarding the PPA Program or if they encounter a unique situation/question during an assessment.		

New Peer Assessors In the fall of 2022, CCO appointed nine (9) new peer assessors. Criteria included: • Need for peer assessor(s) in each CCO district • Geographical location of the member's practice • Type of practice and/or practice style • Experience • Additional professional qualifications, expertise and/or specialty • Languages spoken • Communication skills In-field training began in 2022 with each new assessor being required to observe a current peer assessor as they conducted both a PPA 1.0 and a PPA 2.0. Any new assessor who had yet to complete PPA 2.0 was required to undergo this assessment which counted toward their observations. Training for the new assessors continued on January 27, 2023 with an Orientation Day, as well as their required attendance at the Peer Assessor Workshop the following day. This full-day event included the following objectives: • Overview of CCO (duties and objectives; mission and strategic objectives; mandate of QA; • The role of a Peer Assessor and the PPA Program; • S-002: Record Keeping ; • Professional Portfolio. It was during this session that new assessors were provided step-by-step instructions and demonstrations on how to conduct both PPA 1.0 and PPA 2.0. New peer assessors were then given the opportunity to work through the assessment paperwork by way of mock assessments.		

The final step to the new assessors' training took place in the field whereby each new assessor conducted one PPA 1.0 and one PPA 2.0, with an experienced peer assessor present. The experienced peer assessor ensured that their colleague completed all components of the assessment, assisted with the assessment (if necessary), and provided the new assessor with recommendations on how to enhance their assessment skills.		
3. Professional Portfolio and Continuing Education CCO requires that members maintain a Professional Portfolio log where they track compliance with all CCO continuing competency initiatives. The professional portfolio would include, among other things: • Self-Assessment Plan of Action Summary Sheet • A log of all completed continuing education activities • Materials collected while fulfilling their continuing education (CE) requirements (e.g., course outlines brochures from conventions/conferences, etc.) • Current samples of advertising. All professional portfolio information is available at the following links: • https://cco.on.ca/members-of-cco/quality-assurance/professional-portfolio/ • https://cco.on.ca/wp-content/uploads/2017/10/PP_handbook_Jan2017.pdf Members were encouraged to log and track all their continuing education activities through a confidential on-line member portal. This was developed to provide CCO with the ability to track member activities as well as link registration actions to a member's completion of other mandatory activities.		

Self-Assessment As noted above, in the report on PPA, CCO acknowledges the evidence which supports that members should be demonstrating ongoing and evolving competencies throughout their careers. This would be demonstrated in the types of CE activities undertaken. It was the Committee's view that it would also be prudent to have a self-assessment suitable to reflect on basic, entry-to-practice competencies and then to have further self-assessments that engaged the member in self-reflection on competencies more relevant to advancing experience and expertise. The new version of the Self-Assessment, now referred to as "SA 2.0", was launched at the start of the new CE cycle, July 1, 2022. It is important to note that, where elements of SA 1.0 focus on entry-to-practice competencies such as knowledge of regulations, standards of practice, policies and guidelines, SA 2.0 was framed around the revised CCO Core Competencies for CCO Members. SA 2.0 is designed to assist more experienced members of the profession to reflect on their competencies after several years of practice. For example, members reflect on various scenarios they may have encountered or may encounter in practice. These scenarios are based on archival case examples and trends. The Core Competencies for CCO Members also clearly lays out basic expectations members should be aware of when providing care to the public in the section titled: "What to Expect when attending a chiropractor appointment: an application of the core competencies." As part of PPA 2.0, assessors reminded members of SA 2.0's purpose and the College's recommendation that it be completed within the first three months of a new CE cycle. Peer assessors reviewed the Plan of Action Summary Sheet (as part of SA 2.0) and spoke to members about the steps they will can take to improve and enhance their competencies.		

Continuing Education Requirements As in all previous CE cycles, CCO has developed a mandatory CE program that is built on the best available evidence, with respect to professional continuing competency. As such, our program is a balance of "trust" and "proof" models, i.e., providing members a range of options for meeting their requirements that embrace the diversity of practices and populations served by those practices. Additionally, CCO has always allowed members to engage in ongoing, continuing competency development that is relevant to their areas of interest and expertise. Additionally, members are to utilize their self-assessment (SA 1.0 or 2.0) to help guide them toward any CE activity that will help "fill in the gap" with respect to deficiencies discovered after the completion of the self-assessment questionnaire. CCO acknowledges that there are some members who do not engage in direct patient care, but rather serve in administrative, research or academic roles; yet, they still maintain a General registration. CCO still requires that all members who maintain a General registration comply with the completion of all 40 hours of continuing education, including five hours of structured activities related to the controlled acts permitted within the chiropractic scope of practice (e.g., diagnosis and treatment of patients), should they choose to engage in direct patient care at any point in time. As mentioned in the section REW, it is now mandatory for members to attend one REW every three CE cycles, or rather, once every six years. This measure is meant to be proactive and educational in nature, to ensure all members are keeping up to date with all standards of practice, policies, and guidelines, including their record keeping skills. Attendance at a REW can be counted toward the member's continuing education hours.		

4. Peer Mentoring Program The QA Committee continues to work collaboratively with the ICRC and Discipline Committee in the delivery of the Peer Mentoring (PM) Program. The program acts as a specified continued educational remedial program (SCERP) option for ICRC, as well as a course of action for members with disciplinary findings. CCO maintains a roster of 13 peer mentors throughout the province. This group is composed of current and former peer assessors who demonstrate excellent knowledge of CCO's standards of practice policies, and guidelines, and some of whom may be considered experts within the field (e.g., the peer mentor is a Fellow of the College of Chiropractic Orthopedic Specialists). This program is built from PPA 2.0. Since the Peer Mentoring Program is remedial in nature, peer mentors conduct their sessions similar to an assessment with stronger focus on the deficiencies/poor habits/disciplinary findings. After each PM session, a disposition report is provided to the member to summarize all pertinent findings. Mentors will then conduct subsequent PM sessions (approximately three months later), with the expectation that the member will have enhanced their record keeping skills and can demonstrate improved knowledge of all standards of practice, policies, and guidelines. The number of peer mentoring sessions depends on the member's ability to demonstrate changes and understanding of CCO's standards of practice, policies, and guidelines and/or decisions made by the committee. In 2023, three (3) members began the Peer Mentoring Program and another three (3) members, who began the program in 2022, completed it.	3 members began PM Program 3 members completed PM Program	
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>*		

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

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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: Choose an item.

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 2023, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2023	REW: 362 PPA 1.0: 242 PPA 2.0: 274	REW: 7.2% PPA 1.0: 4.8% PPA 2.0: 5.5%	

	Self Assessment, Professional Portfolio and Continuing Education: Approximately: Approximately 5002 Members (Members registered in the General class of registration)	Self Assessment, Professional Portfolio and Continuing Education: 100% of members registered in the General class of registration	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	6	0.12%	
NR			
Additional comments for clarification (if needed)			

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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: Choose an item.

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

Context Measure (CM)				
CM 4.	Outcome of remedial activities as at the end of CY 2023:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I.	Registrants who demonstrated required knowledge, skills, and judgement following remediation*	3	50%	
II.	Registrants still undertaking remediation (i.e., remediation in progress)	3	50%	

NR

** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.*

***This measure may include any outcomes from the previous year that were carried over into CY 2023.*

Additional comments for clarification (if needed)

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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: Choose an item.

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

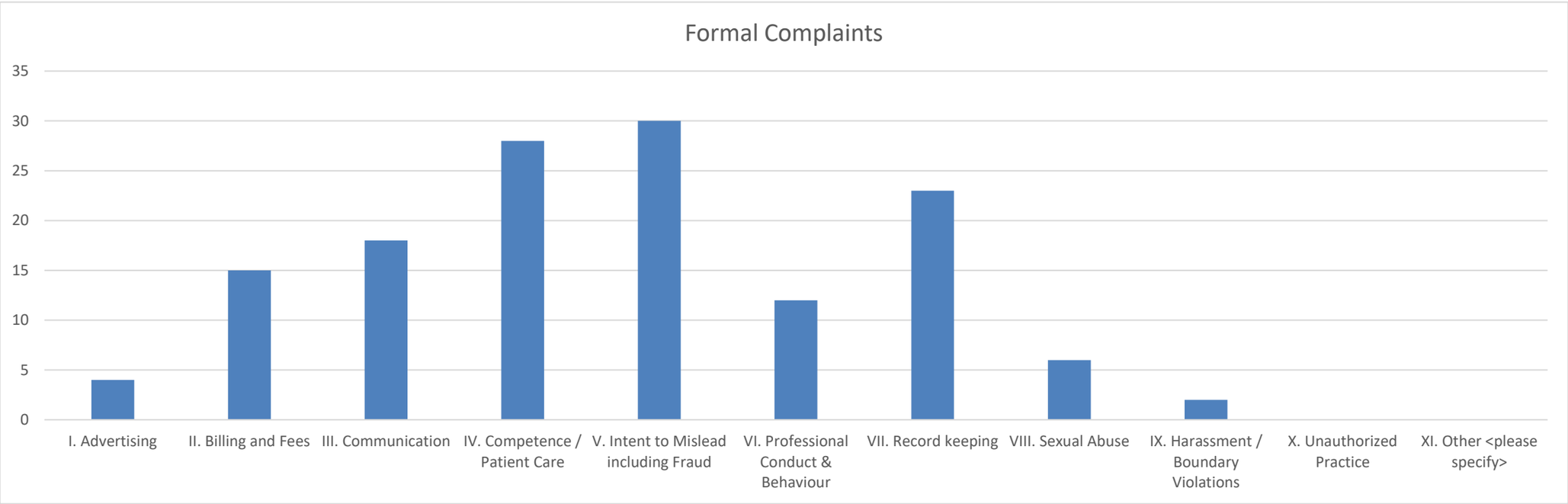
Context Measure (CM)

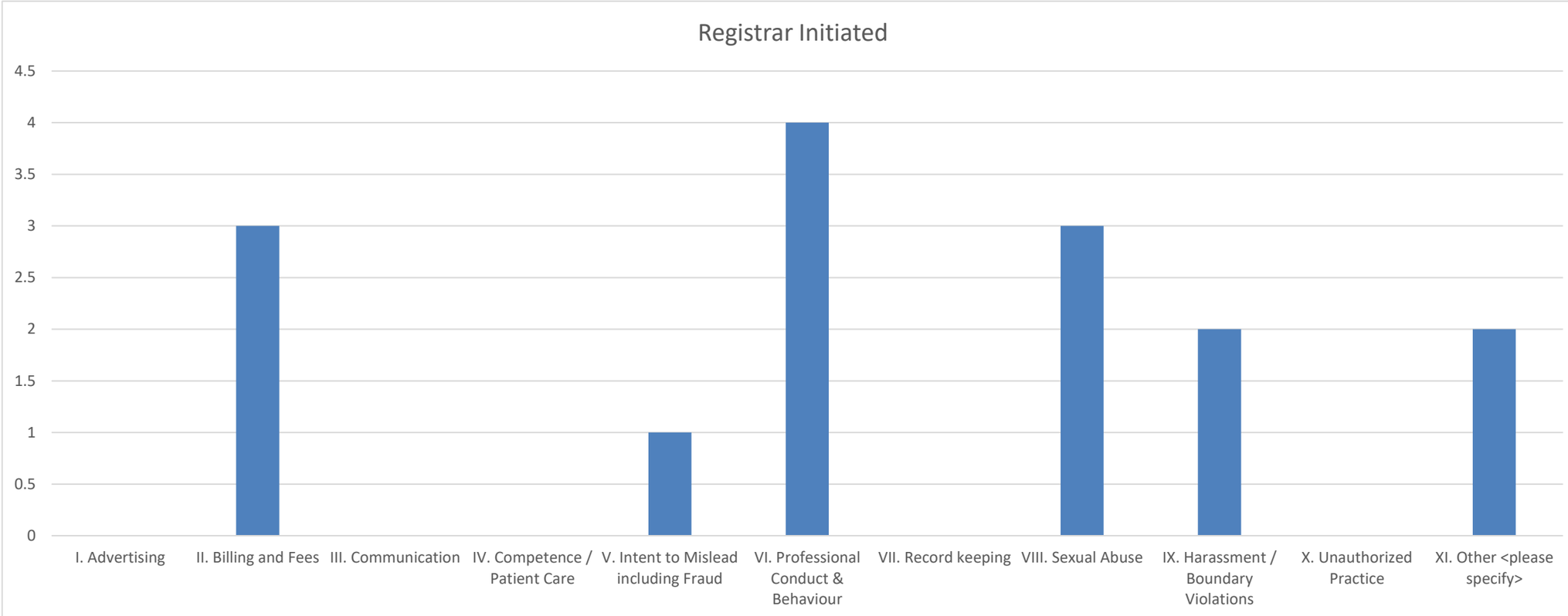
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2023	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	4	3	0	0
II. Billing and Fees	15	11	3	20
III. Communication	18	13	0	0
IV. Competence / Patient Care	28	20	0	0
V. Intent to Mislead including Fraud	30	22	1	7
VI. Professional Conduct & Behaviour	12	9	4	27
VII. Record keeping	23	17	0	0
VIII. Sexual Abuse	6	4	3	20
IX. Harassment / Boundary Violations	2	1	2	13
X. Unauthorized Practice	0	0	0	0
XI. Other <*please specify*> (failure to cooperate with the College)	0	0	2	13
Total number of formal complaints and Registrar's Investigations**	138	**100%**	15	**100%**

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.

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

Additional comments for clarification (if needed)




Registrar Initiated
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
I. Advertising
II. Billing and Fees
III. Communication
IV. Competence / Patient Care
V. Intent to Mislead including Fraud
VI. Professional Conduct & Behaviour
VII. Record keeping
VIII. Sexual Abuse
IX. Harassment / Boundary Violations
X. Unauthorized Practice
XI. Other <please specify>

-

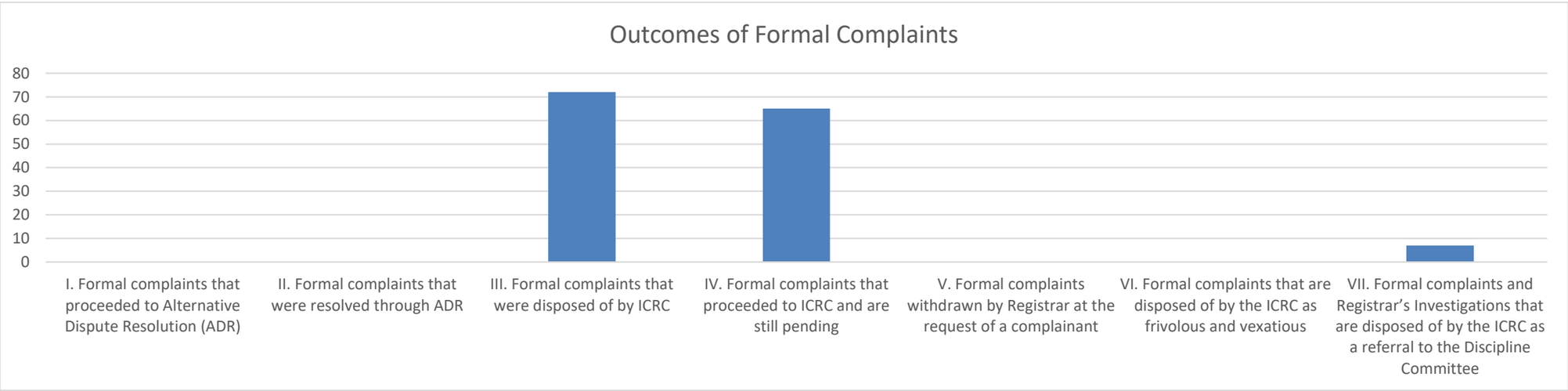
Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	144		*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2023	15		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2023	9		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2023**:	#	%	
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	72	50	
IV. Formal complaints that proceeded to ICRC and are still pending	65	45	
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	0	0	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	7	5	

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.
*** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.*



Additional comments for clarification (if needed)

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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: Choose an item.

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	3	1	0	0	0	0	0
II. Billing and Fees	8	2	0	2	0	1	0
III. Communication	4	6	1	0	0	0	0
IV. Competence / Patient Care	15	3	0	0	0	0	0
V. Intent to Mislead Including Fraud	4	0	0	0	0	2	0
VI. Professional Conduct & Behaviour	10	0	0	0	0	0	0
VII. Record Keeping	3	5	0	1	0	1	0
VIII. Sexual Abuse	3	1	0	0	0	2	0
IX. Harassment / Boundary Violations	0	1	0	0	0	0	0

X.	Unauthorized Practice	0	0	0	0	0	0	0
XI.	Other <*please specify*>	0	0	0	0	0	1	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 2023.*

++ 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)

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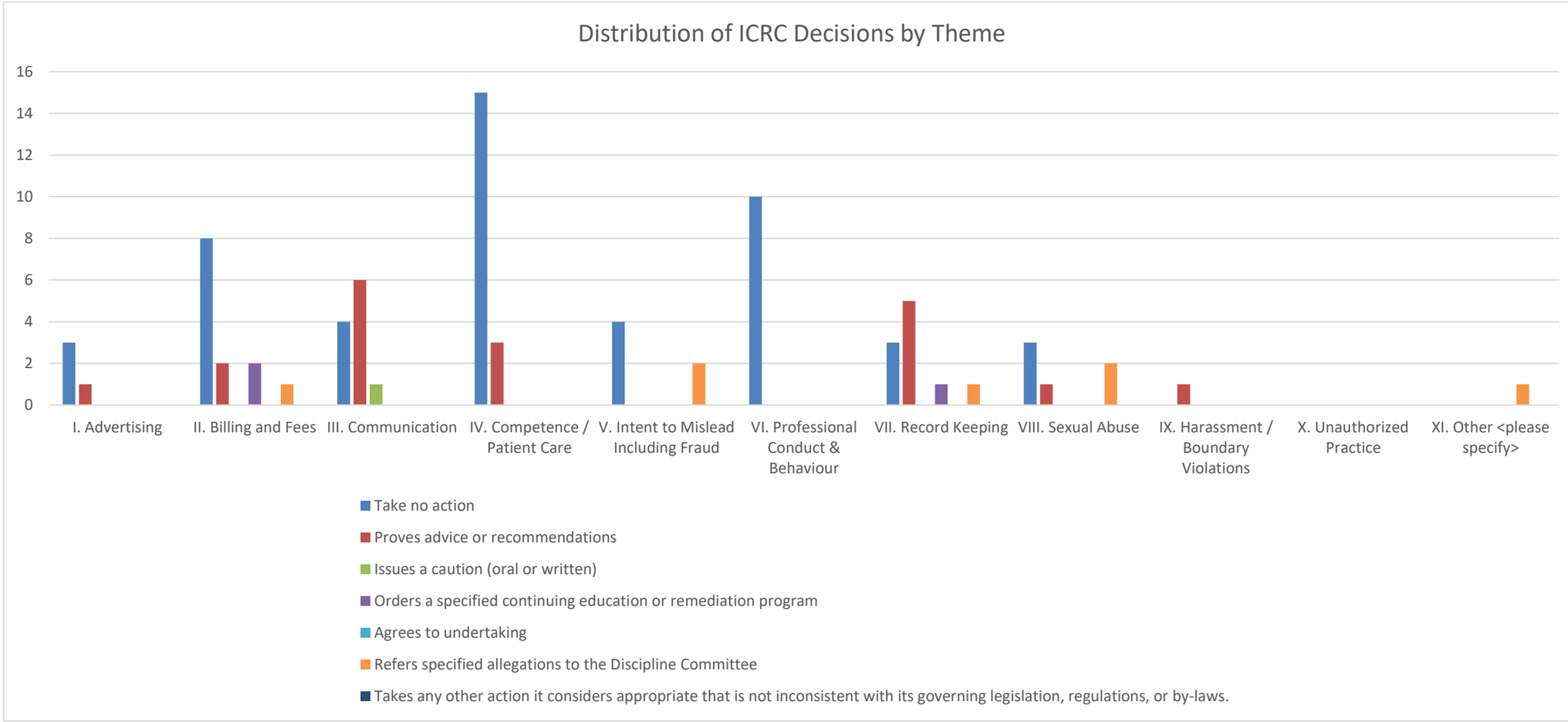
Distribution of ICRC Decisions by Theme
16
14
12
10
8
6
4
2
0
I. Advertising
II. Billing and Fees
III. Communication
IV. Competence / Patient Care
V. Intent to Mislead Including Fraud
VI. Professional Conduct & Behaviour
VII. Record Keeping
VIII. Sexual Abuse
IX. Harassment / Boundary Violations
X. Unauthorized Practice
XI. Other <please specify>
Take no action
Proves advice or recommendations
Issues a caution (oral or written)
Orders a specified continuing education or remediation program
Agrees to undertaking
Refers specified allegations to the Discipline Committee
Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.

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: Choose an item.

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

Context Measure (CM)		
CM 11. 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 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
I. A formal complaint in working days in CY 2023	241	
II. A Registrar's investigation in working days in CY 2023	238	

Disposal

Additional comments for clarification (if needed)

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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 2023	180	
II. A contested discipline hearing in working days in CY 2023	885	
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: Choose an item.

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

Discipline decisions may have more than one finding type. There were a total of 4 discipline decisions in 2023.

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	3	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	4	
VII. Offence conviction	1	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	2	
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*

Type		#
I.	Revocation	1
II.	Suspension	3
III.	Terms, Conditions and Limitations on a Certificate of Registration	3
IV.	Reprimand	3
V.	Undertaking	3

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.

** 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