

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

December – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

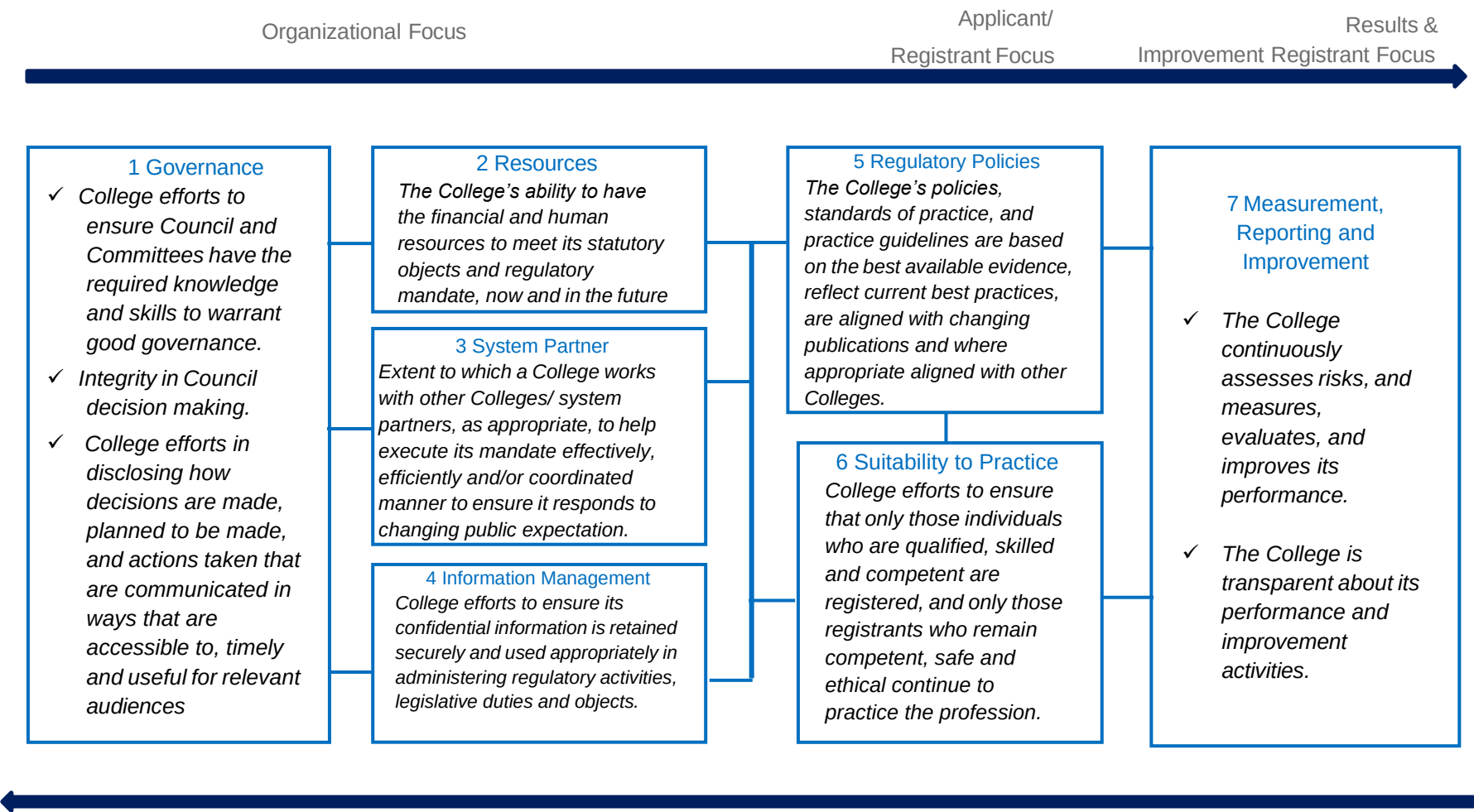


Figure 2: CPMF Domains and Standards

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

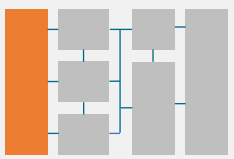
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> By-Law #1 - Section 5.6 - Eligibility for Election – page 8 Board Elections web page –includes a presentation with eligibility criteria and representation of demographic attributes and competencies A requirement to run for election is that nominees must watch/read a presentation on the Elections page outlining information about the College’s role and the skills necessary to be a Board member <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation</i>
		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement: Yes - Duration of orientation training. Training is a Minimum 6 hours - 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. Training Format - A combination of in-person training and on-line training modules with a knowledge quiz to be completed at the end of the online module training. new Board Member orientation training topics. Please insert a link and indicate the page number if training topics are public OR list orientation training topics. All committee orientation and training topics are listed on the Committees website page here – look at the end of each committee’s description. <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item. <i>Additional comments for clarification (optional):</i>
		b. Statutory Committee candidates	The College fulfills this requirement: Yes

		have: i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. CASLPO Committee Competencies – posted on the Board Committees web page						
			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.	<table><tr><td> The College fulfills this requirement: Duration of each Statutory Committee orientation training. Committee orientation runs between 2-6 hours depending on committee. 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.Virtual training session with the entire committee annually.See Orientation Training Topics link under each committee on this web page </td><td>Yes</td></tr><tr><td> If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? </td><td>Choose an item.</td></tr><tr><td colspan="2"> Additional comments for clarification (optional): </td></tr></table>	The College fulfills this requirement: Duration of each Statutory Committee orientation training. Committee orientation runs between 2-6 hours depending on committee. 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.Virtual training session with the entire committee annually.See Orientation Training Topics link under each committee on this web page	Yes	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	Additional comments for clarification (optional):	
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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. 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.	<table><tr><td> The College fulfills this requirement: </td><td>Met in 2022, continues to meet in 2023</td></tr><tr><td colspan="2"> Duration of orientation training. New public members attend orientation sessions virtually with all department lead staff totaling approx. 6-8 hours 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. New Board Member orientation training topics. All Committees – Overview of each by Staff Program Leads – 1:1 virtually Information Technology Training for new public members also includes: Cyber Security Access to College information (confidential document sharing platform) Finance and Communications Administrative overview Privacy, Confidentiality, Code of Conduct, conflict of interest and DEI </td></tr><tr><td> If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? </td><td>Choose an item.</td></tr></table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	Duration of orientation training. New public members attend orientation sessions virtually with all department lead staff totaling approx. 6-8 hours 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. New Board Member orientation training topics. All Committees – Overview of each by Staff Program Leads – 1:1 virtually Information Technology Training for new public members also includes: Cyber Security Access to College information (confidential document sharing platform) Finance and Communications Administrative overview Privacy, Confidentiality, Code of Conduct, conflict of interest and DEI		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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If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.								

		Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
		Required Evidence	College Response
		- Council has developed and implemented a framework to regularly evaluate the effectiveness of: - Council meetings; and - Council.	The College fulfills this requirement: Met in 2022, continues to meet in 2023
			- Please provide the year when Framework was developed OR last updated. - Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. - Evaluation and assessment results are discussed at public Council meeting: Yes <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> At the March 2022 Board meeting (Item 12 on page 4) a newly revised Board Evaluation Policy and Process was approved and implemented. The meeting minutes of June 2023 beginning on page 107 - see the full evaluation analysis and results reviewed and discussed by the Board.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)
		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes <i>If yes, how often do they occur? Every Three Years beginning in 2023</i> The Full Third-Party Evaluation Report was presented to the Board at the September 2023 Board meeting. See page 26 for the full report. The Full Report and Response Action Plan are posted publicly here.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)
		c. Ongoing training provided to	The College fulfills this requirement: Yes

		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	- Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. At the June 2023 Board meeting, the Board approved the Board Education Plan for 2023-2024. The topics for quarterly education to the Board came as a result of the Board Evaluation analysis as recommended by the Executive Committee. See the full Analysis and Board Education Plan presented to the Board in the June 2023 Board Agenda Package here on page 107. To see the Education Plan see page 123.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
			<i>Additional comments for clarification (optional):</i>
		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement: Yes - Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Risk Management Report - December 2023 mtg agenda package – Agenda item 10.2 - Page – 94 Also, the Board participated in Risk Management Training at the Dec. 2023 meeting and an in-camera session was held on the Risk Register. Reacting to environment scan. 2021-2025 Strategic Plan – describes external factors in its development such as the strong societal call for change related to DEI (page 4) Training on Bias and DEI is included in every Committee Orientation Training session. See each committee’s training topics here The Board received DEI Training at the Board Education Day in June 2023 – DEI Topic : “Nibwaakaawin – Establishing Effective and Respectful Relationships” with presenter John Beaucage, Principal, Counsel Public Affairs, who was recognized with The Order of Canada for his exemplary leadership and commitment to advancing the well-being and prosperity of Indigenous communities in Canada. The afternoon session topic: “The Current Landscape of Mental Health in the Regulated Health Professions”. Board members were invited to attend the webinar on Addressing antisemitism in healthcare”, which took place on September 19, 2023. E-Forum/Webinar section.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
			<i>Additional comments for clarification (optional):</i>

DOMAIN 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. Policy reviewed and revisions approved at the March 2023 Board meeting – page 157 - item# 16.2 . To be reviewed every 2 years as per the Governance Policy Review Schedule. Revisions were made including gender identity. College Code of Conduct found in the College By-laws (#1) – Page 39 governance policy review schedule
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)
		ii. accessible to the public.	The College fulfills this requirement: Met in 2022, continues to meet in 2023
			Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. The COI Policy is attached to all Board meeting agenda packages – see the December 2023 meeting package on page 3.
			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: - Cooling off period is enforced through: By-law - Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Article 5.6.12 was amended in March, 2020 - Please provide the length of the cooling off period. One year - How does the College define the cooling off period? Article 5.6.12 – a registrant cannot have held a position such as a Director, owner, board member officer or employee of a professional association during the one year before they put their name forward for the Board. - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Article 5.6.12 - cooling off period in By-Law 1: page 9 - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number:	Met in 2022, continues to meet in 2023
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <i>Additional comments for clarification (optional)</i>	Choose an item.
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. Questionnaires include questions based on areas of	The College fulfills this requirement: - Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. - Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes - Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. The Conflict of Interest Policy was reviewed and approved at the March 2023 Board meeting – Item 16.2 – page 157 The COI Policy and declaration is attached to all Board meeting agenda packages – eg. the December 2023 meeting package on page 3. The previous Board meeting declaration of COI is attached to the Board minutes for approval at every meeting. See the December 2023 meeting package on page 9. Also see the previous meeting minutes on page 4 which records if conflicts arise.	Yes
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

		risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	Additional comments for clarification (optional)	
		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	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. Memos include a public interest rationale when appropriate to ensure it is clear to the public, but also to the Board and to the professions, how or why a particular matter before the Board is in, and/or best serves, the public interest- thereby giving more meaning and relevance to the words ‘in the public interest’. See the December 2023 meeting package - page 16 shows a public interest rationale for the agenda item.	
			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. <u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should	The College fulfills this requirement: - 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. Meeting of the Board of Directors – December, 2023 - Page 94 The annual risk review entailed the review of the following documents and provided an overview of risks and their mitigation proposals: Risk Policy Risk Tolerance Profile Fraud Risk Assessment Checklist Risk Register	Yes

		be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

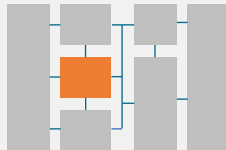
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			- Please insert a link to the webpage where Council minutes are posted. CASLPO Board Meetings web page – all minutes posted have been approved by the Board and signed by the Chair. - Insert 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. Should you be interested in attending a meeting as an observer or have questions regarding meeting materials and/or Board decisions, please contact Laura Bartolini lbartolini@caslpo.com	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council	The College fulfills this requirement:	Yes
			Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Executive Committee minutes are not posted publicly, however, a report to the Board is given at each Board meeting which includes discussion points, decisions made/motions carried, rationale for the decision. See the Meeting of the Board of Directors – December, 2023 – page 142 for the Executive Committee Report to the Board which includes all decisions made by the Committee and discussions.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure: 3.2 Information provided by the College is accessible and timely.		
		Required Evidence	College Response	
		a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Board Meeting Minutes – Posted and Approved - All agenda packages are posted 7 days in advance of every Board meeting. See Under heading “Open to the Public” – last sentence (on the left of the web page)	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			Please insert a link to the College’s Notice of Discipline Hearings. Discipline Hearings Link is here Also appears on registrant’s profile (e.g. here)	
			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	The College fulfills this requirement:	Yes

		Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	- Please insert a link to the College’s DEI plan. - Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. Strategic Plan webpage link – page 6- Goals for DEI – found under the pillar of “Inclusion” DEI webpage link DEI Report 2021-2023 In 2023, the recruiting process was completed to contract a DEI Project Coordinator to support the College’s DEI initiatives which will be completed in 2024. The DEI Roadmap Plan was presented to the Board at a Special Meeting in April 2023 – Item 4.1 – Page 3 The Board and staff were invited to attend a DEI webinar in May 2023 - Discussing Diversity with Dr. Nafeesa Jalal In February 2023, the Discipline Committee received training on the use of Inclusive Language which was reported to the Board at the March 2023 meeting -page 187	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement: - 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. Preliminary assessments have been completed based on the circulation of the HPRO EDI Self-Assessment and Action Guide. The College Registrar participated in HPRO's Anti-Racism in Health Regulation (ARHR) Project Steering Committee for 2 years. HPRO’s new Equity, Diversity and Inclusion Network is co-chaired by CASLPO’s DEI Officer. In 2023 the recruiting process was completed and a DEI Project Coordinator was contracted to support the Colleges DEI initiatives which are to be completed in 2024.	Partially
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i>	
			The DEI Project Coordinator will complete the Equity Impact Assessment in 2024.	

		Measure:	
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
STANDARD	Required Evidence	College Response	
	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
		- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Meeting of the Board – September 23, 2023 – Item 9 – Page 45 – Board approval of the Budget including alignment with the Strategic Plan Meeting of the Board – December 2, 2023 – Item 11 – Page 107- Review of FY 2022-2023 – Year 2 Summary of the 2021-2025 Strategic Plan	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
		- 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 Financial Reserve Policy on the CASLPO website Dec 1, 2023 Board Meeting Materials - Item 10 – page 90- Year End Financial Report as at September 30, 2023 –Reserve Analysis communicating level of reserves set out in the policy, historical trends and projected reserves based on audited financial statements and future forecasts.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training <i>Benchmarked Evidence</i>	The College fulfills this requirement: - 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. <u>Meeting of the Board – December 1, 2023</u> Agenda Item 12 - KPI Report/Update – page 126 – item #6 in the table shows completion of a staff succession plan and process for the organization. The Board reviews the Registrar and CEO Succession Planning Policy every 2 years (next review date is 2025).	Yes
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement: - Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan The cybersecurity plan includes a protocol to be applied if there is a breach as well as a Control Document that specifies the technology areas that require improvement, upgrade, and implementation. This document is reviewed at least twice yearly, and is updated to show new technology plan details. The following does occur regularly: The database is constantly improved based on new requirements and functionality. Systems/devices used are reviewed regularly to determine if there are newer systems/devices that can improve effectiveness/efficiency of the college. Devices are replaced when they begin to show signs they can no longer meet the requirements/demand.	Yes Choose an item.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

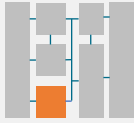
DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> HEALTH PROFESSIONS REGULATORS OF ONTARIO (HPRO) - HPRO Deputy Registrars Group – CASLPO Deputy Registrar attends meetings - We collaborate with the Quality Assurance staff of the HPRO and other regulatory colleges and beyond health– includes College of Social Workers and Social Service Workers of Ontario. CASLPO’s QA Team discussed the Evidence Review Peer Assessment Pilot. - Practice Advisors – we continue to participate in the HPRO Practice Advisors Working Group which allows us to provide more informed and beneficial advice to our registrants concerning matters of public interest and inter-professional collaboration. - Corporate Services group of HPRO meets on a quarterly basis to discuss issues and share ideas on best practices to improve operational efficiencies or save costs. Previous areas of discussion include cybersecurity risk, risk management strategies, data management and retention, HR platforms, benefit providers, audit providers, insurance coverage, credit card processors, and a multitude of corporate policies and procedures. - CASLPO is a member of International Association of Business Communicators (IABC). Attend the Annual World Conference and Toronto Chapter events when relevant topics relate to effectively communicating with seamless execution, continually improving messaging clarity with a public lens in the forefront (social media/marketing,	

	crisis communication; in-person or virtual). Opportunity for communications professionals to access key learnings and insights from peers and speakers globally for application or integration into strategy to drive results. • The College submits data to the Canadian Institute of Health Information (CIHI) annually to participate in their initiative to provide aggregate-level data about health care professionals in Canada. • HPRO Equity Diversity and Inclusion Committee –Co-Chaired by Preeya Singh, CASLPO DEI Officer. • HPRO Public Appointments WG to make recommendations to the Ministry re: improving public appointments process; CASLPO Registrar participating in this. • In preparation for the regulation of Applied Behaviour Analysts (ABA) by the College of Psychologists of Ontario (CPO), CASLPO worked with CPO, the College of Occupational Therapists of Ontario (COTO), the College of Registered Psychotherapists of Ontario (CRPO), the College of Early Childhood Educators (ECE) and the Ontario College of Social Workers and Social Service Workers (OCSWSSW). An ad hoc working group met throughout 2023 to develop clear and consistent communication to registrants of all colleges who use applied behaviour analysis in their practice, and who may be affected by the decision to create a protected title for ABA practitioners. The Group developed a brief, clear language summary of the requirements set by regulation and the impact the new legislation will have on ABA practitioners. Each college adopted versions of this summary, along with a survey, and disseminated them to their registrants (Regulation of Applied Behaviour Analysis – update and invitation to share your feedback (constantcontact.com)). The survey was intended to assist the colleges in developing an understanding of registrants practising in the area of ABA. More than 1,250 regulated professionals responded to the survey. The working group reviewed the results together and used them to inform their respective Boards/Councils about the scope of anticipated impacts to their registrants, and to develop shared communication. The group developed a ‘frequently asked questions’ document, which will be shared with all the colleges’ registrants in English and French in early 2024. The goal of the communication is to support regulated professionals in understanding whether the regulation of ABA practitioners will impact them. Outcome(s): targeted communication to CRPO’s 13,000 registrants and the registrants of five other provincial regulatory bodies ○ increased clarity for registrants related to existing and emerging regulatory obligations, promoting confidence in professional regulation ○ effective collaboration with relevant system partners, contributing to removing barriers for qualified practitioners and supporting access to appropriate mental health services. • To ensure that CASLPO is holding fair, transparent and efficient discipline and fitness to practice hearings, the Board decided to participate in the Health Professions Discipline Tribunal Pilot. The pilot project was initiated by the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) and the College of Physicians and Surgeons of Ontario (CPSO). CASLPO participated along with the College of Massage Therapists of Ontario (CMTO) and the College of Registered Psychotherapists of Ontario (CRPO). CPSO established the OPSDT as a way of modernizing the discipline process. OPSDT operates as an independent tribunal with its own staff and experienced lawyer-adjudicators who chair hearings and the Discipline Committee as a whole. The tribunal model promotes the independence of the discipline process, creates efficiencies and improves dispute resolution techniques. The result is more confidence from the public and registrants. Through the pilot partnership, the experienced lawyer-adjudicators—who were already associated with OPSDT—were appointed to each participating college’s Discipline Committee. These appointments allow each college’s committee to benefit from the adjudicators’ experience in appointing and chairing panels, managing cases and providing mentorship to professional and public panel members. A steering committee that includes representatives from each of the four colleges guided the work of planning and launching the pilot and established a process
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	to evaluate the efficacy of the partnership. The pilot also involved a full day of training for members of the committees from all participating colleges. Outcome(s): CASLPO transitioned to using the OPSTD’s lawyer-adjudicators for all hearings from May 2023 forward. In doing so, the College established an efficient, independent, administrative tribunal model to adjudicate allegations of professional misconduct or incompetence of audiologists and speech-language pathologists, as well as allegations of incapacity (though no fitness to practice hearings were held during the year). The gains achieved by this approach include: ○ strengthening operational and governance infrastructure through: ▪ more intensive case management (e.g., setting efficient deadlines for next steps in hearing planning) ▪ reducing the time taken to draft and edit quality decisions and reasons, made in the public interest ▪ responsible stewardship of financial resources in achieving statutory objectives by reducing legal costs ○ building CASLPO’s presence as a trusted regulatory authority for audiology and speech-language pathology by: ▪ promoting fair and efficient hearings ▪ enhancing committee member competence through training and working alongside experienced adjudicators ▪ creating process continuity by establishing a pool of experienced, professional adjudicators to serve on CASLPO’s Discipline Committee EMPLOYERS, MANAGERS AND SUPERVISORS OF AUDs AND SLPs • Maintained contact list of employers of audiologists and SLPs. This is an active list that allows us ongoing direct communication with employers. • Maintained a database of registrants who supervise audiologists and speech-language pathologists and use it as a vehicle of communication for reminders to their staff regarding: ○ QA deadlines ○ Licensing renewal deadlines ○ Any other regulatory requirements REGULATORY COLLEGES ACROSS CANADA IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY • CASLPO participated in cross jurisdictional meetings regarding emerging issues such as over-the-counter hearing aid devices and options for monitoring this activity. • Regular meetings and information sharing with the Registrars of AUD and SLP regulatory colleges in all provinces • Provided advice and information to other Canadian regulatory colleges regarding registration and conduct issues and processes. SPEECH LANGUAGE AND AUDIOLOGY CANADA (SAC) Ongoing collaboration relating to the National Entry to Practice Exam for both professions, targeting students, applicants, employers and universities.
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sk -	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. <i>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.</i> <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> UNIVERSITIES - Annually collaborate with all Ontario universities regarding content for CASLPO’s annual presentations for both 1st and 2nd year AUD and SLP students. These presentations cover such topics as the responsibilities of self-regulated professionals, registration requirements, conduct, ethics, etc. - Meetings with the universities allow us to leverage the relationship to enrich our knowledge and understanding of the patient populations and service provision environment. This ensures that our guidance for students is current and responds to the changing practice environment. For example, this year we increased the focus on ethics and ethical dilemmas in the clinical environment as a result of our collaborative meetings with the universities. - Additionally, we provide an annual presentation to McMaster University students on Consent and Capacity practice issues. COLLEGES WHO EDUCATE COMMUNICATIVE DISORDER ASSISTANTS (CDA) - CASLPO provides annual presentations to CDA students and engages in dialogue with both students and program directors of all the CDA programs in Ontario (4). This allows us to underscore the important relationships between our registrants and the support personnel (CDA) that they supervise as it relates to patient protection and quality care. For example, this year our work together allowed us to share standards and approaches to virtual care for both our registrants and support personnel. - We participate in the Program Advisory Committees for the CDA programs at Georgian and Durham colleges. COLLEGES THAT EDUCATE HEARING INSTRUMENT SPECIALISTS (HIS) - CASLPO has representation on the Program Advisory Committee at Humber College respecting the education of HISs. PROFESSIONAL MEMBER ASSOCIATIONS - We regularly meet with associations such as the Canadian Academy of Audiology (CAA) and Speech Language and Audiology Canada (SAC) to share information including continuing education initiatives relating to practice advice. CITIZEN ADVISORY GROUP (CAG)
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	○ We continue to engage the general public, through the CAG, bringing the patient voice and perspective to inform our work (face-to-face, and surveys). The group was invited to provide feedback on the Colleges’ Use of Professional Titles document. PATIENT OUTREACH GROUPS • We recognized the difficulty in directly engaging the communicatively disabled patient population. Therefore, we established groups of registrants that directly engage their patients and patients’ families to survey and provide us with input directly regarding a variety of issues. We created the following videos: ○ Can your audiologist or speech-language pathologist practice in Ontario? ○ How to find a speech-language pathologist who speaks your language on CASLPO’s public register ○ How to find an audiologist near you The instructional videos can be accessed directly from CASLPO’s website in these 3 areas: CASLPO’s Public Register Accessibility Web Page About the Public Register Instructional Videos OFFICE OF THE FAIRNESS COMMISSIONER (OFC) • Meet annually to discuss the College’s Annual Fair Registration Practices (FRP) report submission, any planned changes to registration policies and procedures, and projects and activities underway and to discuss any recommendations from the OFC for improvement. • Participated in the OFC Risk-Informed Compliance Framework consultation. CANADIAN NETWORK OF AGENCIES FOR REGULATION (CNAR) • We continue to have a staff member from CASLPO on the CNAR Board of Directors which has allowed us to provide a voice for Ontario health regulators regarding continuing education and conference and webinar planning. NATIONAL COUNCIL OF STATE BOARDS OF EXAMINERS (NCSB) National Council of State Boards of Examiners of AUDs and SLPs (USA) – Participates in annual conferences and information sharing, as needed
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		Measure:		
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.		
4: DOMAIN INFORMATION	STANDARD 7	Required Evidence	College Response	
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Partially
			• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. Privacy Policy web page addresses all privacy policies and processes.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional) A formal Disclosure and Information Request Policy has been drafted and is pending approval by the Board in 2024.	
		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. <i>Benchmarked Evidence</i>	The College fulfills this requirement: 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. Privacy Policy web page provides addresses all privacy policies and processes. Cybersecurity training for staff and Board members took place in September 2023 - An overview of new enhancements made to the College’s cybersecurity was provided by the Director of Information Technology showing how the College has undergone many upgrades and enhanced processes in order to mitigate the risk of cybersecurity attacks. See the approved September 2023 Board minutes – Item 12 on page 4.	Yes
			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).																																							
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response																																						
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. <i>Benchmarked Evidence</i>	The College fulfills this requirement:			Met in 2022, continues to meet in 2023																																			
			- 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). Annual selection of documents to revise are made through the Practice Matters Committee (PMC). The PMC reviews and discusses Criteria Charts created, which includes information on: Document Name: _____ - Risk of harm to the public (practice and/or current document information) - Changes in evidenced based practice - Aggregate data from quality assurance and professional conduct - Relevance – standards, information and approach are out of date - Uncertainty regarding area of practice from practice advice The table below lists the factors considered by the PMC when determining when to review a standard/guide. TABLE 1 EQUAL RATINGS <table><tr><th>Criteria</th><th>None - 0</th><th>Minimal - 1</th><th>Moderate - 2</th><th>High - 3</th></tr><tr><td>Risk of harm</td><td></td><td></td><td></td><td></td></tr><tr><td>Quality Assurance (QA) /Professional Conduct (PC) concerns</td><td></td><td></td><td></td><td></td></tr><tr><td>Evidenced-based practice concerns</td><td></td><td></td><td></td><td></td></tr><tr><td>Relevance concerns</td><td></td><td></td><td></td><td></td></tr><tr><td>Uncertainty regarding practice</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="4">Total</td><td>xx/15</td></tr></table>				Criteria	None - 0	Minimal - 1	Moderate - 2	High - 3	Risk of harm					Quality Assurance (QA) /Professional Conduct (PC) concerns					Evidenced-based practice concerns					Relevance concerns					Uncertainty regarding practice					Total				xx/15
			Criteria	None - 0	Minimal - 1	Moderate - 2	High - 3																																		
			Risk of harm																																						
Quality Assurance (QA) /Professional Conduct (PC) concerns																																									
Evidenced-based practice concerns																																									
Relevance concerns																																									
Uncertainty regarding practice																																									
Total				xx/15																																					

Table 3 Further Information	
Criteria	Comments
Amount of work required	
Time since last review	
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.	
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. For a document to be created or revised, the first analysis is the chart above, including statistics of Conduct, Quality Assurance and Practice Advice queries (i.e., Risk of Harm) and an environmental scan. After the documents are written/revised, they are sent to stakeholders, including registrants, the AUD/SLP associations, members of the public and the HPRO Citizens’ Advisory Group for feedback and responses before the final round of revisions. In 2023, the revised standard for Use of Restricted Title went through the following process: <pre>graph TD; A[Research, consultation and drafting] --> B[Advisory Working Group
(7 AUDs, 3 SLPs)]; B --> C[Practice Matters Committee review]; C --> D[Stakeholder Consultation]; D --> E[Approval by CASLPO
Board of Directors
Dec 2nd, 2022]; E --> F[Standards effective
Dec 13th, 2022]; F --> G[Published in English
and French]; G --> H[E-Forum
(Happening now!)] ; H --> I[Next step:
FAQs & Public Facing
Document];</pre>	
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. <u>The Standard for Use of Restricted Title</u> has gone through significant revision and rewriting, using the steps described in 8b above. All CASLPO Standards, Practice Advice articles, Guides, and Position Statements (English and French) are undergoing the project of revisions to reflect DEI and the Code of Ethics. In addition, the College has also conducted a DEI demographic data collection, with results posted here	
			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:	
		9.1 Applicants meet all College requirements before they are able 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.	• 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. Information outlining policies and processes for applicants on our website is posted with respect to the following areas: 1. CASLPO’s Applicant FAQs provides answers to various registration policy questions: FAQs For Accredited Canadian Applicants FAQs For International and Non-Accredited Canadian Applicants 2. Application packages outline the process and documents required to complete an application. • Applicants from Accredited Canadian Programs – Pages 8 to 13 of • Applicants from International and Non-Accredited Canadian Programs – Pages 11 to 24 3. The process for professionals coming to Ontario from other regulated Canadian provinces is outlined here 4. The Cross Provincial Practice Guide outlines the process required to complete an application - Page 3 5. The College annually posts a Fair Registration Practices Report on CASLPO’s website. Pages 1 to 3 CASLPO’s 2008 report outlines steps for initiating the registration process and CASLPO’s registration requirements. Each year, a new report is posted outlining any changes to the College’s registration policies or processes that occurred during the calendar year. College staff will review an application and determine if the following items have been submitted: 6. The applicant must submit the following information: • An application form – All applicants must submit a completed application form that has been signed. • Citizenship Status - All applicants must submit documentation of their citizenship or authorization to work in Canada. • Language Proficiency – For International graduates, if the applicant has not been educated in English or French, the applicant must provide documentation verifying their language proficiency (i.e., a language proficiency test result) • Education – All applicants must submit documentation that indicates that they have a professional master’s degree in audiology or speech-language pathology: 7. For Applicants from Accredited Canadian Program – The following documentation to verify that	Met in 2022, continues to meet in 2023
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			the applicant has fulfilled CASLPO’s academic requirements must be submitted: • A graduate transcript must be submitted. • If the applicant’s degree has not yet been confirmed, the applicant must provide a letter from their program director verifying their completion of their master’s degree program. 8. For Applicants from Non-Accredited Canadian programs or international programs – The following documentation to verify that the applicant has met CASLPO’s academic requirements must be submitted: • A credential assessment report from an approved credentialing body for all relevant degrees completed outside of Canada. • A transcript from undergraduate and graduate program • Syllabi for all courses used to satisfy CASLPO’s academic requirements. • A completed coursework requirements form. • A completed clinical practicum summary 9. Registration/Licensure – All applicants who are currently registered with another regulating body or were previously registered with another regulating body, must submit a form or letter confirming that applicant’s good standing while registered with that regulating body. 10. Professional Experience – For a general certificate application, an applicant must provide a signed form or letter by an employer regarding their previous relevant professional experience, to demonstrate the minimum threshold of experience and currency. 11. Conduct – All applicants must answer questions regarding their past conduct and must sign the declaration provided in the application. • Please insert a link and indicate the page number <i>OR</i> 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.). Information about the application review process is provided in the following documents: 1. Application packages outline the process and documents required to complete an application. • Applicants from Accredited Canadian Programs – Pages 8 to 13 • Applicants from International and Non-Accredited Canadian Programs –	
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			Pages 11 to 24 2. Outlined process for professionals from other regulated Canadian provinces. 3. The Cross Provincial Practice Guide outlines the process required to complete an application - Page 3 When assessing an application, College staff will complete the following steps. Staff will review an application and determine if the following items have been submitted: 1. An application form – College staff will review the application to ensure that it has been filled out completely, that it has been signed and to determine the supporting documentation that must accompany the application. For example, if an applicant indicates on their application form that their program of study was taught in a language other than English or French, College staff will require the applicant to submit their language proficiency scores. 2. Citizenship Status - College staff will review the documentation provided to ensure that it is current and provides evidence that the applicant is either a Canadian citizen, a permanent resident of Canada or has an employment authorization to work in Canada and does not limit the applicant from working in fields such as healthcare, childcare, or education. 3. Language Proficiency – College staff will review the applicant’s language scores to determine if the College’s minimum requirements for language proficiency have been satisfied. 4. Education – For Applicants from Accredited Canadian Programs – • A graduate transcript - College staff will review the applicant’s transcript to determine if the applicant has been awarded a master’s degree in audiology or speech-language pathology from an accredited Canadian program. • If the applicant’s degree has not yet been confirmed, the applicant must provide a letter from their program director verifying their completion of their master’s degree program. – College staff will review the letter of completion provided by the applicant’s university to ensure that the applicant has completed all theoretical courses, practicums, research papers or projects and the date that the applicant’s degree will be conferred. For Applicants from Non-Accredited Canadian programs or international programs – The following documentation to verify that the applicant has met CASLPO’s academic requirements must be submitted:	
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			• A credential assessment report from an approved credentialing body. – College staff review the applicant’s credential assessment report to ensure that the applicant has completed a degree that is equivalent in level to a Canadian master’s degree. • A transcript from undergraduate and graduate program – College staff will refer to the applicant’s transcript to verify that the applicant has completed a course and the number of hours of coursework completed. • Syllabi for all courses used to satisfy CASLPO’s academic requirements – College staff will refer to the applicant syllabi to verify the number of hours completed in a course and the content of the curriculum. • A completed coursework requirements form – College staff will review the coursework requirement form to confirm that the applicant has satisfied CASLPO’s coursework requirements listed in the National Academic Equivalency Framework. • A completed clinical practicum summary – College staff will review the applicant’s clinical practicum form to verify that the applicant has satisfied the requirements listed in the National Academic Equivalency Framework. 5. Registration/Licensure – College staff will review the documentation provided to determine if the applicant is currently or was previously in good standing with the other regulating body. 6. Conduct – College staff will review the conduct questions to determine if the applicant has any past conduct issues that require further investigation. One of our registration categories (Initial Practice) requires the successful completion of a 6-month Mentorship (extensions are allowed up to a total of 24 months of Mentorship) to meet the requirements for a General Certificate. This category is for those applicants who are typically new graduates. This is a process of evaluation by an existing General registrant regarding the IP’s competence to meet the standards. Should they not successfully complete the mentorship (i.e., they have not demonstrated the competence to meet the standards), they will not be granted a General Certificate. At that point, they have the choice to re-apply. This allows for a final evaluation of competence before the IP Registrant is competent to practice. • The Mentorship Period outline: Mentorship Program in detail	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes

			<i>Additional comments for clarification (optional)</i> The online application form will be available to all categories of applicants in February, 2024 (at the time of submission of the CPMF, this has been completed)	
		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. The College's has now formalized the process for periodic reviews of registration requirements and processes. College staff will consult with other regulators to help identify best practices related to the policy under review. College staff will review and determine if any changes in legislation, professional standards, or organizational objectives necessitate updates to the policy. College staff will gather input from interested parties on the policy's impact. Based on the information gathered and consultations, College staff will draft revisions to the policy document and outline the rationale for the changes. College staff will take the draft revisions to the Registration Committee for their consideration and feedback. Once the Registration Committee has approved the revised draft policy, the Committee will forward the revised draft policy to the Board of Directors for consideration. If the policy is approved, College staff will communicate the changes to the policy to interested parties, including providing training and guidance on the implementation of the revised policy. College staff will also ensure that all related documents and resources are updated to reflect the revised policy. - Please provide the date when the criteria to assess registration requirements was last reviewed and updated.	

The College maintains several policy documents associated with assessing registration requirements. Below is a chart that lists all the documents associated with registration and the dates that each was last reviewed or modified.

Programs	Document-Names	Type (Policy, guide, Standard)	Effective-Date-or-date-last-modified
Registration	Guide-to-Registration-Practices-for-Applicants-and-Members	Guides	Sep-4,-2015
Registration	2017-Accepted-CAASPR-Language-Proficiency-Standards	Standards	Nov-6,-2017
Registration	Academic-Equivalency-Framework-for-SLPs	Standards	October-18,-2019
	Academic-Equivalency-Framework-for-Audiologists	Standards	October-18,-2019
Registration	Alternatives-to-Required-Documents	Policies	Jun-10,-2022
Registration	Suitability-to-Register	Policies	Jun-9,-2017
Registration	Definition-of-Patient-Care-and-Related-Work	Policies	Jun-4,-2021
Registration	Coursework-and-Practicum-during-2-year-transition-periods	Policies	March-12,-2020
Registration	CETP-Exam—One-Attempt-Policy	Policies	Jun-4,-2021
Registration	Review-of-Graduate-Programs-offered-Outside-of-Canada	Policies	Date-last-modified- Dec-19,-2016
Registration	Application-and-Registration-Timelines-Policy	Policies	Date-last-modified- Jan-30,-2013
Registration	Application-Guide-for-Graduates-of-Accredited-Canadian-Programs	Guides	Jun-2022
Registration	Application-Guide-for-Graduates-of-Non-Accredited-Canadian-and-International-Programs	Guides	Jun-2021
Registration	Mentorship-Guidelines	Guides	Oct-1,-2020
Registration	Mentor-Criteria	Guides	Dec-2020
Registration	Clinical-Reasoning-Tool—Mentorship-Version	Guides	Oct-1,-2020
Registration	MSAT-Guides	Guides	May-28,-2019
Registration	General-Certificate-Application-Guide-for-Labour-Mobility-Applicants	Guides	Jan-2017
Registration	Non-Practising-Certificate-Application-Guide—Labour-Mobility-Applicants	Guides	Oct-2017
Registration	Cross-Provincial-Practice-Guides	Guides	Jul-4,-2022
Registration	Certificate-of-Authorization-Application-Guides	Guides	Apr-2020
Registration	Application-timelines-for-graduates-of-accredited-Canadian-Programs	Guides	Date-last-modified- Jul-25,-2018
Registration	Application-timelines-for-graduates-of-non-accredited-Canadian-and-international-programs	Guides	Date-last-modified- May-25,-2020

The chart below represents the policy documents under review for 2024.

Policy Name	Review Cycle	Reviewed By	Approved By	Year of Next Review
Suitability to Register Policy	Every 3 years	Registration Committee	Board of Directors	2024
Language Proficiency Policy	Every 3 years	Registration Committee	Board of Directors	2024

Please also see CASLPO policy review schedule

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.).	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Please briefly describe the currency and competency requirements registrants are required to meet. CASLPO's currency requirements are outlined in section 6(1) 1 of Ontario Regulation 21/12: Registrants must make a declaration at renewal regarding whether the registrant has satisfied the currency requirements. Annually the responses are reviewed and College staff follow-up with registrants who declare that they have not met the currency requirement to confirm the information provided at renewal. Once the information is confirmed, the registrant is referred for peer assessment by the College's Registrar. - Please briefly describe how the College identified currency and competency requirements. We consulted universities and other provinces originally to provide evidence of currency. Our currency review process is one where the registrant makes a self-declaration. We updated our currency requirement in 2012. - Please provide the date when currency and competency requirements were last reviewed and updated. The currency requirements were last reviewed in 2018 as the Registration Committee prepared a registration regulation amendment proposal for the Ministry of Health. - 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 College monitors that registrants meet currency requirements annually as registrants must complete their annual renewal application form. </td></tr><tr><td colspan="2">If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</td></tr><tr><td colspan="2">Choose an item.</td></tr><tr><td colspan="2">Additional comments for clarification (optional)</td></tr></table>	The College fulfills this requirement:	Yes	- Please briefly describe the currency and competency requirements registrants are required to meet. CASLPO's currency requirements are outlined in section 6(1) 1 of Ontario Regulation 21/12: Registrants must make a declaration at renewal regarding whether the registrant has satisfied the currency requirements. Annually the responses are reviewed and College staff follow-up with registrants who declare that they have not met the currency requirement to confirm the information provided at renewal. Once the information is confirmed, the registrant is referred for peer assessment by the College's Registrar. - Please briefly describe how the College identified currency and competency requirements. We consulted universities and other provinces originally to provide evidence of currency. Our currency review process is one where the registrant makes a self-declaration. We updated our currency requirement in 2012. - Please provide the date when currency and competency requirements were last reviewed and updated. The currency requirements were last reviewed in 2018 as the Registration Committee prepared a registration regulation amendment proposal for the Ministry of Health. - 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 College monitors that registrants meet currency requirements annually as registrants must complete their annual renewal application form.		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)			
		The College fulfills this requirement:	Yes												
		- Please briefly describe the currency and competency requirements registrants are required to meet. CASLPO's currency requirements are outlined in section 6(1) 1 of Ontario Regulation 21/12: Registrants must make a declaration at renewal regarding whether the registrant has satisfied the currency requirements. Annually the responses are reviewed and College staff follow-up with registrants who declare that they have not met the currency requirement to confirm the information provided at renewal. Once the information is confirmed, the registrant is referred for peer assessment by the College's Registrar. - Please briefly describe how the College identified currency and competency requirements. We consulted universities and other provinces originally to provide evidence of currency. Our currency review process is one where the registrant makes a self-declaration. We updated our currency requirement in 2012. - Please provide the date when currency and competency requirements were last reviewed and updated. The currency requirements were last reviewed in 2018 as the Registration Committee prepared a registration regulation amendment proposal for the Ministry of Health. - 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 College monitors that registrants meet currency requirements annually as registrants must complete their annual renewal application form.													
		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: 9.3 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).	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2022, continues to meet in 2023</td></tr><tr><td colspan="2"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. In CASLPO's 2018 Assessment (Cycle 3), the OFC found the College in compliance with the OFC's fair registration practice standards, and did not identify any recommendations in this assessment cycle. In 2022, the OFC management and the Fairness Commissioner determined that CASLPO's cumulative risk category for 2022/2023 is low risk. In December 2023, the College submitted a Risk-informed Compliance Framework Questionnaire to the OFC for review to determine the College's compliance with the OFC's fair registration practice standards for the next assessment cycle. The results of the OFC's risk assessment will be sent to the College in spring of 2024. </td></tr><tr><td colspan="2">Where an action plan was issued, is it: No Action Plan Issued</td></tr><tr><td colspan="2">If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</td></tr><tr><td colspan="2">Choose an item.</td></tr><tr><td colspan="2">Additional comments for clarification (if needed)</td></tr></table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. In CASLPO's 2018 Assessment (Cycle 3), the OFC found the College in compliance with the OFC's fair registration practice standards, and did not identify any recommendations in this assessment cycle. In 2022, the OFC management and the Fairness Commissioner determined that CASLPO's cumulative risk category for 2022/2023 is low risk. In December 2023, the College submitted a Risk-informed Compliance Framework Questionnaire to the OFC for review to determine the College's compliance with the OFC's fair registration practice standards for the next assessment cycle. The results of the OFC's risk assessment will be sent to the College in spring of 2024.		Where an action plan was issued, is it: No Action Plan Issued		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.		Additional comments for clarification (if needed)	
		The College fulfills this requirement:	Met in 2022, continues to meet in 2023												
		Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. In CASLPO's 2018 Assessment (Cycle 3), the OFC found the College in compliance with the OFC's fair registration practice standards, and did not identify any recommendations in this assessment cycle. In 2022, the OFC management and the Fairness Commissioner determined that CASLPO's cumulative risk category for 2022/2023 is low risk. In December 2023, the College submitted a Risk-informed Compliance Framework Questionnaire to the OFC for review to determine the College's compliance with the OFC's fair registration practice standards for the next assessment cycle. The results of the OFC's risk assessment will be sent to the College in spring of 2024.													
		Where an action plan was issued, is it: No Action Plan Issued													
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?															
Choose an item.															
Additional comments for clarification (if needed)															

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
		Required Evidence	College Response	
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided Name of Standard – Use of Restricted titles Standard Duration of period that support was provided – from approval by the Board - ongoing Activities undertaken to support registrants –Interested Party Survey made available to registrants and incorporated into university presentations to university students. Decision made by the Quality Assurance committee to make the Standard a required reading for SAT. % of registrants reached/participated by each activity –100% of registrants were informed via email and survey made available (above) Evaluation conducted on effectiveness of support provided – survey feedback for the Standards has been overwhelmingly positive, especially for a challenging issue. 2 revised/new standards from 2022 (advertising & dysphagia), in 2023 they were translated to French, held e-forums on each, and created public-facing documents. - Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> In addition to the evidence of 2022, the Practice Advice Program: Responds to hundreds of queries from registrants. On average, the Practice Advice team receives around 250 calls and emails per month. Runs E-Forums on new and revised documents Creates Practice Advice articles, ex.press articles and FAQ to support registrants (audiologists and speech-language pathologists) With Communications department, we create public-facing documents to explain new or revised practice standards for patients.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			Choose an item.	
			<i>Additional comments for clarification (optional)</i>	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: Met in 2022, continues to meet in 2023
		- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Quality Assurance webpage describing the QA Program and evidence review process. - Is the process taken above for identifying priority areas codified in a policy: Yes - If yes, please insert link to the policy. GU EN QA Short Guide.pdf (caslpo.com)
		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. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement: Met in 2022, continues to meet in 2023
		- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). GU EN Peer Assessment Guide.pdf (caslpo.com), page 4 In 2023 we started the Evidence Review Process Peer Assessment webpage Quality Assurance webpage describing the QA Program and evidence review process. 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
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)
	iii. criteria that will inform the remediation activities a	The College fulfills this requirement: Met in 2022, continues to meet in 2023

		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.	
			Part of the process is to identify and train peer assessors annually on: • Training on each specific SAT indicator • Testing for peer assessor understanding • Explanation on criteria for remediation vs. reports The process also involves education of registrants who are being peer assessed before the peer assessments begin: • A webinar explaining the process and possible results. The webinar is published to the website for registrants to view, as needed. • A specific website page with details on peer assessments • A peer assessment guide and evidence review guide (clinical and non-clinical, in English and French), which outlines in detail the possible routes for remediation, SCERP, etc. (Page 18 of the Clinical Peer Assessment Guide outlines each of the indicators to be examined). • The registrant is found to need work meeting up to two standard indicators • Evidence of meeting the standard is present in some of the records, or they know the standard • Evidence of meeting the standard is present in some of the records, know the standard • Minimal adjustments to the forms/processes/behaviour are required • The registrant is accountable and recognizes that they are not meeting the standard	
			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: 10.3 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. Peer assessors identify indicators that require remediation. They inform the registrant and Director of QA of which indicators require remediation, the steps involved, and the timeframe. Once these steps are achieved by the registrant, the peer assessor submits a summary. A summary is written only when the registrant has demonstrated knowledge, skill, and judgement for all professional practice standards, including in the area requiring remediation. The summary is presented to the Quality Assurance Committee for approval. If the remediation is not successful, that information is also presented to the QAC for their determination of next steps. Indicators requiring remediation are tracked and reported in aggregate form to the Quality Assurance Committee. Aggregate data of indicators requiring remediation is shared with the Quality Assurance Committee, as well as registrants, the public and other stakeholders in the Annual Report. At the time of CPMF completion, the 2023 Annual Report was not yet published. Please see the 2022 Annual Report (page 15) as an example.	
			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 sexual abuse therapy); and;	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. - Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible.	
			Please see CASLPO Complaints Webpage :	
			The College’s complaint process is broken down into 6 steps, each of which are explained on the website. The layout of the Complaints page was also revised to reflect feedback from the Citizen’s Advisory Group.	
			The College has a FAQs to assist with providing responses to questions received	
			The College Complaint process was translated into 5 most commonly spoken languages in Ontario: French, Italian, Spanish, Punjabi, T-Chinese, S-Chinese	
			The College’s website also posts the policy respecting the funding for patients alleging to have been sexually abused as a link to the application.	
Link to Sexual Abuse Prevention Program Policy				
Policy for funding: https://caslpo.com/public-patients/complaints/policy-application-for-funding				
Funding application: https://caslpo.com/public/complaints/funding-for-therapy-app				
SAPP and related documents: https://caslpo.com/public-patients/public-protection/sexual-abuse-prevention-program				
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.		
<i>Additional comments for clarification (optional)</i>				

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Yes
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. A live public poll is also used on the complaints page of the website to capture if information provided to the public is clear and useful. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
			The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). According to the data collected for 2023, the College responds to 90% of inquiries from the public within 5 business days meeting the guided follow-up timelines. The current data includes inquiries that are received in the Conduct Program inbox and individual staff inboxes. <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <i>Additional comments for clarification (optional)</i>	Choose an item.
		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	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			- Please list supports available for the public during the complaints process. - Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Complainants are assigned to a specific Case Manager, to ensure the complainant has a point of contact and is not shuffled between staff Website providing information in 7 languages Policy and application for funding available on the complaints webpage as well - Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Same answer as 2021. Complainants are informed of supports upon receipt of the complaint, in writing as well as verbally (if spoken with) Generally, throughout out the investigation, should concerns arise that supports are needed (either upon request or as identified by staff), appropriate supports are arranged (e.g. during the course of an investigation, it became apparent that a witness needed additional supports and so we arranged for an investigator to speak with the witness in person)	

		etc.).	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. Generally, in addition to the information on the College’s website , complainants are provided with the contact information of the case manager assigned and that person will contact parties to provide updates as the case progresses.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	
		Additional comments for clarification (optional)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			- Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. - Please provide the year when it was implemented OR evaluated/updated (if applicable). Risk assessments are completed on intake to determine next steps as indicated by the level of risk - Please provide the year when it was implemented OR evaluated/updated (if applicable). 2019, updated in 2020 in response to risk of harm data collected	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

DOMAIN 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:	Met in 2022, continues to meet in 2023
			- 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’). Same information as 2022 Report When employers are reporting information, the web page informs when reports should be made and what information should be submitted. Link to Form	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		Measure: 14.1 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,		Required Evidence	College Response
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: Met in 2022, continues to meet in 2023 Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. The December 2023 Board Meeting contains the 2022-2023 KPI Summary Report (page 125) and the proposed and approved 2023-2024 KPIs (page 127). Alignment with the Strategic objectives (page 127)
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
			<i>Additional comments for clarification (if needed)</i>
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii.regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: Met in 2022, continues to meet in 2023 Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. The December 2023 Board Meeting contains the 2022-2023 Strategic Goals Summary Report (page 107) and the proposed and approved 2023-2024 Strategic Goals (page 121).
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
			<i>Additional comments for clarification (if needed)</i>

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. Benchmarked Evidence	The College fulfills this requirement:	Yes
	Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.	
	The December 2023 Board Meeting contains the 2022-2023 KPI Summary Report (page 125) and the proposed and approved 2023-2024 KPIs (page 127). Alignment with the Strategic objectives (page 127) including the criteria for the College to identify KPIs in order to mitigate risk.	
	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
Measure:		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	Please insert a link to the College’s dashboard or relevant section of the College’s website. Website page dedicated to the Strategic Plan Sept. 22, 2023 Board meeting materials – Page 19 - Reporting to the Board on the status of Strategic Projects and Key Performance Indicators and risk mitigation if applied to any goals. (updates are presented to the Board at all quarterly meetings)	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

Part 2: Context Measures

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

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

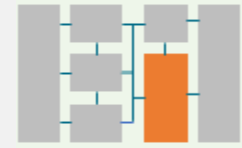
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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

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

-

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: College Method <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
Development of three Learning Goals for the year	4226		
Evidence of obtaining and documenting 15 Continuous Learning Activity Credits to meet goals	4226		
Evaluation of how learning impacted practice	4226		
Required review of a standard	4226		
Virtual peer assessment	91		
Objective review of whether Professional Practice Standards are met	91		
Objective review of learning goals and learning activities	91		
Discussion of how two standard documents affects their professional practice, including CASLPO Code of Ethics (all) and Audiological Assessment Standards (AUDs only) in Ontario	91		
Clinical Reasoning Tool in Clinical peer assessments	84		
Behaviour Based Questions for Clinical peer assessments	84		

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

Table 2 – Context Measures 2 and 3

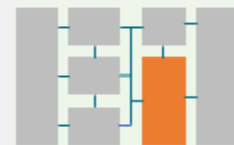
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: College Method			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2023	SAT – 4226 Peer assessment – 91 Evidence review – 47	100	
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.	SAT - 13 Peer assessment – 5 Evidence review - 15	NR	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			
-			

Table 3 – Context Measure 4

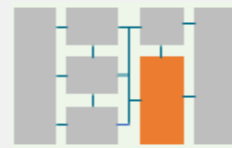
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: College Method				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities 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*		*5 **15	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)		2	NR	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.				
Additional comments for clarification (if needed)				
Notes for CM4 I.: *Peer assessment – 5 registrants received remediation and demonstrated knowledge, skills, and judgement following **Evidence review – 15 registrants received remediation and demonstrated knowledge, skills, and judgement following				

Table 4 – Context Measure 5

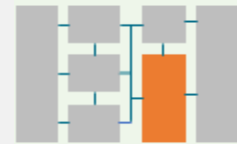
DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: College Method If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations	What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	4	11.7	1	6.3	
III. Communication	8	23.5	1	6.3	
IV. Competence / Patient Care	2	5.9	1	6.3	
V. Intent to Mislead including Fraud	5	14.7	1	6.3	
VI. Professional Conduct & Behaviour	11	32.4	6	37.4	
VII. Record keeping	2	5.9	3	18.7	
VIII. Sexual Abuse	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	NR	NR	NR	NR	
X. Unauthorized Practice	NR	NR	NR	NR	
XI. Other <please specify>	2	5.9	3	18.7	
Total number of formal complaints and Registrar’s Investigations**	34	100%	16	100%	
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)					

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

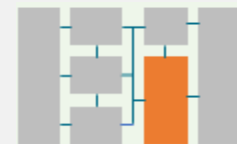
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data collected in accordance with the recommended method or the College’s own method: College Method If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2023		14	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		2	
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	1	3.3	
II.	Formal complaints that were resolved through ADR	NR	NR	
III.	Formal complaints that were disposed of by ICRC	16	53.4	
IV.	Formal complaints that proceeded to ICRC and are still pending	9	30	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	1	3.3	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	
VII.	Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	3	10	
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.				

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: College Method							
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	Provides advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	1	NR	1	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	2	1	NR	NR	NR	NR	NR
IV. Competence / Patient Care	1	3	NR	NR	NR	1	NR
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	1	3	NR	1	NR	1	NR
VII. Record Keeping	NR	1	NR	1	1	1	NR
VIII. Sexual Abuse	NR	NR	NR	NR	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	NR
X. Unauthorized Practice	NR	NR	NR	NR	NR	NR	NR
XI. Other <please specify>	3	5	1	1	1+	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)

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: College Method		
If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.
I. A formal complaint in working days in CY 2023	357	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
II. A Registrar’s investigation in working days in CY 2023	558	
Disposal		
Additional comments for clarification (if needed)		
-		

Table 8 – Context Measure 12

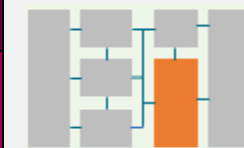
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: College Method		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	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	800	
II. A contested discipline hearing in working days in CY 2023	NR	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		
-		

Table 9 – Context Measure 13

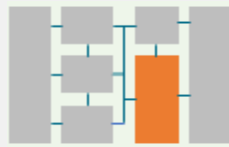
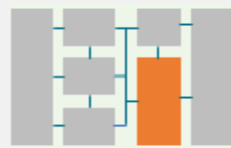
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: College Method If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>	
Type	#		
I. Sexual abuse	NR		
II. Incompetence	NR		
III. Fail to maintain Standard	3		
IV. Improper use of a controlled act	NR		
V. Conduct unbecoming	NR		
VI. Dishonourable, disgraceful, unprofessional	4		
VII. Offence conviction	NR		
VIII. Contravene certificate restrictions	NR		
IX. Findings in another jurisdiction	NR		
X. Breach of orders and/or undertaking	NR		
XI. Falsifying records	NR		
XII. False or misleading document	NR		
XIII. Contravene relevant Acts	NR		
<i>* 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.</i>			
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: College Method			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	NR		
II. Suspension	4		
III. Terms, Conditions and Limitations on a Certificate of Registration	4		
IV. Reprimand	4		
V. Undertaking	NR		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)