College Performance Measurement Framework (CPMF) Reporting Tool

College of Audiologists and Speech-Language Pathologists of Ontario

Reporting Year: January 2024 – December 2024

Contents

Introduction....3

The College Performance Measurement Framework (CPMF)....3

CPMF Model....4

The CPMF Reporting Tool....6

Completing the CPMF Reporting Tool....6

Table 1 – Context Measure 1....40

Table 2 – Context Measures 2 and 3....41

Table 3 – Context Measure 4....42

Table 4 – Context Measure 5....43

Table 5 – Context Measures 6, 7, 8 and 9....44

Table 6 – Context Measure 10....45

Table 7 – Context Measure 11....47

Table 8 – Context Measure 12....48

Table 9 – Context Measure 13....49

Glossary....51

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 to act in the public interest?" This information:

1. Strengthens accountability and oversight of Ontario's health regulatory Colleges; and
2. Supports Colleges in improving their performance.

Each College reports 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 critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to 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

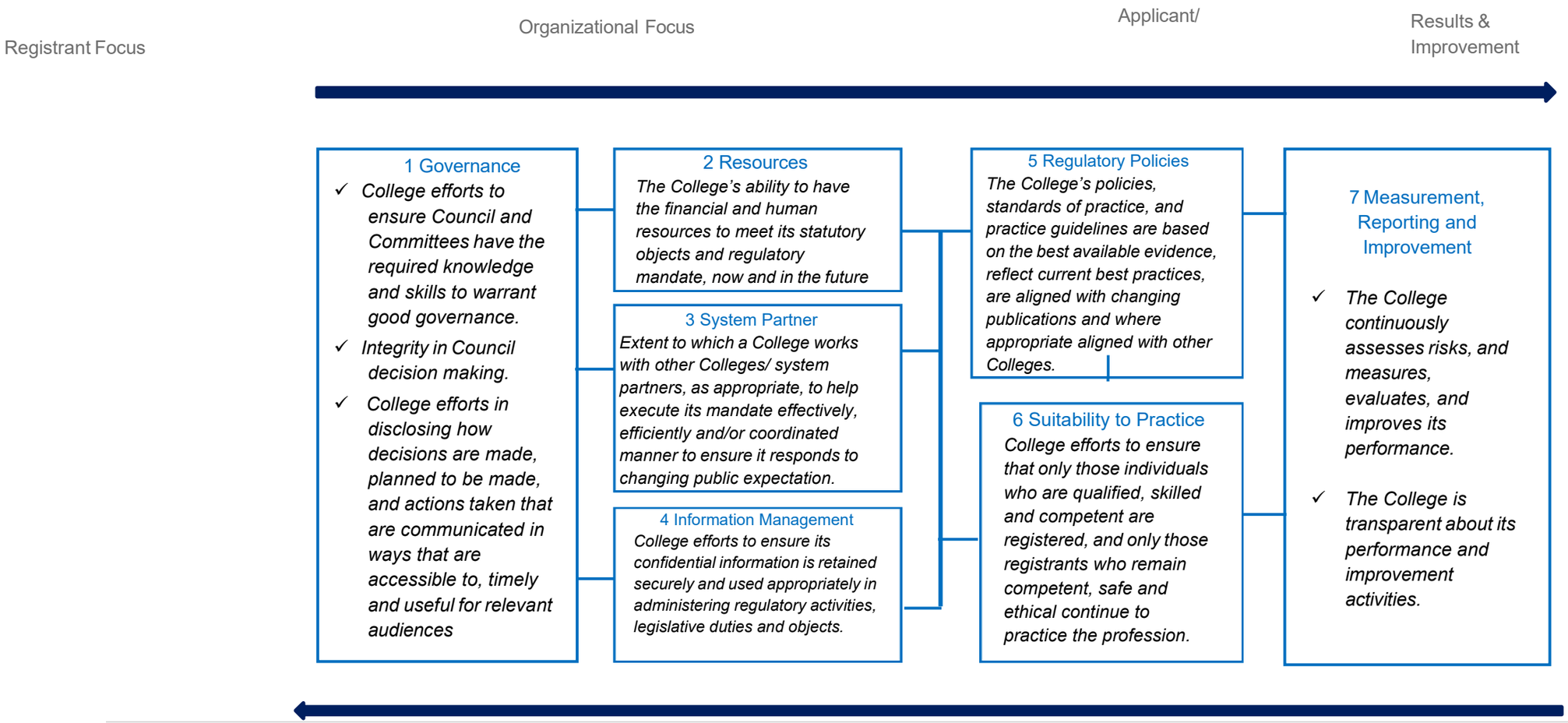


Figure 2: CPMF Domains and Standards

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) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

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.

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 asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

-

Part 1: Measurement Domains

Measure:
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.

DOMAIN 1:GOVERNANCE

STANDARD 1

Required Evidence	College Response	
a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
	• The competency and suitability criteria are public: Choose an item. *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* **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**	
	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. 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.**	
-	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Choose an item.
	Additional comments for clarification (optional):	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement: • 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**	Yes
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: 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** *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):*	Yes Choose an item.
		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.	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, etc). • 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 and password protection.** • **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?* *Additional comments for clarification (optional):*	Met in 2023, continues to meet in 2024 Choose an item.

		Measure: **1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.**	
		Required Evidence	**College Response**
		a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 • Please provide the year when Framework was developed ***OR*** last updated. • Please insert a link to Framework ***OR*** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* **The Board meeting of June 7, 2024 , beginning on page 135 - 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? Choose an item. • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. **The Full Third-Party Evaluation Report** (page 26) **was presented to the Board at the September 2023 Board meeting. The next scheduled Third-Party Board Evaluation is scheduled for 2026.** **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 Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement: Yes • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. **At the June 2024 Board meeting, the Board approved the Board Education Plan for 2024-2025. The topics for quarterly education to the Board resulted from the Board Evaluation Analysis and were recommended to the Board by the Executive Committee.** **See the full Analysis and Board Education Plan presented to the Board in the June 2024 Board Agenda Package here on page 135. To see the Education Plan see page 154.** *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. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	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 over the last calendar year. **As at December 31, 2024, HIROC had not yet provided the 2024 Risk Management Report/Risk Register. It was conveyed that the College would receive the report in Spring, 2025.** **The Board participated in Ethics and Fraud Training at the March 2024 Board meeting. – Item 6.3.** **Quarterly Risk Management reports are presented to the Board.** The **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** **Board members were invited to attend the webinars on various DEI awareness topics:** • **Addressing Anti-Black Racism in Healthcare** • **Addressing Anti-2SLGBTQIA+ Hate & Transphobia in Healthcare** • **Addressing Anti-Asian Racism in Healthcare** • **Addressing Islamophobia in Healthcare**	
			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 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	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. The next review as per the Governance Policy Review Schedule is 2025.** **Code of Conduct (Board and Committee members) found in the College By-laws (#1) – Page 40**	

		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.	*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 2023, continues to meet in 2024
			• 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 Declaration is attached to all Board meeting agenda packages – see the December 2024 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). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Cooling off period is enforced through: Choose an item. • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; ***OR*** – Where not publicly available, please briefly describe the cooling off policy. **By-law #1, 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 12 month period before they put their name forward as a candidate in a CASLPO Board election.** – 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**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally: i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	The College fulfills this requirement: • 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: Choose an item. • 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 policy will be reviewed in June, 2025 as per the Governance Policy Review Schedule.** **The COI Policy and declaration is attached to all Board meeting agenda packages – eg. the December 2024 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 September 2024 Board meeting minutes for a record of the declaration of COI on page 5.** **Where conflicts were declared, it was noted I the minutes – see page 2 of the March 1, 2024 meeting minutes.**	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)	
		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• 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 2024 meeting package - page 114 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. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as 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.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. Meeting of the Board of Directors – December, 2023 **- Page 94 – to be brought forward upon receipt of HIROC updated risk assessment checklist – not yet received as of March, 2025. The Board reviewed the College's risk framework at the September 2024.– page 97** **Quarterly reporting of the status of KPIs at all Board meetings. See the Q3 KPI Report on page 176** **Quarterly reporting of all Strategic Plan Projects at all Board meetings – see page page 170**	
			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 1: GOVERNA	STANDARD 3	**Measure:** **3.1 Council decisions are transparent.**		
		Required Evidence	**College Response**	
			The College fulfills this requirement:	Met in 2023, continues to meet in 2024

		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.	• Please insert a link to the webpage where Council minutes are posted. **CASLPO Board Approved Meeting minutes – see page 6 of the June 7 2024 Board meeting - 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. **Direction on how to request information is here - 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?	
			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 Committee report to the Board is given at each Board meeting which includes discussion points, decisions made/motions carried, action items and rationale for decisions.** **See the Meeting of the Board of Directors – September 20, 2024 – page 179 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?	
			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:	The College fulfills this requirement:	Yes

		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.	**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 right of the web page)**	
			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)	
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
			• Please insert a link to the College's Notice of Discipline Hearings. **Discipline Hearings Link is here** **A note of Discipline Hearing 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?	
			Additional comments for clarification (optional)	
		Measure: **3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.**		
		Required Evidence	**College Response**	
		a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. **Strategic Plan webpage link – page 6- Goals for DEI – found under the pillar of "Inclusion"** **DEI webpage link (redesigned May 2024)** **DEI Report: Equity in Action 2023-2024 (link embedded), which reports on the following projects:** • **Began shift towards gender-inclusive language across CASLPO correspondence** • **Published article in CASLPO newsletter (ex.press): "Introducing gender-neutral pronouns in your practice with children"** • **CASLPO joined the HPRO EDI Network, with CASLPO DEI Officer sitting as inaugural Co-Chair (since November 2023)** • **Staff Survey Conducted (February 2024)** • **Evaluated when and how gender questions could be asked on College forms (June 2024)**	

			• **Updated Accommodation Policy to be more inclusive (June 2024)** • **Hosted webinar series addressing various forms of discrimination in healthcare (most recordings available here: https://caslpo.com/about-caslpo/diversity-and-inclusion/diversity-equity-and-inclusion-e-forum-series) -page 187**	
			Additional comments for clarification (optional)	
		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:	Yes
			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. **Assessments have been completed based on the circulation of the HPRO EDI Self-Assessment and Action Guide. Reported in DEI Report: Equity in Action**	
			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:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

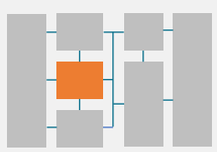
STANDARD 4	**Required Evidence**	**College Response**	
	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: College's strategic plan and budget should be designed to complement and support each other. 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 20, 2024 – Page 3 – Board approval of the Budget including alignment with the Strategic Plan** **Meeting of the Board – December 6, 2024 – Item 9.1 – Page 43- Review of FY 2023-2024 – Year 3 Summary of the 2021-2025 Strategic Plan**	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

		b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• 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 6, 2024 Board Meeting Materials - Item 7 – page 38 - Year End Financial Report as at September 30, 2024 –Reserve Analysis communicating level of reserves set out in the policy, historical trends and projected reserves based on audited financial statements and future forecasts.**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	
		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. **Meeting of the Board – December 6, 2024 Agenda Item 15.1 - KPI Report/Update – page 210 –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).**	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. **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.** **The College completed a digitization project in 2024. All hard copy files were digitized and re-organized on the College's shared drive. Documents on-site, outside of the retention period were destroyed. Required retention of hard copies were placed in secured off-site storage.**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence: N/A	**College response**
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required. ***Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.***
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards.	**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.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.
 	
Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.
	In particular, a College is asked to report on:
	
	• *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).*
	
	HEALTH PROFESSIONS REGULATORS OF ONTARIO (HPRO)
	• HPRO Deputy Registrars Group – CASLPO Deputy Registrar attends meetings
	• HPRO Registrars bi-weekly meetings and quarterly meetings of the Board of Directors – CASLPO Registrar and CEO participates in these 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.
	• 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.
	• We collaborate with the other Investigations & Hearing staff of the HPRO and other regulatory colleges and beyond health– includes College of Social Workers and Social Service Workers of Ontario.
	• The Corporate Services group of HPRO meets periodically 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 the International Association of Business Communicators (IABC). Attend the Toronto Chapter events when relevant topics relate to effective communication.
	• 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.
	• CLEAR DEI Committee Member - Preeya Singh, CASLPO DEI Officer.
	• CASLPO Director & General Counsel sits on (and previously Co-Chaired) the Conference Committee of the Society of Ontario Adjudicators and Regulators
	• HPRO Public Appointments WG to make recommendations to the Ministry re: improving public appointments process; CASLPO Registrar previously participated in this.
	• In addition, beginning in 2023, the Colleges of Audiologists and Speech-Language Pathologists of Ontario, Massage Therapists of Ontario, Physicians and Surgeons of Ontario and Registered Psychotherapists of Ontario) launched a pilot project to enhance the quality, independence and timeliness of discipline hearings. The Health Professions Discipline Tribunals (HPDT) pilot is based on the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) model, which was created in 2021. The Discipline Committee or Tribunal of each college involved in this project operates as an independent tribunal with experienced lawyer-adjudicators who chair hearings. An experienced tribunal leader chairs each of the Tribunals. Staff of the participating college or the HPDT process the cases, depending on the college's preference. The tribunal model promotes the independence of the discipline process, creates efficiencies and improves dispute resolution techniques.
	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
	• Regular meetings and information sharing with the Registrars of AUD and SLP regulatory colleges in all provinces e.g. over-the-counter hearing aids
	• 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.

OTHER

- CASLPO SLP practice advisor sits on the Ministry of Health Infection Prevention and Control Regulatory College Working Group

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

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

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

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, in recent years 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.
- Met with university programs to discuss emerging issues impacting the profession of audiology and risk of harm to the public

COLLEGES WHICH 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.
- The Deputy Registrar serves on the Program Advisory Committee for the Georgian and the Durham College CDA Programs.

COLLEGES THAT EDUCATE HEARING INSTRUMENT PRACTITIONERS (HIP)

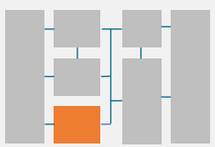
- CASLPO has representation on the Program Advisory Committee at Humber College respecting the education of HIPs.

PROFESSIONAL MEMBER ASSOCIATIONS

- We periodically 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.

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. • in 2024, the Commissioner attended a meeting of the CASLPO Registration Committee to describe the work of his office and to discuss registration issues in general with the Committee and CASLPO staff. **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. **OTHER SYSTEM PARTNERS** • Ontario College of Family Physicians and College of Physicians and Surgeons of Ontario – information sharing regarding hearing healthcare issues that affect patients who obtain hearing health services from physicians and audiologists.



Measure:

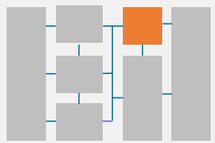
7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence	College Response	
a. The College demonstrates how it: i. Uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	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 privacy considerations related to the use of the College's website.**	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional) **A formal Disclosure Policy and Breach Protocols have been drafted and is pending approval by the Board in 2025.** **The CASLPO Privacy Officer provided training to the Board of Directors at the December 6, 2024 meeting (see page 2, Item 19) as well as to College staff. Committee member training includes confidentiality and privacy.**	
	The College fulfills this requirement:	Yes

	ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	• 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 addresses all privacy policies and processes.** **Cybersecurity training/information for staff is discussed at staff meetings several times per year including password protection upgrades – A continued use of two-step authentication helps to ensure secure use of the shared drive by staff and the risk of unauthorized disclosure of information.** **Cybersecurity training for staff and Board members took place in December 2024 and January 2025 - An overview of the College's cybersecurity system was provided by the Privacy Officer (with input from the Director of Information Technology) as well as guidance on how to avoid security and privacy breaches.** **A third party vendor was used to do a phishing "audit" with randomly selected staff with 100% positive outcomes.** **All newly purchased laptops for staff are locked down which ensures harmful software cannot be installed. The Administrator is the only staff person who can authorize the download of any software on college equipment.**
		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. *Benchmarked Evidence*	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• 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). **<u>Annual</u> 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

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.

In 2024, CASLPO staff continued to revise the draft Practice Standards for Speech-Language Pathology Intervention, amalgamating all the SLP-specific intervention standards. They were approved by the Board of Directors for registrant feedback in December 2024.

CASLPO staff revised the Documentation Standards and Consent & Capacity Standards. While these follow the CASLPO Records Regulation, the *Personal Health Information and Protection Act* and *Health Care and Consent Act*, these revisions will increase clarity for registrants and include competencies under each standard. They were approved by the Board of Directors for registrant feedback in December 2024.

Staff began to revise the Position Statement: Supervision of Students of Audiology and Speech-Language Pathology. The Practice Matters Committee chose the document in response to uncertainty of practice, Professional Conduct concerns, as well as concerns from the Universities.

The College fulfills this requirement:	Yes

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. *Benchmarked Evidence*	• 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 system partners, 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. Policies, standards of practice, and practice guidelines are reviewed in accordance with the following process:**  •
			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

		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.	• 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. **All CASLPO Standards, Practice Advice articles, Code of Ethics, Guides, and Position Statements (English and French) are undergoing revisions to reflect DEI and inclusive language.** **In addition, the College has also conducted a DEI demographic data collection, with results posted here** **All College forms were revised to provide for consistent and inclusive pronoun and gender identity questions.**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

-

	Measure: **9.1 Applicants meet all College requirements before they are able to practice.**		
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	**Required Evidence**	**College Response**	
	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate t o 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. **CASLPO has established guidelines to ensure that documentation provided by candidates meets the College's registration requirements. These guidelines are detailed in the application guides available on CASLPO's website:** **1. Applicants from Accredited Canadian Programs: This guide outlines the required documentation and procedures for applicants who have graduated from accredited Canadian programs. It provides step-by-step instructions to ensure all necessary information is submitted accurately.** **2. Applicants from International and Non-Accredited Canadian Programs: This guide outlines the required documentation and procedures for applicants educated internationally or from non-accredited Canadian programs. In addition to step-by-step instructions, the guide includes information on credential assessments, language proficiency requirements, and other essential criteria.** **The following documentation checks are carried out by CASLPO:** **Application Intake Process: Ensuring the application is complete.** **1. Canadian Accredited Graduates (Page 19)** **2. International and Non-Accredited Canadian Graduates (Page 29)** **Application Review Process: Determining if the College's registration requirements have been met by the applicant. These requirements include:** **1. Citizenship and Work Authorization Verification: Confirming the applicant's legal status to work in Canada.** **2. Language Proficiency Assessment: Evaluating language proficiency for applicants educated in languages other than English or French.** **3. Educational Credential Verification (Page 17-20): Reviewing transcripts, syllabi, and credential assessments to ensure educational qualifications meet requirements listed in Ontario Regulation 21/12 (the Registration Regulation) and the Academic Equivalency Framework (AEF).** **4. Registration/Licensure Confirmation (Page 21): Verifying good standing with other regulatory /bodies, if applicable.** **5. Professional Experience Evaluation (Page 11): Assessing recency/currency of professional practice experience.**	Met in 2023, continues to meet in 2024

6. Conduct Review (page 12): **Investigating past conduct based on applicant disclosures.**

Please insert a link and indicate the page number *OR* please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

CASLPO ensures that all applicants meet registration requirements through a structured verification process involving both internal assessments and external verifications, including the following:

Internal Assessments:

- **Application Intake: Staff records and confirms receipt of the applicant's documentation.**
  1. **Canadian Accredited Graduates (Page 19)**
  2. **International and Non-Accredited Canadian Graduates (Page 29)**

- **Application Review: Verifies the authenticity of submitted documents and determines whether the applicant meets CASLPO's registration standards. If all requirements are met, a certificate of registration is issued.**
  1. **Canadian Accredited Graduates (Page 19)**
  2. **International and Non-Accredited Canadian Graduates (Page 29)**

- **Registration Committee Review (Page 32): If the application does not meet the College's registration requirements, it is referred to the Registration Committee for further evaluation and a decision.**

External Verifications:

- **Credential Assessment (Page 23): International applicants must submit an evaluation report from an approved credentialing agency to confirm the Canadian equivalency of their academic qualifications.**

- **Language Proficiency (Page 24): Applicants educated in languages other than English or French must provide a test score from an approved language proficiency exam that meets regulatory standards**
  1. **Canadian Accredited Graduates**
  2. **International and Non-Accredited Canadian Graduates**

- **Registration Exam (Page 29): Aapplicants must pass the Canadian Entry to Practice (CETP) Exam, administered by Speech-Language and Audiology Canada**

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional) **CASLPO's Online Application Portal was launched in May 2024.**	

		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes

- Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out.
- Please provide the date when the criteria to assess registration requirements was last reviewed and updated.

The 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.

The chart below represents the policy documents under review for 2025.

Policy Name	Review Cycle	Reviewed by	Approved By	Year of Next Review
Alternatives for Required Documents Policy	Every 3 years	Registration Committee	Board of Directors	2025
Definition of Patient Care and Related Work Policy	Every 3 years	Registration Committee	Board of Directors	2025
Non-Practising Returning to General Registration Policy	Every 3 years	Registration Committee	Board of Directors	2025

Please also see CASLPO 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)	

		Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
		c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
			• Please briefly describe the currency and competency requirements registrants are required to meet. **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)	

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

		Measure: **9.3 Registration practices are transparent, objective, impartial, and fair.**		
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. **The OFC management and Fairness Commissioner classified CASLPO as low risk for both 2022/2023 and 2023/2024.**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed	
DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 10**	**Measure:** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**		
		Required Evidence	**College Response**	
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• 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 **CASLPO continues to meet this requirement through the following activities:** • **Webinars with clinical scenarios and polling questions to support registrants in understanding and applying changes to standards and practice guidelines.** • **The Practice Advice Program has five staff advisors who respond to questions from registrants in both English and French by phone or e-mail. The advisors provide guidance to registrants on changes in standards as well as advice on how to apply standards of practice.** **In 2024, changes occurred with the funding for hearing aids through the Ontario Assistive Devices Program. These changes led to a significant number of questions from audiologists on how to apply standards of practice related to the controlled act of prescribing hearing aids.** **The following activities were completed to assist audiologists with understanding these changes and how to apply standards and expectations from CASLPO in the public interest:** • **FAQs published on the Assistive Devices Program Changes and Prescription of Hearing Aids – April 17th, 2024** • **webinar presented on Practice Standards for the Controlled Act of Prescribing Hearing Aids – August 14th, 2024**	

			• **support provided from January to December, 2024, through practice advice calls and e-mails to answer questions from registrants.** • **evaluation of the FAQs and webinar was received through consultation with university programs, the professional associations and communication with individual registrants.** • **Post-webinar survey to registrants to gauge impact on practice and if information was helpful in understanding changes to standards** **-webinar provided for registrants on changes that took effect as of July 1st, 2024 to the Professional Misconduct Regulation. – July 10th, 2024.** **-Post survey feedback indicated that registrants found the webinar to be relevant and helpful to understand the changes made to the regulation** Does the College always provide this level of support**: Yes** *If not, please provide a brief explanation:*
			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) **Every year, the Practice Advice Program:** • **receives 250 calls and emails per month on average.** • **Provides E-Forums (i.e., educational webinars) on new and revised standards and guidelines** • **Creates Practice Advice articles, registrant newsletter articles and FAQs to support registrants (audiologists and speech-language pathologists** • **The College creates public-facing documents to explain new or revised practice standards for patients using plain and inclusive language.**
		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**	
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: — Met in 2023, continues to meet in 2024
			• 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)

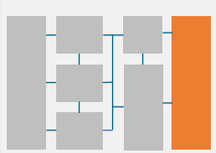
		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link 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 2024 we continued to pilot 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 registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			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 or evidence reviews 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 2024 Annual Report was not yet published. Please see the 2023 Annual Report (page 19) 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	**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:	The College fulfills this requirement:	Yes

		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;	• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. **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 previously 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 - updated June 2024** **Policy for funding Funding application SAPP and related documents - Position Statement was updated June 2024**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. **The College also completed the development of a survey of members of the public and registrants, requesting feedback on clarity and timeliness of process. To be launched between January 2025 to April 2025.**	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). **According to the data collected for 2024, the College responds to 90% of inquiries from the public within 5 business days in accordance with the Ministry follow-up timelines. The current data includes inquiries that are received in the Conduct Program inbox and individual staff inboxes. The College responds to inquiries within**	

			3 days on average.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• 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. **1. Complainants are assigned to a specific Case Manager, to ensure the complainant has a point of contact and is not shuffled between staff** **2. Website providing information in 7 languages** **3. 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)**	
			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 2023, continues to meet in 2024
			• 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**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 13	**Measure:** **13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**		
	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		• 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 2023 Report** **When employers are reporting information, the web page informs when reports should be made and what information should be submitted.** **Link to 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 (if needed)	
	**Measure:** **14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.**		
DOMAIN 7: MEASUREMENT,	**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 2023, continues to meet in 2024
		• 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 2024 Board Meeting contains the 2023-2024 KPI Summary Report (page 210) and the proposed and approved 2024-2025 KPIs (page 213). Alignment with the Strategic objectives is described at page 43.**	
		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)	

		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 2023, continues to meet in 2024
			• 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 2024 Board Meeting contains the 2023-2024 Strategic Goals Summary Report (page 43) and the proposed and approved 2024-2025 Strategic Goals (page 43).**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	
		Measure: **14.2 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 2024 Board Meeting contains the 2023-2024 KPI Summary Report (page 210) and the proposed and approved 2024-2025 KPIs (page 213). Alignment with the Strategic objectives is described on page 43 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 2023, continues to meet in 2024
			• 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. 20, 2024 Board meeting minutes – Item 9, Page 4 - 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.

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

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).* *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. 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.*
Type of QA/QI activity or assessment:	#	
Development of three Learning Goals for the year	4366	
Evidence of obtaining and documenting 15 Continuous Learning Activity Credits to meet goals	4366	
Evaluation of how learning impacted practice	4366	
Required review of a standard	4366	
Virtual peer assessment	93	
Objective review of whether Professional Practice Standards are met	93	
Objective review of learning goals and learning activities	93	
Discussion of how two standard documents affects their professional practice, including CASLPO Code of Ethics (all) and Audiological Assessment Standards (AUDs only) in Ontario	93	
Clinical Reasoning Tool in Clinical peer assessments	89	
Behaviour Based Questions for Clinical peer assessments	89	
Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period. *NR*		
Additional comments for clarification (if needed)		

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**			
Statistical data collected in accordance with the recommended method or the College own method: 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.* *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 2024, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2024	**SAT –** **Peer assessment – 93** **Evidence reviews – 73**	**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 2024.	**SAT - 12** **Peer assessment – 11** **Evidence reviews - 12**	**NR**	
NR			
Additional comments for clarification (if needed)			

-

Table 3 – Context Measure 4

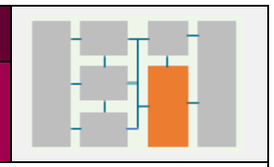
DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**			
Statistical data collected in accordance with the recommended method or the College's own method: College Method *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	*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*	**+10 ++12**	**NR**	
II. Registrants still undertaking remediation (i.e., remediation in progress)	**1**	**NR**	
NR ** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.* ***This measure may include any outcomes from the previous year that were carried over into CY 2024.*			
Additional comments for clarification (if needed)			

-

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:

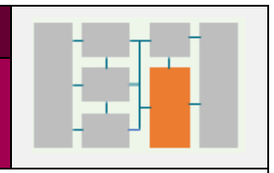
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2024	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	**1**	**3**	**0**	**0**	
II. Billing and Fees	**3**	**8**	**1**	**5**	
III. Communication	**9**	**25**	**0**	**0**	
IV. Competence / Patient Care	**5**	**14**	**3**	**13**	
V. Intent to Mislead including Fraud	**3**	**8**	**1**	**5**	
VI. Professional Conduct & Behaviour	**9**	**25**	**10**	**48**	
VII. Record keeping	**2**	**6**	**5**	**24**	
VIII. Sexual Abuse	**0**	**0**	**0**	**0**	
IX. Harassment / Boundary Violations	**0**	**0**	**0**	**0**	
X. Unauthorized Practice	**1**	**3**	**1**	**5**	
XI. Other <*please specify*>	**3**	**8**	**0**	**0**	
Total number of formal complaints and Registrar's Investigations**	**36**	**100%**	**21**	**100%**	

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.

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

Additional comments for clarification (if needed)

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 2024	**24**		*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 2024	**12**		
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 2024	**15**		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2024**:	**#**	**%**	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	**1**	**4**	
II. Formal complaints that were resolved through ADR	**1**	**4**	
III. Formal complaints that were disposed of by ICRC	**21**	**75**	
IV. Formal complaints that proceeded to ICRC and are still pending	**2**	**7**	
V. Formal complaints withdrawn by Registrar at the request of a complainant	**3**	**10**	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	**0**	**0**	
VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	**28**	**100**	

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.*

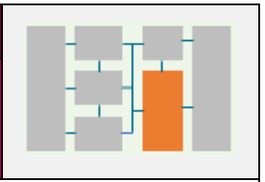
Table 6 – Context Measure 10

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 2024							
Distribution of ICRC decisions by theme in 2024*	# 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**	**NR**	**NR**	**NR**	**NR**	**NR**	**NR**
II. Billing and Fees	**3**	**3**	**NR**	**1**	**NR**	**NR**	**NR**
III. Communication	**1**	**5**	**1**	**NR**	**NR**	**2**	**NR**
IV. Competence / Patient Care	**7**	**6**	**1**	**2**	**2**	**2**	**NR**
V. Intent to Mislead Including Fraud	**1**	**1**	**NR**	**NR**	**NR**	**NR**	**NR**
VI. Professional Conduct & Behaviour	**9**	**5**	**1**	**3**	**NR**	**2**	**NR**
VII. Record Keeping	**3**	**1**	**1**	**1**	**1**	**2**	**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*>	**NR**	**NR**	**NR**	**1**	**NR**	**2**	**NR**

• *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 2024.* *++ 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:

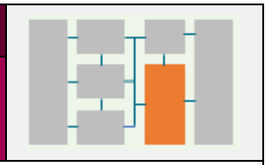
Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
I. A formal complaint in working days in CY 2024	**348**	
II. A Registrar's investigation in working days in CY 2024	**1016**	

Disposal

A new case manager joined the Conduct Team during the Summer of 2024. CASLPO is monitoring the timelines for Conduct files to reduce the average number of days for the 2025 reporting year.

-

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 2024	**NR**	
II. A contested discipline hearing in working days in CY 2024	**385**	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

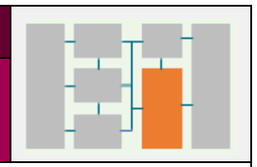
Additional comments for clarification (if needed)

-

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:

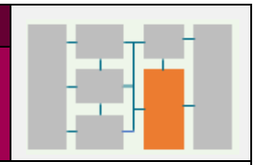
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type		#
I.	Sexual abuse	**NR**
II.	Incompetence	**NR**
III.	Fail to maintain Standard	**3**
IV.	Improper use of a controlled act	**NR**
V.	Conduct unbecoming	**0**
VI.	Dishonourable, disgraceful, unprofessional	**4**
VII.	Offence 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**

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.

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

NR

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