

College Performance Measurement Framework (CPMF) Reporting Tool

College of Physiotherapists of Ontario
2020 Reporting Year

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
 help Colleges improve their performance.

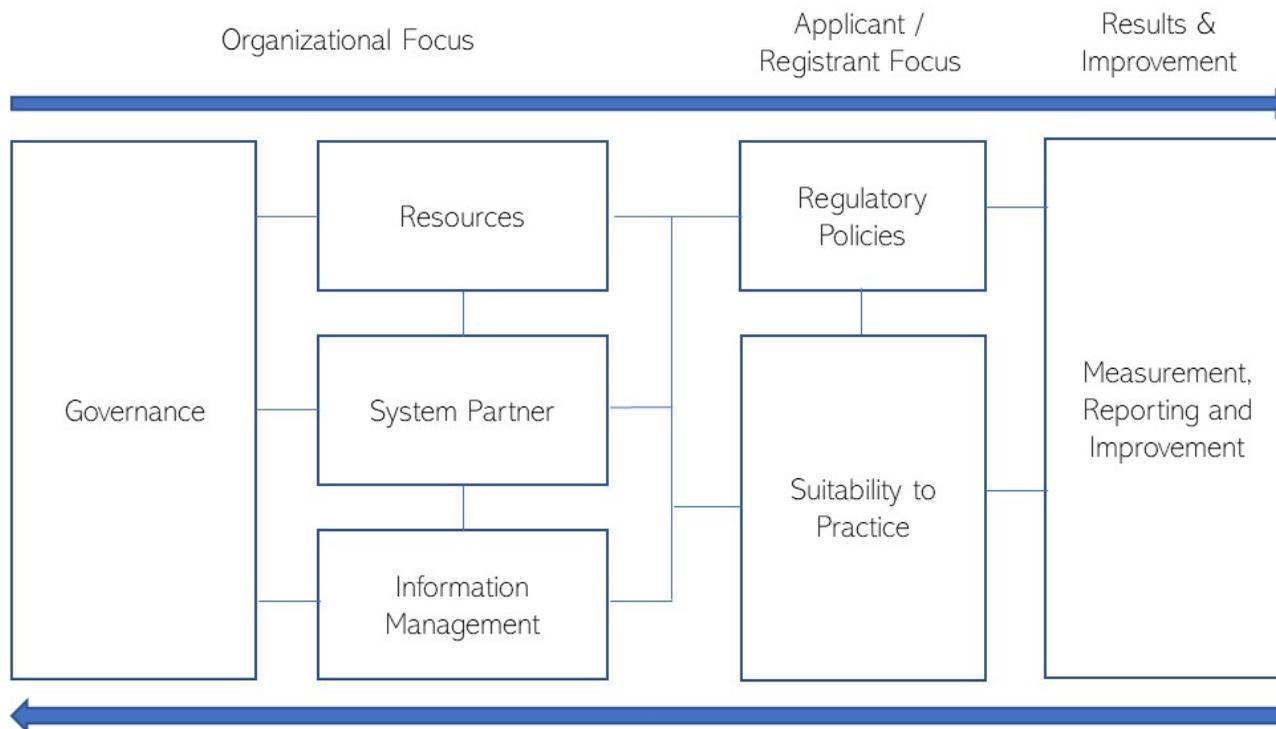
Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the 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.

a) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain	Areas of focus
1 Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2 Resources	<ul style="list-style-type: none"> The College’s ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3 System Partner	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4 Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5 Regulatory Policies	<ul style="list-style-type: none"> The College’s policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6 Suitability to Practice	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7 Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

b) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains, standards, measures, evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
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.	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.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil

	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings ii. Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence

can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges to only report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

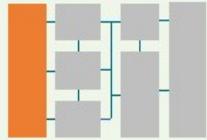
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed 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.

The areas outlined in red in the example below are what Colleges will be asked to complete.

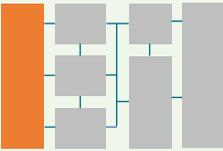
Example:

DOMAIN 1: GOVERNANCE		
Standard 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.		
Measure	Required evidence	College response
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.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and 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 <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional):</i>

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

For review purposes, the College responses are highlighted in yellow.

DOMAIN 1: GOVERNANCE		
Standard 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.		
Measure	Required evidence	College response
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.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/> The College has some suitability criteria in place for Council members, and an orientation process to familiarize new Council members to the role after they have been elected or appointed. The College does not have competency criteria outlining essential qualifications beyond the minimum requirements.
		<i>The competency/suitability criteria are public: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>

	<p>pertaining to the member’s role and responsibilities.</p>	<p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p>Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. They are as follows:</p> <ul style="list-style-type: none"> • The roles and responsibilities of a Council member are laid out in the College’s Governance Manual under Policy #1.2: Role of a Council Member. Further accountabilities are outlined in the College’s Code of Conduct. • The College’s Council Elections webpage highlights a variety of skills prospective Council members must possess. • Additional election suitability criteria can be found in the By-laws (Part 3: Election or Appointment of Councillors) and as part of the candidate recruitment process on the College website. • The College does not currently have a core competency framework in place prior to being eligible to run for Council election. <p>Orientation Training is post-election rather than before being eligible to stand for election.</p> <p><i>Duration of orientation training:</i></p> <p>Orientation of newly elected Council members takes place throughout the year. As a first step, new Council members meet with the President and Registrar to discuss the College’s role, self-regulation, the Council’s role and the fundamentals of good governance. This includes topics, such as conflict of interest, bias, public interest and ex parte conversations. This session is supported by a new Councillor Orientation E-learning Module.</p> <p>Council members also participate in in-person and online training sessions focused on specialized topics and emerging trends. These topics vary depending on the risks and needs identified at that time.</p> <p>To ensure completion of the online Modules, members are required to complete a test to demonstrate knowledge and competency. Completion is tracked by staff. The E-learning Modules available to Council and Committee members are listed below.</p>
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		<p>This year, in-person training was paused due to COVID and the priority shifted to holding all training sessions virtually.</p> <p><i>Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</i></p> <p>The Orientation Program is set out in the College’s Governance Manual under Policy #8.1: Orientation Program. In-person training was paused during COVID and the priority shifted to virtual sessions.</p> <p><i>Insert a link to website if training topics are public OR list orientation training topics:</i></p> <p>Online orientation training Modules include:</p> <ul style="list-style-type: none"> • New Council Member Training • Sexual Abuse Awareness Training • Decision Writing Training • Inquires Complaints and Reports Committee Training • Quality Assurance Committee Training • Registration Committee Training • Patient Relations Committee Training • Discipline Committee Chair Training • Discipline Committee Training • Finance Committee Training is set to be completed in March 2021 <p>In addition, all members appointed to the Discipline Committee must complete a Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO).</p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ✓ No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>Initial discussions and improvement initiatives under this standard have begun for the upcoming reporting year. The College is exploring the implementation of a mandatory orientation module as an eligibility criterion, that would lay out the mandate of the organisation and expectations on the role. Completion would be required prior to Council election or committee appointment.</p> <p>Council has also participated in preliminary discussions on a competency model developed by the Advisory Group for Regulatory Excellence (AGRE), a working group that includes the College and five other regulated health professions. AGRE discusses emerging trends and seeks to develop best practices. The group released a 2017 report highlighting a framework on competency-based appointments.</p>
	<p>B. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially ✓ No <input type="checkbox"/></p> <p>Similar to Council, the College has some suitability requirements in place for Statutory Committee candidates (Non-Council Committee appointees), as well as an orientation process to familiarize new Committee members with their roles.</p> <p>The competency criteria do not outline essential qualifications beyond the minimum suitability requirements. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. Essential competencies for Council positions are not defined prior to recruitment.</p> <p>Similar to a staff recruitment, the recruitment of Non-Council members details any specified competencies within the notice. In this way, the competencies are more developed than for Council members (as outlined above). Staff screen the</p>

		<p>applications and develop recommendations on committee composition. The recommendations may be considered by the Executive Committee, who bring forward a final recommendation to Council.</p> <p><i>The competency / suitability criteria are public: Yes ✓ No <input type="checkbox"/></i></p> <p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p>The roles and responsibilities of Committee Chairs and members are laid out in the College’s Governance Manual under Policies #1.3: Role of a Committee Chairperson and #1.4: Responsibility of a Committee Member/Member of a Task Force and Advisory Groups, respectively.</p> <p>Additionally, the roles of a Non-Council Committee member are outlined in the Manual under Policy #1.4: Responsibility of a Non-Council Committee Member. Other accountabilities are outlined in the College’s Code of Conduct.</p> <p>Most Committee appointments are made up of Council members. Information about Non-Council Committee members eligibility for appointment is available in the College By-laws (7.1: Appointment of Non-Council Committee Members). The College has some suitability requirements outlined in the By-laws; for example, not having any decision-making influence at a physiotherapy body or any other position with a conflict potential and not having been disqualified from Council or Committees in the past three years. However, there is currently a limited definition of competencies beyond these requirements.</p> <p>The College typically recruits Non-Council Committee members using recruitment advertisements on the website. They are similar to job advertisements and include some competency provisions such as: understanding what is meant by public interest, the ability to make decisions in a collaborative forum, and possessing excellent listening, communication and analytical skills.</p>
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		<p><i>Duration of each Statutory Committee orientation training:</i></p> <p>Orientation for newly appointed Committee members occurs as required and may involve a full-day session, as well as ongoing training throughout the year. Committee members participate in both in-person and online training sessions focusing on topics related to the Committee and emerging trends.</p> <p><i>Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</i></p> <p>The Orientation program is set out in the College’s Governance Manual under Policy #8.1: Orientation Program. Orientation is provided in-person at the first Committee meeting of each year and is led by the Chair and support staff. As well, members are required to complete the appropriate e-learning modules. Due to COVID, all in-person training has been paused this year and replaced by virtual sessions. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding.</p> <p>The Quality Assurance Committee, Registration Committee and Discipline Committee orientations include presentations by legal counsel on issues such as privacy, bias and decision making.</p> <p><i>Insert link to website if training topics are public OR list orientation training topics for Statutory Committee:</i></p> <p>See complete list of online training modules and respective topics outlined above.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p>
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		<p><i>Additional comments for clarification (optional):</i></p> <p>The appointment procedure is outlined in Policy #8.4: Selection of Individuals to Committees, Task Forces, and Advisory Groups in the Governance Manual. Council has not identified this as an improvement priority during the next reporting cycle.</p>
	<p>C. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College generally holds orientation training for public appointments to Council. On occasion, there are exceptions when the appointment is made is too close to an upcoming Council meeting. In that case, orientation takes place after the new public appointee attends their first meeting.</p> <p><i>Duration of orientation training:</i></p> <p>Public members typically participate in both in-person and online training sessions focused on identified topics and emerging trends. This training is the same as that provided to elected Council members and supplemented by additional profession-specific content.</p> <p><i>Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</i></p> <p>The Orientation program is set out in the College’s Governance Manual under Policy #8.1: Orientation Program. Orientation is provided in-person at the first Council meeting of each year led by the Registrar and President. Council members are also required to complete a series of e-learning modules on a variety of topics. In practice these sessions occur in advance of the first Council meeting. It is possible that new Council members will participate in Committee meetings prior to their first Council meeting.</p>

		<p>Due to COVID, all in-person training has been paused this year and replaced by virtual sessions. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding.</p> <p><i>Insert link to website if training topics are public OR list orientation training topics:</i></p> <p>See complete list of online training modules and respective topics outlined above.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional):</i></p> <p>Appointments are made by the Public Appointment Secretariat and do not fall within the College’s jurisdiction. We understand that there is a new onboarding program being created to support public appointees however we have not seen the content to date.</p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College has an assessment framework to evaluate Council and Council meeting effectiveness. Assessment results are not made public however the President will speak to the Council meeting surveys in the President’s Report which is delivered verbally at a Council meeting.</p> <hr/> <p><i>Year when Framework was developed OR last updated:</i></p> <p>The measurement and reporting framework was developed in June 2002 and updated in March 2015.</p>

		<p>Insert a link to Framework <i>OR</i> link to Council meeting materials where (updated) Framework is found and was approved:</p> <p>The organizational measurement and reporting framework is laid out in the College’s Governance Manual under Policy #9.1: Measurement and Reporting.</p> <p><i>Evaluation and assessment results are discussed at public Council meeting:</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</i> Not applicable.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Meeting Evaluation</p> <p>Following each Council meeting, a meeting evaluation survey is sent to all Council members and the results are shared with the President and Registrar. This process is informal and generally deals with the different aspects of the meeting. The results are reported to Council in an aggregate form as part of the President’s Report and/or provided to all councillors ahead of the next meeting.</p> <p>For Committee meetings, the Chair conducts a debrief at the meeting. This practice does not take place for Council. Establishing a consistent evaluation framework has been identified as an area for improvement in the upcoming reporting year.</p> <p>Member Evaluation</p> <p>Individual Council member evaluations are conducted annually between April and June. Both professional and public Council members are asked to provide feedback about two or three other members. The feedback is compiled and shared with each</p>

		<p>of the Council members through the President. In addition, Council members complete an annual self-evaluation exercise.</p> <p>The results of these evaluations are not shared with the public.</p> <p>The President conducts annual performance reviews for each Council member. The reviews are not shared with anyone, including the President-Elect, and they are not filed at the College. Reported performance issues are not shared with the Registrar. Staff input is not considered in this review process.</p> <p>The College conducts an operations evaluation of Council annually. This feedback is shared with Council at the President’s discretion.</p> <p>Informally, Committee Chairs monitor Committee member performance. If any concerns are brought forward regarding a Committee member, Committee Chairs may share copies of emails, attendance records, or other resources with the President. There is no centralized file for each Council / Committee member where this information can be stored.</p>
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <hr/> <p><i>A third party has been engaged by the College for evaluation of Council effectiveness:</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>If yes, how often over the last five years?</i></p> <p>Nil</p> <p><i>Year of last third-party evaluation:</i></p> <p>None</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>No discussions have taken place to incorporate a third-party assessment as part of the College’s measurement and reporting framework.</p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Council considers relevant needs when it comes to identifying opportunities for Council training. Not all topics for training come directly from Council members or from evaluation feedback.</p> <p><i>Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training:</i></p> <p>To date the College has not published this information.</p> <p><i>Insert a link to Council meeting materials where this information is found OR Describe briefly how this has been done for the training provided <u>over the last year</u>.</i></p> <p>Policy #8.10: Council Education of the College’s Governance Manual outlines the procedures through which Council members receive relevant training and education on an ongoing basis. Training topics are identified based on a risk and needs analysis identified by both Council and staff. Training is repeated based on the turnover rate of new members and is meant to address issues faced by Council.</p> <p>For example, over the last year, when an issue related to the College’s involvement with a specific stakeholder occurred, conflict of interest training was provided by legal counsel. This training focused on the roles and responsibilities of Council</p>

		<p>members related to bias and conflict of interest. It took place on October 22, 2020 at the Council meeting.</p> <p>Sexual abuse awareness training is required for all Council and Non-Council Committee members annually. Before completing the session, members must complete an e-learning module.</p> <p>Policy #8.1: Orientation Program of the College’s Governance Manual highlights this annual requirement. This requirement is also outlined in Part 5.3(1) of the College By-laws. Additional requirements for annual training include reviewing the College’s mandate, governance framework, and organizational culture. Sexual abuse awareness training was most recently completed during the October 22, 2020 Council meeting. The session was live streamed on YouTube. There were about 200 viewers, many of which were staff from other regulatory Colleges.</p> <p>Finally, Council members are also provided the opportunity to attend relevant regulatory and stakeholder conferences. An internal process is in place whereby the Executive Committee reviews conference applications from members.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p> <p>To date, no discussions about changes to the College’s current processes have occurred.</p>
<p>Standard 2 Council decisions are made in the public interest.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>

<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
	<p><i>Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated:</i></p> <p>The Code of Conduct and Conflict of Interest Policy were evaluated in 2020, and changes will be implemented following a legal review and consultation period in early 2021.</p> <p><i>Insert a link to Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved:</i></p> <p>The Code of Conduct and Conflict of Interest policy are found in the College’s By-laws (Part 5: Conduct of Councillors and Committee Members). The Executive Committee undertook a governance review in 2020 to evaluate and propose updates to the By-laws. The review was presented at the November 27, 2020 Council meeting and the new governance framework was approved in principle subject to a legal review. The updates were informed by feedback from members of the Executive Committee. As well, the College provided a training session on conflict of interest for Council members in 2020.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p><i>Additional comments for clarification (optional)</i></p>	
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

	<p>b. The College enforces cooling off periods².</p>	<p><i>Cooling off period is enforced through:</i></p> <p>Conflict of interest policy <input type="checkbox"/> By-law ✓</p> <p>Competency/Suitability criteria <input type="checkbox"/></p> <p>Other ✓ <Governance Manual></p> <p><i>The year that the cooling off period policy was developed OR last evaluated/updated:</i></p> <p>Eligibility criteria, including cooling off periods, for elected Council members are laid out under section 3.1 (8) of the College By-laws. The By-laws were last updated in 2019 and are currently undergoing a governance review. Term limits for Council and Committee members are laid out in By-laws and Governance policies.</p> <p><i>How does the College define the cooling off period?</i></p> <ul style="list-style-type: none"> - <i>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</i> - <i>Insert a link to Council meeting where the cooling off period has been discussed and decided upon; OR where not publicly available, please describe briefly cooling off policy:</i> <p>Cooling Off Period</p> <p>The <u>cooling off period</u> is outlined in the College By-laws. To be eligible to run for Council election, the registrant must not have been in the previous 12 months:</p>
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² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<ul style="list-style-type: none"> • a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession; • a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; or • an employee of the College (College By-laws s. 3.1(8)) <p>The cooling off period applies to elected professional members and appointed academic professional members.</p> <p>Term Limits</p> <p>A term on Council is set as three years, per section 3.1 (6) of the College By-laws. Under the Health Professions Procedural Code (HPPC), a member may serve a maximum of nine years consecutively. After such time, the member is not eligible for re-election for at least one year. This is enforced through an internal process of tracking how long each member has served on Council. If they have reached their term limit, they cannot run in the next election.</p> <p>The Public Appointments Secretariat has on one occasion appointed a public member to the College’s Council beyond the nine-year consecutive term.</p> <p>Term limits for any Committee roles are outlined in the College’s Governance Manual. For example, officer roles are delineated in Policy #8.1.1: Succession Planning in the College’s Governance Manual. These policies were last updated in 2014 and are currently undergoing a governance review by Council, with changes to be implemented in 2021.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
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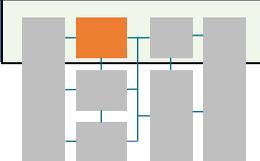
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<p><i>Additional comments for clarification (optional)</i></p> <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College does not have a Conflict of Interest questionnaire.</p> <p>The College does mandate that each meeting is predicated by an opportunity for all attendees to declare any anticipated conflicts.</p> <hr/> <p><i>The year when conflict of interest the questionnaire was implemented OR last evaluated/updated:</i></p> <p>While the College does not have a Conflict of Interest questionnaire, Council members do sign a Councillor’s Declaration of Office at the beginning of their Council term, which references the Code of Conduct and conflict of interest provisions.</p> <p><i>Member(s) update their questionnaire at each Council meeting based on Council agenda items:</i> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input checked="" type="checkbox"/></p> <p>Council members are asked to declare a conflict of interest with any item on the agenda at the beginning of each Council meeting. The conflict of interest policies are outlined in Part 5: Conduct of Council and Committee Members in the College By-laws. The process is described in 5.1 (6). When presented with a conflict, the Council or Committee member shall declare the conflict at the time of identification, not participate in discussion, consideration, or voting on the matter, withdraw from the meeting when the matter is being discussed, and not attempt to influence other voters.</p> <p><i>Insert a link to most recent Council meeting materials that includes the questionnaire:</i></p>
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		<p>Not applicable</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional)</i> No further discussions about changes to the College’s current conflict of interest processes have taken place.</p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) 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).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Describe how the College makes public interest rationale for Council decisions accessible for the public:</i> None</p> <p><i>Insert a link to meeting materials that include an example of how the College references a public interest rationale:</i> None</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i> No discussions about this process have taken place.</p>

Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College posts meeting minutes and materials on the website. However, the College does not provide status updates on how Council decisions are implemented.</p> <hr/> <p><i>Insert link to webpage where Council minutes are posted:</i></p> <p>Council minutes are available on the College’s website and updated after each meeting when approved.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p> <p>No discussions have taken place with respect to formalizing status updates on College decisions.</p>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Information about Executive Committee meetings is only available in some instances.</p>

	<p>can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> 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. 	<p><i>Insert a link to webpage where Executive Committee minutes / meeting information are posted:</i></p> <p>During the COVID pandemic there was a need to hold multiple emergency meetings to respond to the crisis. The Executive Committee elected to meet in place of Council. Executive meeting minutes were shared with Council and made public during this period. The minutes were provided as part of the September 2020 Council meeting materials. Executive Committee minutes were included for the months of March to June 2020.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ✓ No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>As part of an ongoing By-law and Governance review, Council is considering recommendations to require posting Executive Committee meeting information on the College website.</p>
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes ✓ Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Insert a link to the College’s latest strategic plan and/or strategic objectives:</i></p> <p>The Strategic Plan (2017-2021) is available on the College website. The College plans to conduct a review and update of the strategic objectives in the 2021 reporting period. The complete Strategy Map is publicly available.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

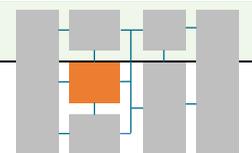
		<i>Additional comments for clarification (optional)</i>
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>The College provides notice of meetings and relevant materials on the College website at least one week in advance, when possible. Where there are Council meetings that fall outside of the published schedule, the College does its best to notify the public, registrants and stakeholders in advance of the meeting times.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
		<i>Additional comments for clarification (optional)</i>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>The College provides Discipline hearing notices and relevant materials on the College website as soon as the matter is referred to the Discipline Committee for a hearing.</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<i>Additional comments for clarification (optional)</i>



Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> The College does have a strategic plan and strategic initiatives and the budgeting process does typically allocate resources for strategic initiatives.
		<i>Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:</i> The College’s fiscal year is from April 1 to March 31. In a typical year, the College budget is approved at the Council’s March meeting. Due to the COVID pandemic, the approval process was delayed in 2020 until Council met in September. The approved budget is available in the Council meeting materials for the September 2020 meeting.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> The College budget is created based on each of the program lines (Professional Conduct, Quality Assurance, Registration for example), rather than based specifically on the strategic plan. The College budgets separately for strategic initiatives, without breaking them down and assigning them to each strategy. During the previous strategic planning session in 2016, each strategy was assigned to an individual staff person and costed out.

		<p>For example, reviewing the scope of the College’s Entry to Practice program was identified as a strategic initiative. Details on this review were discussed during Council’s December 2020 meeting.</p> <p>The College will work towards consistency in presentation with this measure as we are starting a new strategic planning process in 2021.</p>
	<p>b. The College:</p> <ul style="list-style-type: none"> 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 furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its “financial reserve policy”. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved:</i></p> <p>The College has a financial reserve policy that sets out the permitted uses for general operational reserves to ensure the stability and continuity of program areas. The policy is subject to annual review by the auditors.</p> <p>The Finance Committee presented a review of the financial reserve policy during the December 2017 Council Meeting, and the review was approved in June 2019. The amended Reserve Policy is found on page 96 of these public materials. The revised policy includes recommendations from the Auditor to maintain an undesignated reserve within the range of 25-50% of operating costs, as well as lowering registrant fees. This policy was revisited in September 2019 with respect to how to access the College’s designated reserves.</p> <p><i>Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated:</i></p> <p>The most recent financial reserve policy review was approved at the June 2019 Council Meeting. Council added a process allowing the College to access its designated reserves during its September 2019 meeting.</p> <p><i>Has the financial reserve policy been validated by a financial auditor?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The financial reserve policy is reviewed annually and considered by the financial auditor.</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College has a Human Resources Plan in place to ensure organizational sustainability, however its processes and procedures are not formalized or robust.</p> <p><i>Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.</i></p> <p>The Human Resource Plan is outlined through the budget process each year. Council is updated on staffing in an ongoing way at Council meetings. In the past, the College used dashboards to provide a formalized update, which included human resources metrics. Dashboards were provided quarterly and were last included during the December 2019 Council meeting.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>No discussions have taken place about making improvements to the College’s Human Resources Plan to be included in Council materials in a more formalized way.</p>



<p>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.</p>		
<p>Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</p>		
<p>Standard 7 The College responds in a timely and effective manner to changing public expectations.</p>		
<p>Measure / Required evidence: N/A</p>	<p>College response</p>	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

<p>The three 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 three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p>	<p>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.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <p><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i></p>
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<p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <p>Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.</p>	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>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 “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <p><i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i></p> <p><i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i></p>	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <p><i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i></p> <p><i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i></p>
<p>Standard 5</p>	<p>The College works with its system partners to ensure that physiotherapy is regulated with oversight and accountability, and to ensure the practice is governed with quality, safety, and ongoing improvement in mind. This section will list examples of how the College engages with its regulatory partners in policy development to strengthen practice expectations for Ontario physiotherapists.</p> <p>The College is a member of the Canadian Alliance of Physiotherapy Regulators (CAPR). CAPR is a credentialling and assessment agency that provides evaluation services on behalf of Canadian physiotherapy regulators. The College engages CAPR services for credentialling of internationally educated physiotherapists to assess eligibility to write the national Physiotherapy Competency Exam (PCE) and for setting and offering both the written and clinical components of the PCE as the College’s entry examination. CAPR coordinates national initiatives with the College and other Canadian PT regulators with the goal of promoting consistent national regulation. CAPR developed several projects which aligned practice expectations within Ontario and throughout Canada. The College engages with CAPR</p>	

to ensure its advice is implemented and aligned with other regulators. Most recently, the College developed its [virtual practice guidance after reviewing examples of other system partners, including CAPR and the Physiotherapy Alberta College](#).

The College is a member of the [Health Profession Regulators of Ontario \(HPRO\)](#), a body with representatives from each of the 26 Ontario health Colleges aimed at fostering health regulatory collaboration in the province. Program-specific groups within HPRO allow the College to collaborate, share experiences and ensure consistency, while striving for and pushing regulatory excellence. The **Communications Working Group**, made up of representatives from a collection of small, medium and large Colleges, has developed a public marketing campaign to raise overall awareness of the College's complaints process, Public Registers, consultation opportunities, and other College activities. A public facing website, ontariohealthregulators.ca, was created to act as a conduit to drive the public to specific regulators. The campaigns have involved targeted online advertising for specific demographics, attending patient and caregiver events and circulating written materials in medical offices.

The **Practice Advice team** discusses consistency among College rules and standards at HPRO roundtables. Through regular meetings, resource sharing and COVID-19 updates, Practice Advice capitalizes on this opportunity to collaborate with other health Colleges.

The **Quality Assurance team** has met at HPRO to share information about the various Quality Assurance programs at each College. They have shared information about Quality Assurance reviews and improvements which factored into the College's new Quality Assurance program (see: [December Council materials](#)), launched in January 2021.

HPRO is involved in multiple initiatives and projects with the goal of addressing shared, emerging issues among Colleges. The aim is to develop aligned approaches and practices. Two noteworthy examples include projects related to informed consent and shared spaces and resources.

An **Informed Consent & Capacity Working Group** was established to assess the knowledge gaps in the areas of consent and capacity and develop shared resources to educate practitioners and the public on the legal and professional obligations. The group discussed things such as when and how should a healthcare professional obtain consent. Collaborative resources were created for all Colleges to use and distribute including a capacity decision tree, myths and facts on capacity and consent and the barriers to consent and how to overcome them.

A **Shared Spaces and Resources Working Group** explored the opportunities and feasibility of using a shared service model to leverage College resources and expertise in areas such as facilities management, operations, hearings, real estate and technology. These priorities are outlined on the HPRO 2019-2020 highlights document, which is available [on their website](#).

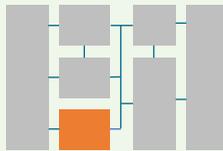
Through HPRO, the College initiated a roundtable with other regulators to discuss tools, resources, and best practices to support compliance monitoring activities.

	<p>The College recently led an initiative to allow staff from other Colleges to observe Committee meetings. The hope is that this shared learning opportunity will enable all Colleges to learn how other committees operate.</p> <p>The College maintains a relationship with the Ontario Physiotherapy Association (OPA), a provincial advocacy body for the physiotherapy profession. The OPA has initiatives in place to raise awareness of physiotherapy and to assist patients with practice-related issues. The OPA provides professional education courses to ensure ongoing competence and improvement for physiotherapists. In the continuing education domain, the College and OPA share common materials, public messaging, and participation opportunities through their respective communication platforms, including social media. The College and OPA worked together during the initial phases of the COVID-19 pandemic in early 2020 to ensure physiotherapists, employers, and patients in various care settings were receiving consistent and timely information.</p>
<p>Standard 6</p>	<p>The College responds to changing public and societal needs through ongoing and targeted stakeholder engagement. First, the College ensures public engagement in policy development through direct collaboration with members of the public in two ways: The Citizen Advisory Group (CAG) and College outreach events. Both stakeholder groups ask public members questions and raise issues, which inform College communications and policy initiatives.</p> <p>In 2015, the College launched the Citizen Advisory Group (CAG), a panel of patients and caregivers focused on bringing patient perspectives to health regulation. Its objective is to support public participation and consultation in the regulatory work of the College. The CAG evolved significantly in 2017 after the College opened group access to other Ontario health Colleges. The CAG currently has 18 regulatory partners. The College held the Chair of Partnership until 2019 when it transitioned to the College of Physicians and Surgeons of Ontario, and Chairship will continue to rotate amongst the partner Colleges. The College regularly consults with the CAG on updated policies and guidance and plans to leverage this relationship in anticipation of its upcoming comprehensive review of professional standards (December 2019 Council materials). Comprehensive independent reports of Group meetings and matters discussed can be found on the CAG website here.</p> <p>In addition, the College has brought forward several initiatives in collaboration with the CAG. Resuming Non-essential Care During the COVID-19 Pandemic (Wednesday, May 13, 2020) was a topic discussed by the CAG and its feedback used to inform College communications.</p> <p>Risk management was discussed by the CAG on June 23, 2018. This topic included considerations around infection control and equipment maintenance, restricted titles, and professional boundaries.</p>

	<p>The College also asked the CAG to look at what information should appear on the public register (January 20, 2018). The group suggested adding accessibility information of PT offices to each of their profiles. The College responded to this suggestion by making those changes to the Public Register.</p> <p>Finally, the College completed a series of surveys with the participating groups, which covered issues relating to advertising, specialties and designations, and patient resources. This information was incorporated into Council briefing materials and was used to create ‘Questions you can ask your Physiotherapist and ‘Your Rights as a Patient’ on the College website. Each of the initiative with CAG helped the College to bring the patient perspectives into its respective standards, rule, and guidance documents.</p> <p>The College also facilitates College Outreach Events. College staff typically organize and attend events throughout the province each year (although this was cancelled last year due to the pandemic) and lead discussions on issues of regulation, professionalism, and safety within physiotherapy. Events are open and attended by physiotherapist registrants, physiotherapy students, physiotherapist assistants, employers, and other members of the public. A review of the past year’s Outreach Events are highlighted in the College’s Annual Report.</p> <p>As well, the College engages the public through its Public Consultations process. When an issue arises that benefits from public input, a call for public feedback is posted to the College website and shared through social media. These processes help to align the College’s policymaking with public expectations to ensure that the public protection mandate is upheld.</p> <p>The College also engages with stakeholder groups in other targeted areas. CPO's Practice Advice team communicates monthly with the Ontario Academic Practice Leaders Group, an academic leaders and physiotherapists forum who supervise students during their internships. The group discusses and engages on practice issues in the private and public health sectors. This relationship helps to inform College processes and policy development. Recently, the group met with the College to discuss the COVID-related impacts on entrance exams, staffing and student supervision.</p> <p>Another academic stakeholder is the Ontario Internationally Educated Physiotherapy Bridging Program (OIEPB). This program is based out of the University of Toronto and provides opportunities for internationally educated physiotherapists to meet the CAPR entry to practice exam requirements. The College engages with first- and second-year students to provide annual education sessions on regulatory obligations for Ontario physiotherapists. OIEPB has connected the College with internationally educated physiotherapists for the purpose of beta testing College resources to ensure appropriate language levels and to share the applicant user experience. The College replicates this initiative with each of the five University physiotherapy programs, leading students through a session on professional standards.</p>
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<p>Standard 7</p>	<p>The College’s policies and programs respond to changing public expectations and are developed through stakeholder engagement. Some recent successes are highlighted in this section.</p> <p>The College’s Accessibility (AODA) policies were developed with public protection in mind. Alongside other Colleges, CPO has undertaken a complete review and overhaul of its website to ensure AODA compliance. This review was last undertaken in Q1 of 2020 (see September Council materials). During this review, Colleges informally shared vendor and other accessibility information.</p> <p>The College hired a design firm specializing in accessibility to evaluate the accessibility of the College’s online assets. The company provided a complete AODA report on the College website in November 2019 and a second report was commissioned to run an AODA audit on the accessibility of the Public Register and PT Portal in August 2020. All recommended changes were implemented to the College website using Enginess. The AODA work on the Public Register and PT Portal is a College priority and is being updated on an ongoing basis. The College is actively working to replace all PDFs that are not currently accessible.</p> <p>The public interest mandate also drove the College’s work around inappropriate business practices. As the public interest depends on the integrity of the profession, and as a response to stakeholders concerns, the College developed a zero-tolerance statement for inappropriate business practices which is incorporated into its professional standard. This standard includes resources developed in conjunction with stakeholders, such as this informational document on the misuse of registration numbers.</p> <p>The College regularly communicates about inappropriate business practices. The Practice Advice team regularly communicates with registrants and presents at Ontario Physiotherapy Association (OPA) conferences on this subject. The Practice Advice team is building upon this message by connecting with patients about insurance fraud in collaboration with the Canadian Life and Health Insurance Organization (CHLIA). The Professional Conduct team conducts education sessions on bad business practices. Finally, the College has held webinars on inappropriate business practices that are available to the public.</p> <p>During the COVID-19 pandemic, the College has collaborated with other health Colleges and Public Health Ontario. CPO engaged with other rehabilitation-focused Colleges (College of Registered Massage Therapists of Ontario, College of Occupational Therapists of Ontario, College of Kinesiologists of Ontario), Infection Prevention and Control Canada (IPAC) and Ontario Public Health to provide infection control information to rehabilitation health professionals.</p> <p>The ongoing challenges surrounding COVID-19 have warranted an expedited and more pointed focus on guidance related to returning to work and implementing virtual care. Based on Directive #2 and the Operational Restart, CPO worked with other rehabilitation-focused Colleges (College of Registered Massage Therapists of Ontario, College of Occupational Therapists of Ontario, College of Kinesiologists of Ontario) to develop shared return to work guidance documents during the COVID-19 pandemic, as well as virtual care advice. These documents incorporate information from some of the College’s non-regulatory partners (for example, CHLIA). The core principles and key information in each College’s final guidance was similar, allowing health professionals to be able to easily work</p>
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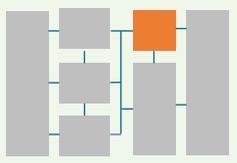
	<p>together and ensure consistency across health care professions and provide patients with the best care possible. As the environment continues to evolve, the College intends to further consult physiotherapists and other rehabilitation-focused health regulators, the public, and other key partnerships when developing a comprehensive virtual care policy in 2021.</p> <p>The College is also a member of the Ontario Regulators for Access Consortium (ORAC). ORAC is a forum where regulators collaborate on best practices, environmental issues and on matters related to practicing as a regulated profession in Ontario. The group meets quarterly and conducts regular environmental scans on registration practices.</p> <p>A final example is the College’s ongoing work is related to cultural competency. Patients want to ensure that today’s healthcare providers are culturally competent and can effectively deliver healthcare services to meet patients’ social, cultural, and linguistic needs. The College is involved in an HPRO working group to develop shared resources in the area of advancing cultural competency across health regulation. Work in this area will continue into the 2022 fiscal year.</p>
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DOMAIN 4: INFORMATION MANAGEMENT	
Standard 8	
Information collected by the College is protected from unauthorized disclosure.	

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Insert a link to policies and processes OR provide brief description of the respective policies and processes.</i></p> <p>The College has policies governing the secure collection and usage of data as well as processes ensuring that the College protects sensitive information. These policies and processes are outlined below:</p> <ul style="list-style-type: none"> Governance Policy – Privacy Code: Details reasons for collection, use and disclosure of data. Underwent update as part of Governance Review in 2019 – updated version to be published in early 2021 (Found under About, College Privacy). Policy #4.3: College Privacy Code – Requests for Access or Corrections and Compliance Concerns in the

		<p>College’s Governance Manual further outlines the procedures around requests to access, corrections, and compliance with respect to College-held personal information.</p> <ul style="list-style-type: none"> • Website guidance around privacy: The College published guidance on the rules around protecting personal health information for its registrants who are health information custodians. The guidance explains the relevant privacy legislation, information related to privacy breaches and rules for the notification of breaches. They are found on the College’s website under Standards & Resources. • Confidentiality declaration: Staff, Council, non-Council, contractors: Under Policy #4.1: Confidentiality – General of the College’s Governance Manual, everyone this policy applies to must sign a confidentiality agreement to confirm their understanding of the RHPA’s rules regarding the confidentiality of matters that come to their attention as part of their college-related work. • Code of Conduct: Sets out confidentiality rules (section 10) and provides a mechanism to manage concerns from Council staff if there is a breach (section 5e). It is posted to the College website. • Council and Committee orientation and manuals: Confidentiality policies and the Code of Conduct are included as part of Council and Committee trainings. Both the College’s Code of Conduct declaration of office are included in the College’s By-laws. • Training modules on digital security and protecting sensitive information for staff: Staff receive ongoing online training on a variety of digital security topics including essential knowledge related to cybersecurity, ransomware and malware and internet security when working from home. • Human Resource Policies: <ul style="list-style-type: none"> ○ HR Policy #1.05: Confidentiality guards against the unauthorized disclosure of information to anyone outside of the organization. This applies to anyone who performs a duty or service for the College. ○ HR Policy #1.07: Employee Records and Personal Information Protection is the internal framework for managing employee personal and confidential
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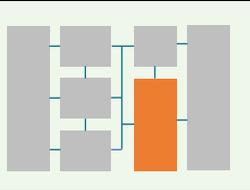
		<p>information. The document outlines employee responsibilities with respect to personal information management and highlights the preservation of privacy of employees and confidentiality of their records.</p> <ul style="list-style-type: none"> ○ <u>HR Policy #2.09: Public Register Information and College Data</u> describes the scope of information shared through the Public Register and defines how the College responds to information sharing requests. This policy protects against the release of unauthorized information of College registrants through the Public Register and more. ● Governance Policy Proposal - in-camera minutes: The College has proposed a new Governance Policy to outline how in-camera minutes are recorded, reviewed and archived to ensure confidentiality of information. This proposed policy is outlined in full in the October 2020 Council Meeting. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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DOMAIN 5: REGULATORY POLICIES		
<p>Standard 9</p> <p>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.</p>		
Measure	Required evidence	College response
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

<p>9.1 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).</p>	<p>a. The College has processes in place for evaluating 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.</p>	<p><i>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 OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).</i></p> <p>Policy #6.2: College Policy Review Schedule of the College’s Governance Manual outlines the procedures for reviewing its various policies. The College aims to review By-laws and governance policies annually and other documents (policies, standards of practice, regulations) on a three-year rolling cycle. The College also reviews and makes changes to documents as needed.</p> <p>The College conducted a comprehensive Standards Review Process in December 2019, at which time Council approved a new review process designed to ensure that Standards remain current. The new Standards Review Process is found in the December 2019 Council Materials.</p> <p>At the November 2020 Council Meeting, Council approved a revised Policy Approval Framework. This framework will refine the process through which College policies undergo and receive approval.</p> <p>The College monitors the practice environment in a number of ways: results from the Quality Assurance Program, contacts made to the Practice Advisory team and complaints received through the Professional Conduct area. By monitoring trends, issues can be raised to management team level and the associated Committees and Council. Monitoring trends is an ongoing process in all areas so the College can initiate reviews and updates to associated policies, standards, or practice guidelines.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
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		<p><i>Additional comments for clarification (optional)</i></p> <p>Many of the College’s professional standards and policies follow a review schedule. However, such a schedule may be amended due to shifting priorities, or other environmental trends or situations (i.e. COVID pandemic).</p>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none"> 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. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were considered in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.</i></p> <p><i>Advertising Standard (February 2019)</i></p> <p>Council approved an Advertising Standard review during its December 2018 meeting. The new Standard came into effect in February 2019. In updating this Standard, the College factored in the relevant parts in the following ways:</p> <ul style="list-style-type: none"> • Evidence and data: The review was informed by data from a focus group meeting in 2018 (Citizens Advisory Group), an advertising audit done in 2017, and survey research from 2014. Details of this data are found in the December 2018 Council meeting materials. • Patient/public risk: “The risk of harm to the public” (page 88 of the Dec. 2018 materials) was considered when revisiting the Advertising Standard. It was concluded that there were “good public protection reasons to regulate advertising” (page 86). • Current practice environment: The current advertising environment was looked at when deciding whether to update or rescind the Standard (page 87). • Environmental scan: A review of other Colleges and health regulators was conducted throughout the redevelopment of this Standard (pages 87 and 90). • Public expectations: This was factored in based on interviews and feedback from the 2018 Citizens Advisory Group meeting and external research (pages 86 and 88).

		<ul style="list-style-type: none"> Stakeholders: Stakeholder considerations are outlined in page 88 of the materials. <p><i>Virtual Practice Guidelines (April 2020)</i></p> <p>In response to the COVID-19 pandemic, the Executive Committee implemented and reviewed the College’s virtual care guidelines in April 2020. These changes are highlighted in the September 2020 Council meeting materials. While the virtual practice guidance is not itself a professional standard, it is an amalgamation of and reference to other applicable rules and standards, applied in a virtual environment. The following factors were considered throughout the development process:</p> <ul style="list-style-type: none"> Patient/public risk: As noted in the Executive Committee minutes for April 7, 2020, patient considerations for the development of this advice included “consent, privacy, security, record privacy, documentation and the use of PHIPA-compliant tools.” Current practice environment: The College asked for feedback from the Ontario Physiotherapy Association (OPA) in developing this guidance. Environmental scan: The College reviewed Physiotherapy Alberta’s Telerehabilitation Guidelines. Other jurisdictions and health regulators were examined, such as the College of Physiotherapists of Manitoba and the Physiotherapy Board of Australia. Stakeholders: The College considered feedback from registered physiotherapists, insurers and patients, as well as cross border physiotherapy advice from the national physiotherapy body, CAPR. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 10			
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.			
Measure	Required evidence	College response	
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	

<p>10.1 Applicants meet all College requirements before they are able to practice.</p>	<p>a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)³.</p>	<p><i>Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out:</i></p> <p>The College ensures suitability to practice in registering new entrants through the below mechanisms.</p> <p><i>For cases not referred to the Registration Committee:</i></p> <ul style="list-style-type: none"> • Credentials are assessed for all applicant types by CAPR. Required documentation is noted in the Checklists page for prospective applicants. • The considerations outlined in the Eligibility Questionnaire are assessed before registration. Essential criteria include: Selection of application type, being eligible to work in Canada, identification of out-of-province registration and having obtained a degree in physiotherapy. <p><i>For cases referred to the Registration Committee:</i></p> <ul style="list-style-type: none"> • The Registration Committee uses an internal Decision-Making Tool to assess the criteria and qualifications for registering new applicants. • Applicants previously practicing in another jurisdiction or within a different regulated health profession must submit a Regulatory History Form to the College. • For internationally educated physiotherapists: The Canadian Alliance of Physiotherapy Regulators (CAPR) is a credentialling and assessment agency that provides credential evaluation services for all physiotherapy regulators in Canada. International credentials are assessed through CAPR prior to review by the Registration Committee. <ul style="list-style-type: none"> ○ Credentialling policies assure language proficiency and protect against fraudulent documents. <p>Before a registration application is approved, the file is reviewed a second time to ensure that the applicant meets all the regulatory requirements, and that all documentation has been collected and is accurate.</p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>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).</p>	<p><i>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.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out.</i></p> <p>The Canadian Alliance of Physiotherapy Regulators (CAPR), the national credentialing and assessment agency for Canadian physiotherapy regulators, sets the requirements for and reviews the education qualification of international applicants, including language proficiency and ensuring documents are not fraudulent.</p> <p>Essential competencies are prepared by the National Physiotherapy Advisory Group.</p> <p><i>Provide the date when the criteria to assess registration requirements was last reviewed and updated.</i></p> <p>The last Entry to Practice review was conducted in 2007.</p> <p>In 2019, the College engaged a consultant to conduct a scoping review of the College’s Entry to Practice program and develop recommendations for further work. Council discussed the findings of the consultant report at the December 2020 meeting and will further examine and review the findings in 2021.</p> <p>The purpose of the review is to ensure that the program remains fair, effective, and evidence based. The recommendations coming out of the recent Entry to Practice review include asking for proof of insurance within one year of entry and again at renewal, clarification around working with physiotherapy assistants and making changes to the assessment of ‘good character.’</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College undertakes currency checks to some extent based on a self declaration as part of the annual renewal process. However, currency checks are not typically undertaken except for what is required by regulation.</p>
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⁴ 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).

		<p><i>Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview:</i></p> <p>Currency requirements are laid out in regulation (Section 21 of the Ontario Regulation 532/98 under the Physiotherapy Act). The Annual Renewal process is available on the College website.</p> <ul style="list-style-type: none"> • PT are required to have practice hours – 1,200 hours every five years or have completed the national exam within the last five years. Registrants are required to report their practice hours annually during renewal. Practice hours are defined on the College’s website. • PTs must declare their professional development during annual renewal. • They must successfully complete a Jurisprudence Module after initial registration and then every five years. • PTs must complete PISA every year as a self-reflection exercise and identify areas where more learning is required. • PTs can be selected every five to 10 years for a screening interview as part of the Quality Assurance program. • PTs are required to answer self-reporting questions during annual renewal. • PTs are required to declare whether they have liability insurance during annual renewal. The College follows up with those who declare that they do not have insurance and provide patient care. <p><i>List the experts / stakeholders who were consulted on currency:</i></p> <p>In 2019, the College sought legal counsel for advice around cases where registrants do not pass currency checks. Aside from this, stakeholders are not regularly consulted.</p>
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		<p><i>Identify the date when currency requirements were last reviewed and updated:</i></p> <p>The Annual Renewal process is revisited on an annual basis.</p> <p><i>Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</i></p> <p>According to Ontario regulation, the College mandates that physiotherapists who hold an Independent Practice Certificate are required to have completed 1,200 practice hours over the last five years or have completed the Physiotherapy Competency Exam - Clinical component within the last five years, or have successfully completed the College Review Program (Assessment) within the previous 12 months.</p> <p>Practice hours can include:</p> <ul style="list-style-type: none"> • Hours worked that the PT has been paid for (clinical settings, consultation, research, administration, academia or equipment sales) • Professional activity/development hours (maximum 30 per year) • Professional activity hours include volunteer activity which requires the use of physiotherapy theory and knowledge, continuing education hours and/or participation <p>The College defines physiotherapy practice as employment or other activities resulting from the possession of physiotherapy credentials and experience.</p> <p>Practice hours include worked hours that are paid and professional activity hours. Worked hours include hours of practice in clinical settings, consultation, research, administration, academia, and sales. It is not necessary to have the job title of Physiotherapist or Physical Therapist.</p> <p>Physiotherapists cannot claim hours related to vacation, sick leave, statutory holidays, leaves of absence and special leaves. Professional activity hours include hours of volunteer activity which require the use of physiotherapy theory and knowledge, continuing education hours and/or participation in the physiotherapy professional or regulatory organizations (College, OPA, CPA, Alliance). No more than 30 professional activity hours</p>
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		<p>may be counted toward total practice hours each year. Practice hours may be claimed from anywhere in the world.</p> <p>Physiotherapists must report their practice hours annually. The College does not verify practice hours but does follow up with physiotherapists who do not meet the practice hour requirement. If a physiotherapist with low practice hours intends to continue practicing, they must participate in an <u>on-site assessment</u>.</p> <p>Physiotherapists can transition from a non-clinical role to clinical care without notifying the College. A physiotherapist can also take a leave and restart practice as long as they meet the practice hour requirement.</p> <p>The College asks registrants to complete a Professional Issues Self-Assessment (PISA) annually to identify emerging practice issues and link physiotherapists to relevant resources.</p> <p>The Jurisprudence Module, an online questionnaire based on practice standards, is completed every five years for all physiotherapists and within the first 18 months for new physiotherapists in Ontario.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>No further discussions about changes to the College’s current processes have taken place.</p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>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).</p>	<p><i>Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report:</i></p> <p>The College posts the OFC assessment report on Fair Registration Practices on College website. The OFC website also archives College reports.</p> <p>Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued ✓</p> <p>For the 2019 assessment cycle, the OFC found that the College is compliant with the OFC’s fair registration practice standards and did not make any recommendations.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (if needed)</i></p>
<p>Standard 11</p> <p>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.</p>		
Measure	Required evidence	College response
<p>11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	<p>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).</p>	<p>The College fulfills this requirement: Yes ✓ Partially <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p><i>Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:</i></p> <ul style="list-style-type: none"> • <i>Name of Standard</i> • <i>Duration of period that support was provided</i> • <i>Activities undertaken to support registrants</i> • <i>% of registrants reached/participated by each activity</i> • <i>Evaluation conducted on effectiveness of support provided</i>

		<p>The College assisted registrants when the revised Working with Physiotherapist Assistants (PTAs) Standard was released in 2016. The Practice Advice team began providing additional information and resources when the new Standard was implemented, and support is provided on an ongoing basis as the team continues to receive queries from physiotherapists and others (employers, physiotherapists assistants, insurers) about the Standard. The College helped registrants to adapt to the new Standard through the following avenues:</p> <ul style="list-style-type: none"> • Outreach Events: Through the College Outreach Events program, the Practice Advice team met with 800-1,000 Ontario physiotherapists, working in small groups to disseminate information, provide support, and gather feedback on the Standard (among other important rules) in order to feed learnings back into the Standard. • Practice Advice Correspondence: The Practice Advisory team received more than 1,400 pieces of feedback around the Standard through calls, email and web communications, and an FAQ, which also helped to inform the supports provided by the College. • Webinars: This webinar on working with Physiotherapy Assistants (as highlighted in the January 2017 edition of the College’s Practice Advice newsletter, Perspectives) was informed by the data gathered by the College. Based on the ongoing and iterative need to review this Standard, the College hosted a similar webinar in March 2020. • Videos: The College released an informational video about the Standard in December 2016 response to the ongoing need of communicating the requirements of the Standard to physiotherapists. • E-learning Module: The Working with Physiotherapy Assistants E-Learning Module outlines the key components of the Standard and was used by registrants and physiotherapy students. • Communications: Ongoing e-newsletter and social media posts, reminding stakeholders of the expectations <p>Does the College always provide this level of support: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>If not, please provide a brief explanation:</i></p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>Additional information on general supports provided to physiotherapists on applying the Standards of Practice are outlined below:</p> <ul style="list-style-type: none"> • The College typically hosts between six and 14 annual in-person Outreach Events across Ontario. Events are open to PTs, PTAs, employers and others, and the events cover key College Standards. The College also runs a similar webinar event at the end of the in-person outreach campaign. The most recent webinar focusing on rules can be found on the College YouTube page here. Webinars will replace in-person programs due to COVID-19. <ul style="list-style-type: none"> ○ The College also runs webinars for PTs and others based on trends observed through Practice Advice and Professional Conduct. • E-Learning modules are developed for specific, higher-risk rules and Standards. • The College uses the PISA (Professional Issues Self Assessment) tool to raise awareness to physiotherapists about rules and Standards that are either new or have been identified by Practice Advisors as areas in need of additional support. <ul style="list-style-type: none"> ○ 2021: Boundaries, Sexual Abuse, and Consent ○ 2020: Issues specific to starting, changing, or leaving practice (record keeping, privacy, registration number protection, etc.) ○ 2019: Supervision and Working with Physiotherapist Assistants Standard • The Jurisprudence Module, an online questionnaire relating to Practice Standards, is completed every five years for all PTs and within the first 18 months for new PTs in Ontario. • The College’s YouTube channel hosts a series of informational videos around Practice Standards, which can be accessed at any time. • The College has a Twitter, Facebook and LinkedIn as an additional way to share information with stakeholders.
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<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> 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; 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 if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>Background – Development of New Quality Assurance Program (2021)</u></p> <p>Redevelopment of the Quality Assurance Program started in 2018. Previously, the College used an on-site assessment process that randomly selected 5% of eligible registrants for a four-hour on-site assessment. Upon review, a new two-step process was developed and approved by Council. The College has begun to screen 9% of eligible PTs through one-hour virtual screening interviews and conduct a four-hour on-site assessment for PTs not meeting the screening threshold (85% threshold). The new Quality Assurance program framework was approved in March 2018.</p> <p><i>List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found:</i></p> <p>Both components of the practice assessment were developed through consultation with subject matter experts. In May 2018, a consultant led the development of competency-based criteria for screening interviews and on-site assessments. The consultant factored in research and consultation previously collected by the College, the NPAG Competency Profile for Physiotherapists in Canada (2017), and College Standards. Priority areas include:</p> <ul style="list-style-type: none"> • For the screening interview: focus is on competency (informed consent, patient safety, ethics). Screening interview topics and questions are posted to the College website. • For the on-site assessment: written policies required by College Standards and patient records are reviewed. See for more detail: December 2018 Council materials.
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⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<ul style="list-style-type: none"> • <i>Is the process taken above for identifying priority areas codified in a policy:</i> Yes ✓ No ☐ <p>Council approved selection criteria and eligibility policies for the screening interview and on-site assessments. These policies were approved in March 2019. The full list of Quality Assurance policies is available in the March 2019 Council meeting materials.</p> <p><i>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 OR describe right touch approach and evidence used:</i></p> <p>The College established the Quality Assurance Working Group to review the assessment approach in an evidence-based manner. The College used a consultant in the development and review of the Quality Assurance assessment tools. Feedback from the September 2019 pilot test of the program is found here. Details of the evidence behind the assessment approach are also found in Council materials for the following areas:</p> <ul style="list-style-type: none"> • Selection threshold for remote assessment • Selection threshold for onsite assessment • Removal of selection of PTs who are “above threshold” for onsite assessment • Assessing non-clinical PTs • Exempting PTs who recently completed the physiotherapy entrance exam from assessment <p><i>Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable):</i></p> <p>Developing the new Quality Assurance assessment approach took place between 2017-2020. In December 2020, the final threshold for onsite assessment was approved, based on pilot test results.</p> <p><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <p>– Public Yes ☒ No ✓</p>
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		<p> – <i>Employers</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> – <i>Registrants</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> – <i>Other stakeholders</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> </p> <p>When the College re-developed the Quality Assurance Program, a broad consultation was conducted including the following:</p> <ul style="list-style-type: none"> • A Working Group including a Citizen Advisory Group member (member of the public); • Physiotherapist (in various roles, including employers) input through outreach sessions; and <p>A full-day brainstorming session that included representatives from different regulatory Colleges</p> <p><i>Insert link to document that outlines criteria to inform remediation activities OR list criteria:</i></p> <p>The Quality Assurance Committee has approved a decision-making tool to help guide their discussions and final decisions. It is currently being piloted and is not yet publicly available.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process:</i></p> <p>College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. Updates are typically sent after the decision has been released, along with the Quality Assurance Committee’s reasons and then again and following the completion of each requirement. If there is delay between when one</p>

		<p>requirement is complete and the deadline of the next, additional reminders may be sent by staff.</p> <p><i>Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:</i></p> <p>The criteria for successful completion is outlined in the Specified Continuing Education or Remediation Program (SCERP) or Term, Condition and Limitation (TCL).</p> <p>Confirming completion may involve:</p> <ul style="list-style-type: none"> • the registrant submitting completion certificates • the registrant submitting written confirmation that they have reviewed certain resources • reports received from a practice enhancement coach, when required • in some cases, the registrant completing a second assessment to show if the concerns have been addressed. <p>If the report from this final assessment identifies additional remediation needs, the case goes back to the Quality Assurance Committee for further consideration and a decision.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ✓ No ☐</i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>In recent years, the College has centralized the oversight of remediation activities to monitor progress of all PTs carrying out remediation activities.</p>
<p>Standard 12</p> <p>The complaints process is accessible and supportive.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>

<p>12.1 The College enables and supports anyone who raises a concern about a registrant.</p>	<p>a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are 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).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:</i></p> <p>The College’s complaints process webpage outlines the different stages of this process, answers FAQs, and links to relevant resources. The FAQs help to clarify expectations for complainants in terms of timelines. Further information on how to submit a complaint is available the College website and is available in 10 different languages. Information about funding for therapy and counselling for sexual abuse patients is also listed on this webpage. Complaints can be submitted, online, by mail, through email and over the phone if accommodations are required.</p> <p><i>Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process:</i></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College’s Professional Conduct team has internal templates and procedures to ensure the receipt of relevant information, key considerations, and actions to be taken at each stage of the complaints process. These include internal documents such as: the Complaints Process (2018) template, the Intake Process (2019) template and the Investigators Manual (2019).</p> <p><i>Does the College evaluate whether the information provided is clear and useful:</i></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College’s internal Complaint Investigation document highlights different sources of information, the usefulness of the information provided, and steps to follow up in cases where more information is needed. The Intake Process document highlights specific questions that need to be answered during intake. These documents help to ensure that the best possible information is obtained from complainants.</p>
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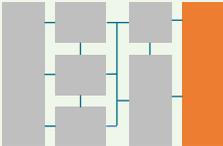
		<p>In addition to the release of ICRC decisions, the College is providing surveys to registrants and complainants to collect data and feedback on their experience with the College complaints processes. The College is providing surveys to registrants and complainants to collect data and feedback for concerns that are not formal complaints and resolved due to miscommunication and misunderstanding.</p>
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College meets this rate. However, the College only recently started tracking this information</p> <p><u>Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures):</u></p> <p>The College is at a rate of 100% since it began tracking this information on October 14, 2020. The College will continue to track this metric and be able to provide a full year’s report in 2021.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>College Professional Conduct staff track incoming inquiries (phone calls and emails) and have been responding within five business days since October 14, 2020. Improvements will be made as the tracking tool matures.</p>
		<p><i>List all the support available for public during complaints process:</i></p>

	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<p>The College provides updates to the complainant upon request and whenever cases are expected to be presented to the ICRC. Complainants are apprised of the process ahead of intake and ICRC review, and the College is responsive to complainant inquiries.</p> <p>The College provides information on both support and funding on sexual abuse allegations on its website. Staff are also trained to assist when these matters arise.</p> <p><i>Most frequently provided supports in the current year 2020:</i></p> <ul style="list-style-type: none"> • Informing complainants, throughout intake and complaint timeline, of Inquiries, Complaints and Reports Committee processes and procedures, and decisions. • Council/Committee/staff sexual abuse training provided • Staff sexual abuse training • Boundaries and Sexual Abuse Standard E-learning Module <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 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.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Parties are updated only upon inquiry or when the complaint is ready to be presented to the ICRC. The College does not currently have a process for more regular updates.</p> <p><i>Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description:</i></p> <p>The College sends communication to all parties when the complaint is ready to be presented to Inquiries, Complaints and Reports Committee (ICRC). The College also provides the required delay letters. The College’s Professional Conduct team is very</p>

		<p>responsive to complainants whenever they have questions or require support, and updates are always provided upon request.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>No discussions about improving the update process have taken place</p>
<p>Standard 13. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
Measure	Required evidence	College response
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>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).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Insert a link to guidance document OR describe briefly the framework and how it is being applied:</i></p> <p>The ICRC Decision Making Flowchart is posted to the College website. This tool is used to broadly set out the considerations for acting on complaints. This was developed in response to the College’s 2014 Zero Tolerance position on inappropriate business practices. The ICRC also uses an Interim Order Assessment Tool (originally from the Royal College of Dental Surgeons), also posted to the website, which helps determine the appropriate intervention measures for immediate and higher risk cases.</p> <p><i>Provide the year when it was implemented OR evaluated/updated (if applicable):</i></p> <p>The decision-making flow chart was last updated in 2019.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>

		<i>Additional comments for clarification (optional)</i>
Standard 14 The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/> The College has engaged in this process, though it is not formalized nor done on a regular basis.
		<i>Insert a link to policy OR describe briefly the policy:</i> This process is conducted on a case-by-case basis. When a PT is suspended or has their license revoked, the College Communications team sends an email with the pertinent details to key stakeholders such as all PT regulator Registrars, insurers, physiotherapy associations (OPA and CPA), and national physiotherapy regulators (CAPR). <i>Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</i> The College does not presently have a formal tracking method for sharing information with other bodies. This process is also generally informal and ad hoc. For example, when the College had a member that was performing acupuncture outside of the scope of physiotherapy and was not registered with CTCMPO (College of Traditional Chinese Medicine and Acupuncturists), the College shared this information with that College. The College attempts to conduct joint investigations with other health regulatory colleges when there may be a shared interest in doing so.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>A quality improvement goal of the College is to develop a formal policy on information sharing. It is currently unclear whether work on this will take place over the next reporting year, or beyond.</p>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 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.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Insert a link to 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), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:</i></p> <p>Nil</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i></p>

		<p>The College had a well-established KPI process which was implemented as part of the previous Strategic Plan. There have been initial discussions to return to this process as the College develops a new set of detailed goals as part of an updated Strategic Plan. The College had a Balanced Scorecard that was used to measure performance indicators. The Balanced Scorecard was last discussed during the March 2017 Council Meeting. Policies around the Balanced Scorecard are outlined in Policy #9.1: Measurement and Reporting in the College’s Governance Manual. The College may revisit this approach in tandem with the development of an updated Strategic Plan in 2021.</p>
	<p>b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Insert a link to last year’s Council meetings materials where Council discussed the College’s 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:</i></p> <p>None</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>The College has previously used a risk register and begun to implement the principles of risk-based regulation into its ongoing work. The College’s risk register listed potential risks and severity along program lines. Work around risk is now completed ad hoc, whenever emerging risks are identified. At the Committee level, risks are discussed informally on a case-by-case basis. Checks and balances around risk also exist within individual College departments, for example IT and Finance.</p> <p>A more formalized approach to risk, as well as the use of risk-based data, has been identified as an area of improvement. However, this work may not begin in the following reporting year.</p>
		<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College incorporates performance assessment and risk analysis into its policymaking, though it is not done as part of a formalized risk register or KPIs.</p>
		<p><i>Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</i></p> <p>The College has recently conducted performance and risk reviews of key program areas, which has translated to improvement activities. Reviews were conducted for the following programs:</p> <ul style="list-style-type: none"> • Entry to Practice Scoping Review: The College engaged a consultant to help with the development of a performance and risk review. The final report was presented and discussed at Council’s December 2020 meeting. • QA Program Review: The 2017-2021 redesign of this program is in line with “right touch regulation.” The College engaged in a performance review process during the development stage and integrated their findings with a program design consultant. Details are outlined in the December 2020 Council meeting materials. <p>In addition, during the early stages of the COVID pandemic and based on a risk assessment, the College’s response and outreach efforts to the public and registrants were spearheaded by the Executive Committee. The Executive Committee, alongside staff provided materials for registrants through a dedicated page on the College website and direct communication efforts. The Executive meeting minutes over this time were also shared publicly as part of the September 2020 Council meeting.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>No discussions about improving this process have taken place.</p>
		<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>In the past, the College has reported publicly through quarterly dashboards. The dashboards focused reporting on regulatory activities rather than strategic objectives. The College still collects performance data, though it is not currently publicized on the website (apart from the Annual Report).</p>
		<p><i>Insert a link to College’s dashboard or relevant section of the College’s website:</i></p> <p>The College has previously used a dashboard, which was included in meeting materials up to and including December 2019. The last dashboard update was provided for Q2: July-September 2019.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>No discussions about improving this process have occurred but may start alongside a more robust KPI process.</p>

PART 2: CONTEXT MEASURES

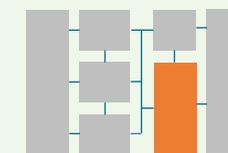
The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad'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

In order to facilitate consistency in reporting, a recommended methodology 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 methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 11

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.

Statistical data collected in accordance with recommended methodology or College own methodology:

✓ Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

Type of QA/QI activity or assessment	#
i. Screening Interviews	0
ii. On-site Assessments – Pilot Program*	24
iii. Professional Issues Self Assessment (PISA)	10 077
iv. Jurisprudence Module	440
v. Continuing Professional Development Declaration	9693

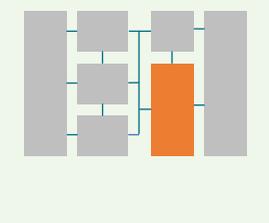
What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how 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 2020. 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 13(a) of Standard 11.

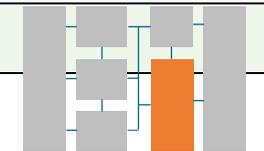
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes 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.

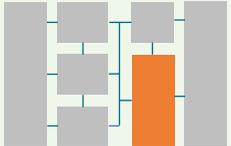
NR = Non-reportable: results are not shown due to < 5 cases

<p><i>Additional comments for clarification (if needed)</i></p> <p>In 2020, no screening interviews were conducted due to the completion of the new Quality Assurance Program. In 2019, 246 screening interviews (pilot project) took place that resulted in 32 PTs being identified for the on-site assessment pilot. In 2021-2022, the College envisions screening approximately 700 – 800 physiotherapists as part of the QA Program, which will result in approximately 10% being referred on to the Quality Assurance Committee and required to partake in an on-site assessments.</p> <p>The Continuing Professional Development Declaration is a mandatory requirement and completed by the physiotherapist each year as part of the annual renewal process. The physiotherapist is declaring that they have participated in continuing education and professional development, keeping a record of such activities and will provide it upon request, as laid out by the <u>College policy</u>.</p>	

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
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			
Statistical data collected in accordance with recommended methodology or College own methodology:		✓ Recommended	College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)			
	#	%	

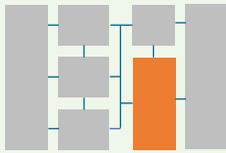
<p>CM 2. Total number of registrants who participated in the QA Program CY 2020</p>	<p>24</p>	<p></p>	<p>What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.</p>
<p>CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *</p>	<p>8</p>	<p>33.33%</p>	<p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 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.</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>The College led a pilot program in 2019-2020 of a new Quality Assurance Program. In 2019, 246 registrants participated in screening interviews. Results from those interviews indicated that 32 registrants were identified to complete an on-site assessment. Two participants were immediately removed at the start of the on-site assessment pilot because they were no longer in practice. Prior to the start of the COVID pandemic, 24 on-site assessments were completed. The new program will commence in 2021. Going forward and based on cut scores determined by Council, approximately 700 - 800 registrants will participate in a screening interview each year (Context Measure #2). The College predicts that out of those 700 - 800 registrants, up to 10% may be referred on to the QA Committee and be required to complete an on-site assessment, based on the results of the interview. This number is based on the College’s assessment consultant’s research and experience in developing similar, two-step processes.</p>			
<p>* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>			



Standard 11			
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.			
Statistical data collected in accordance with recommended methodology or College own methodology:		✓ Recommended	College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	<i>What does this information tell us?</i> 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 judgment following remediation**	0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)	6	85.71%	
<i>Additional comments for clarification (if needed)</i>			
As of December 31, 2020, the process for all registrants directed to undertake remediation is still in progress. The calculation does not equate to the full 100% as one file was closed by the Quality Assurance Committee as an unsuccessful completion of the registrant's remediation program, and a new program was subsequently started.			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			

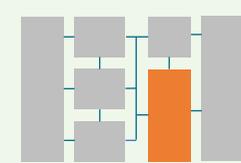
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.					
Statistical data collected in accordance with recommended methodology or College own methodology:			✓ Recommended	College methodology	
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>					
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020		Formal Complaints received†		Registrar Investigations initiated†	
Themes:		#	%	#	%
I. Advertising		0	0	NR	NR
II. Billing and Fees		6	8.82%	13	44.83%
III. Communication		12	17.64	0	0
IV. Competence / Patient Care		16	23.53%	14	48.28%
V. Fraud		0	0	0	0
VI. Professional Conduct & Behaviour		0	0	0	0
VII. Record keeping		6	8.82%	12	41.38%
<p><i>What does this information tell us?</i> 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.</p>					

VIII. Sexual Abuse / Harassment / Boundary Violations	7	10.29%	NR	NR
IX. Unauthorized Practice	0	0	0	0
X. Other – Professionalism, etc.	24	35.29%	34	117.24%
Total number of formal complaints and Registrar’s Investigations**	68	100%	29	100%
<p>* 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 inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** 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.</p>				
<p><i>Additional comments for clarification (if needed)</i></p>				

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		✓ Recommended	College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	68		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	29		
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 2020	NR		
CM 9. Of the formal complaints* received in CY 2020**: I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)‡ II. Formal complaints that were resolved through ADR III. Formal complaints that were disposed** of by ICRC IV. Formal complaints that proceeded to ICRC and are still pending V. Formal complaints withdrawn by Registrar at the request of a complainant VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	# 0 0 43 8 0 17	% 0 0 11.76% 25.00%	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 committee that investigates concerns about its registrants.

<p>VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>NR</p>	<p>NR</p>	
<p>** Disposals: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Formal Complaints: 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 inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Δ The Registrar may withdraw a formal complaint 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.</p> <p># May relate to Registrars Investigations that were brought to ICRC in the previous year.</p> <p>** 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 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 ICRC.</p> <p>φ Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>The College has an early resolution process for concerns that are deemed no or very low risk to the public. Prior to a complaint being confirmed, College staff will contact the reporting individual to provide an overview of the complaints process and gauge interest, if deemed no to low risk, in resolving concerns prior to a formal complaint being field. If agreeable, the College would assist to resolve the matter between the physiotherapist and the reporting individual. If the complainant is not agreeable, then the College would proceed with the formal complaint process.</p> <p>Context Measure 9 (VI) notes seventeen (17) formal complaints were disposed of by the ICRC as frivolous and vexatious (F & V) in 2020. Sixteen (16) out of the seventeen (17) F&V cases were received from one complainant. The complainant was not a patient of any of the physiotherapists. The concerns were related to advertising, which included allegations of names that did not fully match the College’s public registry and for posting an email address on their clinic website as a method to communicate.</p>			

<p>Context Measure 9 (VII) notes both formal complaints and Registrar Investigations that are disposed of by the ICRC as a referral to the Discipline Committee. However, the Technical Specifications and language under the measure clarifies to only to include formal complaints in this calculation. If both formal complaints and Registrar Investigations were intended to both be included in this calculation, it would equate to 11 cases, which makes up for 11.34% of all ICRC dispositions.</p>	
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DOMAIN 6: SUITABILITY TO PRACTICE								
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.								
Statistical data collected in accordance with recommended methodology or College own methodology:						✓ Recommended	College methodology	
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2020								
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.	
I. Advertising	0	0	0	0	0	0	0	
II. Billing and Fees	NR	0	NR	NR	NR	NR	0	
III. Communication	13	NR	NR	NR	NR	0	0	

IV. Competence / Patient Care	19	NR	NR	NR	0	0	0
V. Fraud	0	0	0	0	0	NR	0
VI. Professional Conduct & Behaviour	6	NR	NR	NR	NR	NR	0
VII. Record keeping	7	0	NR	NR	0	NR	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	NR	NR	NR	NR	NR	0
IX. Unauthorized Practice	0	0	0	0	0	NR	0
X. Other <Professionalism, etc.>	21	NR	10	NR	NR	7	0

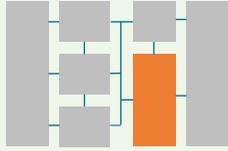
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.

† NR = Non-reportable: results are not shown due to < 5 cases.

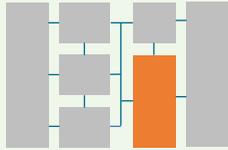
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number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

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)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		✓ Recommended College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	<p>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.</p> <p>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.</p>
I. A formal complaint in working days in CY 2020	289	
II. A Registrar’s investigation in working days in CY 2020	580	
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		

Additional comments for clarification (if needed)
 Due to the COVID-19 pandemic and at the direction of the chair, the College's Inquiries Complaints and Reports Committee did not meet to dispose of complaints and registrar investigations between March 5, 2020 and June 17, 2020.

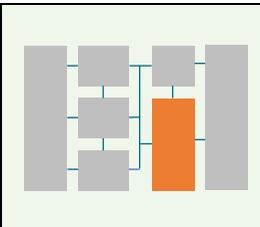
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	<p><i>What does this information tell us?</i> 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. *</p> <p><i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i></p>
I. An uncontested^ discipline hearing in working days in CY 2020	316	
II. A contested# discipline hearing in working days in CY 2020	391	

* **Disposal:** Day where all relevant decisions were provided to the registrant and complainant 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).

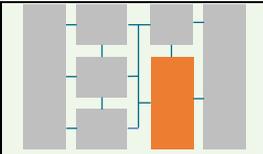
^ **Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions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

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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		✓ Recommended College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	NR	
II. Incompetence	0	

III. Fail to maintain Standard	6	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	6	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	0	
<p>* <i>The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases.</p> <p><i>Additional comments for clarification (if needed)</i></p>		



DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology:

✓ Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

Type	#
I. Revocation [†]	0
II. Suspension [§]	6
III. Terms, Conditions and Limitations on a Certificate of Registration**	NR
IV. Reprimand [^] and an Undertaking [#]	NR
V. Reprimand [^]	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 be equal and may not equal the total number of discipline cases.*
- + *Revocation of a 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 his/her ability to practice the profession.*
- § *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 himself/herself 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.*
- ** *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.*
- ^ *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 his or her practice*
- # *An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.*

NR = *Non-reportable: results are not shown due to < 5 cases*

Additional comments for clarification (if needed)

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST

in the context of the College Performance Measurement Framework

