

College Performance Measurement Framework (CPMF) Reporting Tool

College of Physiotherapists of Ontario

Reporting Year: January 2024 – December 2024

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# Introduction

## The College Performance Measurement Framework (CPMF)

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

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

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

**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The 14 Standards within the seven measurement domains are listed in Figure 2.

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2:** CPMF Domains and Standards

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

## The CPMF Reporting Tool

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

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

##

## Completing the CPMF Reporting Tool

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

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

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

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

# Part 1: Measurement Domains

|  |  |
| --- | --- |
|  | **Measure:****1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.** |
| DOMAIN 1: GOVERNANCE | [**STANDARD 1**](#CPMFStandards) | **Required Evidence** | **College Response** |
| 1. Professional members are eligible to stand for election to Council only after:
	1. Meeting pre-defined competency and suitability criteria; and

*Benchmarked Evidence* | The College fulfills this requirement: | Yes |
| * The competency and suitability criteria are public: Yes

*If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.*The College has competency and suitability criteria in place for members of its Board of Directors prior to election.The Board and Committee Competency Profile outlines criteria that prospective Directors must meet before being eligible to run for election. The Profile aims to ensure that incoming Board members possess the foundational behaviours, attitudes, and skills required by all Directors to effectively engage in governance work. The competency framework was approved by the Board during their [September 2023 meeting](https://www.collegept.org/docs/default-source/council/september-28-29-2023-council-package.pdf?sfvrsn=db0dd3a1_4#page=264) (page 264). The competency framework was used for the first time in the 2024 election cycle.Prospective professional Directors must complete the [Values, Behaviours, and Competency Assessment](https://collegept.org/about-the-college/board-of-directors-committees-and-elections/?highlight=competency%20profile#elections-0), which is a questionnaire based on the Competency Profile, as part of the pre-election eligibility requirements. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. They are as follows: * The roles and responsibilities of a Board member are laid out in the College’s Governance Policies under [Policy #1.2: Role of a Board Member](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=6) (page 6). Further accountabilities are outlined in the College’s Code of Conduct found on page 49 of the By-laws, which are available on the [College website.](https://collegept.org/standards-resources/legislation/)
* The College’s [Board Elections](https://collegept.org/about-the-college/board-of-directors-committees-and-elections/#elections) webpage highlights a variety of skills prospective Directors must possess.
* Additional election suitability criteria can be found in Part 3: Election or Appointment of Directors (page 11) of the College By-laws.
 |
| *If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* |
| * 1. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.
 | The College fulfills this requirement: | Yes  |
| * Duration of orientation training.
* Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
* Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics.

Prospective candidates are required to complete the [Board Election Module](https://rise.articulate.com/share/mrO6AeXGeLYc6Aw19-AedNTQiIgbfQYu#/), which outlines the mandate of the College and the roles, responsibilities, and expectations of Directors. The purpose of the module is to ensure that prospective candidates are aware of and committed to the mandate of public protection and have the skills and knowledge to effectively govern within their scope as Directors, and it includes a self-reflection component to help assess their commitment to and suitability for this role.Duration and Format of TrainingThis module takes approximately one hour to complete, and it is completed online.Training TopicsThe module is divided into the following sections: * **Eligibility requirements**: Outlines the eligibility criteria that must be met to qualify to run in the election.
* **The role of the College**: The focus is on public interest and protection, understanding what self-regulation is, the role and core functions of the College, explanation of governance and reinforcing public confidence in the profession through regulation and explanation of roles between Governance (Board and Committees) and Operations (Registrar and staff).
* **Understanding the Board**: Provides an overview of what fiduciary duties are, characteristics of an effective Board, explanation of the Board structure including the three kinds of Directors (elected, academic and public appointees), the roles, responsibilities and duties of Directors, and the time commitment required.
* **Becoming a Board Member**: Outlines the election process and terms of office.

This module is evaluated and updated annually to ensure relevance of topics and information, and to make improvements that have been identified by new Directors and individuals who have completed the module.  |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional):* |
| 1. Statutory Committee candidates have:
	1. Met pre-defined competency and suitability criteria; and

*Benchmarked Evidence* | The College fulfills this requirement: | Yes  |
| * The competency and suitability criteria are public: Yes
* *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.*

Statutory Committee candidates must meet pre-defined competency and suitability criteria.The Board and Committee Competency Profile was used in 2024 to assess the core values, attributes, and skills for prospective Committee members. Candidates must complete the [Values, Behaviours, and Competency Assessment](https://collegept.org/about-the-college/board-of-directors-committees-and-elections/?highlight=competency%20profile#elections-0) before being eligible to be appointed to a Committee.The roles and responsibilities of Committee Chairs and Committee members are laid out in the College’s Governance Policies under Policies [#1.3: Role of a Committee Chair](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=8) (page 8) and [#1.4: Responsibility of a Non-Board Committee](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=10) Member (page 10), respectively. Suitability criteria for Committee members are generic and relate to behaviour, relationships and conduct rather than competence. Information about Committee members’ eligibility for appointment is available in the [College By-laws](https://collegept.org/wp-content/uploads/2024/12/cpo_by-lawsofficialversion-December-10-2024-1.docx) (7.6: Appointment of Non-Board Committee Members, page 34). The requirements include not having any decision-making influence at a physiotherapy body or any other position with a potential conflict to the College’s mandate and not having been disqualified from the Board or Committees in the past three years.  |
| *If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* |
| ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. | The College fulfills this requirement:  | Yes  |
| * Duration of each Statutory Committee orientation training.
* Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
* Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee.

Duration of TrainingOrientation for newly appointed Committee members takes place shortly after their appointment date. All Committee members also receive ongoing training throughout the year. The duration of orientation and training varies as some activities are completed asynchronously.Format of TrainingEach Committee has developed a standard orientation program that is used for all new Committee members that typically includes e-learning modules, reviewing resource documents, and in some cases, attending external training courses.Members of some Committees also participate in online training sessions focusing on topics related to the Committee and emerging trends. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding.Some Committees also have an annual orientation session that is scheduled after the new Committee slate is approved in June. This session may be facilitated by a lawyer. This orientation session focuses on Committee-specific roles and responsibilities. The session includes what Committee members need to know to support their deliberations and decision making using a case-based learning format. For some Committees, the College also invites speakers from partner organizations where they are relevant to the work of the Committee.Training TopicsRequirements regarding Committee orientation set out in the College’s [Governance Policies](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=83) under Policy #7.7: Board Education/Orientation (page 83). The Inquiries, Complaints and Reports Committee, Patient Relations Committee, Quality Assurance Committee, and Registration Committee sessions may include presentations by legal counsel on issues relevant to the Committee, such as bias and decision making. The orientation program for the Discipline and Fitness to Practice Committees is conducted by the Independent Legal Counsel to the Committee and occurs throughout the year. The College also utilizes external training programs where available, for example, the Discipline Committee Member training program offered by the Health Profession Regulators of Ontario (HPRO).The College implemented orientation e-learning modules for statutory Committees that are completed by all new Committee members once they have been appointed. The modules outline the mandate of the College, the roles and responsibilities of the Committees and Committee members and key governance concepts such as conflict of interest and confidentiality. The modules include a final knowledge quiz and confirmation of completion. The College also has e-learning modules on other relevant topics such as sexual abuse awareness, decision writing, gender inclusive writing, and others.In 2023, the College also implemented an orientation e-learning module for the Finance Committee (now the Risk, Audit and Finance Committee), which is non-statutory. The Risk, Audit and Finance Committee module covers Committee member duties and responsibilities, the budget, financial reporting, financial management, and investment procedures, tips, and aids to help Committee members understand the technicalities of finance, audit, and risk required for members of a finance, audit, and risk committee. The module includes a final knowledge quiz and confirmation of completion. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional):* |
| c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities. | The College fulfills this requirement: | Yes |
| * Duration of orientation training.
* Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
* Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics.

The College’s usual process is to hold orientation training for public appointments to the Board before their first meeting. Only in unusual circumstances (e.g., delays in the appointments process or unavoidable scheduling conflicts) is training held after their first meeting. Duration and Format of TrainingOrientation sessions are typically three hours long. It is provided in-person or in a hybrid format before the public member’s first Board meeting and is led by the Board Chair and Registrar. The [New Board Director Orientation Module](https://rise.articulate.com/share/Ail4aRMvlBBbLsN8XHleYL4gzGyocTf6#/) is completed online.* Training Topics
* The Orientation program is set out in the College’s Governance Policies under [Policy #7.7: Board Education/Orientation](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=83) (page 83). Directors are also required to complete a series of e-learning modules on a variety of topics.
* The New Board Director Orientation Module includes information about the role of the Board, areas of the College, Code of Conduct, governance rules, Board administration, staff and partners, College Committees, respecting diversity, and what is physiotherapy. This Orientation Module is completed by all new Directors, professional and public.
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional):* |
| **Measure:****1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.** |
| **Required Evidence** | **College Response**  |
| 1. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
	1. Council meetings; and
	2. Council.
 | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please provide the year when Framework was developed ***OR*** last updated.
* Please insert a link to Framework ***OR*** link to Council meeting materials and indicate the page number where the Framework is found and was approved.
* Evaluation and assessment results are discussed at public Council meeting: Yes
* *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.*

The College has an assessment framework to evaluate the effectiveness of the Board and its meetings. The high-level summary of the results of the Board meeting surveys is included in the Chair’s Report, which is also presented verbally during Board meetings. Year Developed/Last UpdatedThe measurement and reporting framework was developed in June 2002 and updated in June 2021. It was reviewed again in 2024, with revisions to be implemented in 2025. The Board meeting evaluation form is updated on an ongoing basis to adapt to current needs.Link to Framework and Description of EvaluationThe organizational measurement and reporting framework is laid out in the College’s Governance Policies under [Policy #8.1: Measurement and Reporting](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=95) (page 95). **Board Meeting Evaluation:** Following each Board meeting, a meeting-specific evaluation survey is sent to all Directors, and the results are shared with the Chair and Registrar. This process is informal and generally deals with the different aspects of the meeting. The Chair reviews the information, and the results are reported to the Board in an aggregate form as part of the Chair’s Report and/or provided to all Directors ahead of the next meeting. These are not anonymous surveys. Evaluations were last presented during the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=20) (page 20).**Board Operations Evaluation**:As part of the usual Board Performance Assessment process, Directors are required to complete a yearly Board Operations Evaluation. This is an electronic survey sent to each Director that focuses on seven domains: (1) Board Activity, (2) Mission and Mandate, (3) Governance/Partnership Alignment, (4) Organization, (5) Meetings, (6) Board Membership, and (7) Administration and Staff Support. Directors are also provided with an opportunity to give comments and feedback on the work and effectiveness of the Board outside of these domains. The results of this survey are reviewed by the Chair and Registrar and help inform changes and/or improvements to governance processes and overall planning for Board meetings, training, and education. **Mid-Year Check-in Calls** As part of the Board Performance framework, Board members participate in a mid-year check-in call with the Chair. As part of the check-in, Board members are asked to reflect on the following questions: * How are you feeling about your time on the Board?
* How confident are you in understanding your governance role? If needed, what suggestions do you have to assist you in developing this area of expertise?
* How do you assess your contribution to the Board and committees? (You might want to include such things as: attendance at meetings, participation, Committee work, or any other areas on which you would like to comment)
* Are there opportunities to enhance Board or Committee performance? If so, what does that look like?
* Thinking back to education you have received on the Board and/or Committees, what do you continue to apply today to your College work?
* If you could change one thing about our Board meetings, what would it be and why?

The most recent check-in calls were completed in January 2024. The information collected helps inform in-service education sessions and governance activities such as improvements to our Board member orientation. This information is tracked in an internal document and reviewed periodically.  |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional):* |
| 1. The framework includes a third- party assessment of Council effectiveness at a minimum every three years.
 | The College fulfills this requirement: | Yes |
| * Has a third party been engaged by the College for evaluation of Council effectiveness? Yes
* *If yes, how often do they occur?*
* Please indicate the year of the last third-party evaluation.

In 2023, the College completed an external review of our governance practices. This review was led by the organization The Regulator’s Practice, and the final report was presented to the Board at their meeting in [December 2023](https://www.collegept.org/docs/default-source/council/2023-12-14_cpo_council_meetingmaterials.pdf?sfvrsn=cca0d2a1_0#page=19) (page 19). Part of this review focused on an assessment of Board and Committee effectiveness, and the Board received recommendations for improvement in this area. The College is now working on implementing recommendations following the governance review. Following implementation of the improvement items from the 2023 review, the College will then plan how to conduct periodic reviews going forward.  |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| 1. Ongoing training provided to Council and Committee members has been informed by:
	1. the outcome of relevant evaluation(s);
	2. the needs identified by Council and Committee members; and/or
 | The College fulfills this requirement: | Yes  |
| * Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.
* Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR***
* Please briefly describe how this has been done for the training provided over the last calendar year.

Board members have an opportunity to identify learning needs after each Board meeting as part of the post-Board meeting evaluations. The College also evaluates education sessions to determine if additional education on the specific topic is required. The College’s Board and Committee Education Strategy includes Core Education and Supplementary Training components. The Core Education component includes a standard set of orientation and training topics that Board members receive training on. The Supplementary Training component is comprised of two parts: (1) ad-hoc education, and (2) external education opportunities. Ad-hoc education are the topics that are identified by Board members or staff that support a specific activity or gap in knowledge. External education consists of targeted education and governance-related conferences that are identified to support individual Board member needs.In 2024, the College collected feedback from Board evaluations and incorporated it into the Education Strategy. Feedback collected has informed training topics this year. Needs identified by Board members that have translated into education activities include:* Indigenous Rights – Blanket Exercise (attended by Board and Committee members): [March 2024 meeting](https://collegept.org/wp-content/uploads/2024/03/2024-03-25_cpo_council_meetingmaterials.pdf#page=2)
* Information about Directors and Officers Liability Insurance presented by HIROC: [September 2024 meeting](https://collegept.org/wp-content/uploads/2024/09/september-23-24-2024-board-meeting-package.pdf#page=2)
* Presentation from the College of Dietitians of Ontario about Governance Experiences: [September 2024 meeting](https://collegept.org/wp-content/uploads/2024/09/september-23-24-2024-board-meeting-package.pdf#page=2)
* Chair and Vice-Chair training: October 2024

Needs identified by Committee members that have translated into education activities include:* Inquiries, Complaints and Reports Committee: An overview of the Assistive Devices Program presented by a staff from the Ministry of Health, and an Overview of the Health Claims for Auto Insurance (HCAI) and Motor Vehicle Accident (MVA) coverage delivered by representatives from the Insurance Bureau of Canada, HCAI and Financial Services Regulatory Authority of Ontario (FSRA).
* Discipline Committee: Session led by a lawyer to provide overview about conducting contested hearings.
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
|  *Additional comments for clarification (optional):* |
| * 1. evolving public expectations including risk management and Diversity, Equity, and Inclusion.

Further clarification:Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate. | The College fulfills this requirement: | Yes  |
| * Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.
* Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR***
* Please briefly describe how this has been done for the training provided over the last calendar year.

In 2024, the College held the following Board trainings around evolving public expectations:* Presentation on Trauma-Informed Care: [March 2024 meeting](https://collegept.org/wp-content/uploads/2024/03/2024-03-25_cpo_council_meetingmaterials.pdf#page=2)
* Conflict of Interest Primer: [June 2024 meeting](https://collegept.org/wp-content/uploads/2024/06/june-24-25-2024-board-meeting-package.pdf#page=2)
* Presentation about the Multi-College Discipline Tribunal: [September 2024 meeting](https://collegept.org/wp-content/uploads/2024/09/september-23-24-2024-board-meeting-package.pdf#page=2)
* Presentation from the Health Profession Regulators of Ontario (HPRO) about their role, current initiatives and strategic plan: [December 2024 meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=2)
* Information session and discussion about recent developments and trends in our environment and how they inform the College’s future strategic direction: [December 2024 meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=300)
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional):* |
| DOMAIN 1: GOVERNANCE | [**STANDARD 2**](#CPMFStandards) | **Measure:****2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.** |
| **Required Evidence** | **College Response** |
| 1. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:
	1. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and

Further clarification:Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession. | The College fulfills this requirement: | Yes |
| * Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.
* Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.

The College’s Code of Conduct and Conflict of Interest Policy are reviewed at least every three years. Current legislation, practices, public expectations, and other issues were considered in the last review cycle. The College will continue to ensure that the documents are regularly reviewed to reflect the current environment. Year last evaluated/updated:In 2020, the Executive Committee reviewed the College’s governance framework, By-laws and policies, including the Code of Conduct and Conflict of Interest Policy. The Board approved the proposed changes at their [June 23, 2021 meeting](https://collegept.org/docs/default-source/council/2021-06-22_cpo_council_meetingmaterials.pdf?sfvrsn=e9d2d8a1_4#page=71) (page 71).Changes made resulting from last review:No substantive revisions to the Code of Conduct or Conflict of Interest policies were proposed as part of the 2021 review.The Code of Conduct and Conflict of Interest Policy are currently undergoing review, and proposed changes will be presented to the Board for consideration in 2025. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| ii. accessible to the public. | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy ***OR*** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.

The Code of Conduct and Conflict of Interest policy are found in the [College By-laws](https://collegept.org/wp-content/uploads/2024/12/cpo_by-lawsofficialversion-December-10-2024-1.docx) (Part 5: Conduct of Directors and Committee Members, page 27).  |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| 1. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect to their Council duties (i.e., cooling off periods).

Further clarification:Colleges may provide additional methods not listed here by which they meet the evidence. | The College fulfills this requirement: Choose an item. |  Met in 2023, continues to meet in 2024 |
| * Cooling off period is enforced through: By-law
* Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated.
* Please provide the length of the cooling off period.
* How does the College define the cooling off period?

− Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number,− Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number ***OR,***− Where not publicly available, please briefly describe the cooling off policy.Year Last Updated: Cooling off periods for elected Directors are defined in s.3.1.(9) of the [College By-laws](https://collegept.org/wp-content/uploads/2024/12/cpo_by-lawsofficialversion-December-10-2024-1.docx), and in s.3.2.(2) for academic Directors. These sections were last considered by the Board in [September 2024](https://collegept.org/wp-content/uploads/2024/09/september-23-24-2024-board-meeting-package.pdf). Term limits for Board and Committee members are laid out in By-laws and Governance Policies. Length of Cooling Off Period: The length of the cooling off period is 12 months.Definition of Cooling Off PeriodTo be eligible to run for election, the registrant must not have been in the previous 12 months:* 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.
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| 1. The College has a conflict-of-interest questionnaire that all Council members must complete annually.

Additionally:* 1. The completed questionnaires are included as an appendix to each Council meeting package;
	2. Questionnaires include definitions of conflict of interest;
	3. 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
	4. At the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.
 | The College fulfills this requirement: | Yes |
| * Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated.
* Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No
* Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.

The College implements several measures to ensure that Board member conflicts of interest are identified and managed. * The College has Conflict of Interest provisions in the [By-laws](https://collegept.org/wp-content/uploads/2024/12/cpo_by-lawsofficialversion-December-10-2024-1.docx) (Part 5: Conduct of Directors and Committee Members, page 27), which includes a definition of a conflict of interest.
* As part of the distribution of a Notice of Meeting, Directors are asked to reflect upon and declare any conflicts of interest with any of the items outlined on the Agenda.
* Additionally, at the beginning of each meeting, Board and Committee members are instructed to declare any real, potential, or perceived conflicts of interest for any of the items on the respective meeting’s agenda.
* A conflict of interest provision is included at the beginning of each Board and Committee meeting package.
* At Board meetings, the declaration of conflicts of interest is now a standalone Agenda item since the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=2).
* The College also manages breaches of conflicts of interest per the provisions outlined in the Code of Conduct (Appendix C to the [By-laws](https://collegept.org/wp-content/uploads/2024/12/cpo_by-lawsofficialversion-December-10-2024-1.docx), page 51).
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note). | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.
* Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.

Accessibility of Public Interest Rationale in Board Materials and Example LinksCollege Board materials enable the public to identify the public interest rationale in two areas:1. All Board agendas begin with a statement of commitment to the public interest (Example: [December 2024 Board materials](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=1), page 1).
2. All individual Board briefing items highlight and describe the relevant public interest considerations for that item (Example: [Standards Approval item, December 2024 Board materials](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=114), page 114).
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)* |
| e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning.Further clarification:Formal approach refers to the documented method which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization. | The College fulfills this requirement: | Yes  |
| * Please provide the year that the formal approach was last reviewed.
* Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.

In 2023, the College developed a risk management policy for approval by the Board and an Enterprise Risk Management (ERM) program. The risk management policy and ERM program was approved by the Board during their [September 2023](https://www.collegept.org/docs/default-source/council/september-28-29-2023-council-package.pdf?sfvrsn=db0dd3a1_4#page=36) meeting (page 36). The approach takes into consideration the risks related to regulation and the public interest in addition to strategic, operational, reputational, and financial risks. The ERM program is directly integrated with the College’s [Strategic Plan](https://www.collegept.org/about/strategic-plan) (Performance & Accountability). Implementation of the College’s ERM program includes assigning the responsibility to monitor the program to the Finance Committee. The terms of reference for the newly named Risk, Audit and Finance Committee was updated in [September 2023](https://www.collegept.org/docs/default-source/council/september-28-29-2023-council-package.pdf?sfvrsn=db0dd3a1_4#page=43) (page 43) to reflect this expanded scope.The ERM program includes the development of risk registers for departments that are rolled up to a College risk registry for presentation to the Board. The risk registry considers internal and external risks that impact the ability of the College to fulfill its mandate and impact the ability of management to conduct operations. The risk registry is updated and presented to the Board at each meeting, where notable changes are highlighted followed by questions and discussion. (Most recent example from the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=37), page 37.)The College also uses data presented on the Board dashboard to identify potential risks. The dashboard includes key performance indicators for the organization and is presented to the Board at every meeting where they have the opportunity to ask questions and have discussions about the data. (Most recent example from the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=36), page 36.) |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)* |
| DOMAIN 1: GOVERNANCE  | [**STANDARD 3**](#CPMFStandards) | **Measure:****3.1 Council decisions are transparent.** |
| **Required Evidence** | **College Response** |
| a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined. | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please insert a link to the webpage where Council minutes are posted.
* Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted.

Board minutes and meeting materials are available on the [College website](https://collegept.org/about-the-college/board-of-directors-committees-and-elections/board-minutes-and-meeting-materials/#board-meetings-materials) and updated after each meeting when approved. Shortly after each meeting, the College also posts [highlights](https://collegept.org/category/board-highlights/) of what was discussed at that meeting.Status updates on the implementation of Board decisions are provided at each meeting as part of the Registrar’s Report. The most recent update is found in the [December 2024 Board materials](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=27) (page 27). |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| 1. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information):
	1. the meeting date;
	2. the rationale for the meeting;
	3. 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
	4. if decisions will be ratified by Council.
 | The College fulfills this requirement: | Yes  |
| * Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.

A report is submitted by the Executive Committee to the Board at each Board meeting, which is included in the meeting package. The report provides an overview of the Executive Committee’s activities during the reporting period, including how many times they met, the purpose of each meeting, matters discussed, outcomes and recommendations, decisions they made within the Committee’s authority, instances where the Executive Committee acted on behalf of the Board, and any motions passed using written resolutions. A recent example of an Executive Committee report can be found in the [December 2024 Board meeting package](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=18) (page 18). |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| **Measure:****3.2 Information provided by the College is accessible and timely.** |
| **Required Evidence** | **College Response** |
| 1. With respect to Council meetings:
	1. Notice of Council meeting and relevant materials are posted at least one week in advance; and
	2. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.
 | The College fulfills this requirement:  | Yes  |
| * Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted.

The College provides notice of meetings on the [College website](https://www.collegept.org/about/council-members/council-decisions-minutes-and-meeting-materials) at least one week before all Board meetings that fall within an established meeting schedule. Meeting materials for the Board are published at least one week in advance on the College website. Board meeting materials are accessible on the website for a minimum of three years, and archived materials are available upon request. In the case of Special Meetings of the Board, which fall outside of the published Council schedule, the requirement is that the College makes every effort to ensure that at least five days' notice is given. These requirements are listed in By-law 4.4(4) (Notice of Meetings) in the [College By-laws](https://collegept.org/wp-content/uploads/2024/12/cpo_by-lawsofficialversion-December-10-2024-1.docx) (page 24). Meeting materials are published to the [College website](https://collegept.org/about-the-college/board-of-directors-committees-and-elections/board-minutes-and-meeting-materials/#board-meetings-materials). |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)*  |
| b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register. | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024 |
| * Please insert a link to the College’s Notice of Discipline Hearings.

The College provides Discipline hearing notices and relevant materials on the [College website](https://collegept.org/patients/discipline-hearings-and-decisions/#upcoming-hearings) and posts notations to the Public Register as soon as the matter is referred to the Discipline Committee for a hearing. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| **Measure:****3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.** |
| **Required Evidence** | **College Response** |
| a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff). | The College fulfills this requirement: | Yes |
| * Please insert a link to the College’s DEI plan.
* Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.

Equity, Diversity, and Inclusion (EDI) is reflected in the College’s [Strategic Plan](https://www.collegept.org/about/strategic-plan), which places a focus on embracing a culture where an EDI lens is intentionally incorporated into all levels of decision making at the College. The College has a statement of awareness around EDI issues and shares resources through its [EDI webpage](https://collegept.org/about-the-college/edi/). The College has a dedicated internal team working on College-wide EDI projects. The College allocates internal resources and works with external partners to implement EDI activities that are in support of this plan. In 2024, the College pursued the following initiatives:* Developed an [Equity, Diversity and Inclusion strategy](https://collegept.org/wp-content/uploads/2024/06/cpo_2023-2024_edi_report.pdf#page=8)
* Published an [EDI report](https://collegept.org/wp-content/uploads/2024/06/cpo_2023-2024_edi_report.pdf) to highlight commitments, actions and progress towards EDI goals
* Provided training to staff on the use of plain language in our communications
* Provided education to staff and Board members to increase understanding and awareness of Indigenous experiences and how we can incorporate further change in our work
* Continued efforts to support internationally educated physiotherapists to successfully transition to practice in Ontario
* Increased the diversity of our pool of quality assurance assessors to better reflect the diversity of registrants
* Provided training to staff about the unique challenges the 2SLGBTQ+ community faces in the healthcare system and how to make care more inclusive and equitable
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| *Additional comments for clarification (optional)* |
| 1. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.

Further clarification:Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The Ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves. | The College fulfills this requirement: | Yes  |
| * Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number ***OR*** please briefly describe how the College conducts Equity Impact Assessments.
* If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.

In 2023, the Health Profession Regulators of Ontario (HPRO) developed an EDI Organizational Self-Assessment and Action Guide, which includes a toolkit to assist health regulatory organizations in developing their own Equity Impact Assessments (EIA). Using this toolkit, the College developed a customized assessment of equity impact to address the College’s unique circumstances. In October and November 2023, the College conducted an organizational EDI self-assessment exercise. This exercise related to an organization-wide reflection of where the different areas of the College (governance, registration, conduct, policy, etc.) are currently positioned with respect to approaching their work through an EDI lens. This was supported by the EDI Self-Assessment Reflection Tool informed by the indicators developed by HPRO. The tool included the self-assessment matrix developed by HPRO, where different areas of the College could indicate whether they feel they are inactive, reactive, proactive, or progressive with respect to their work at the College. This reflection tool is not publicly accessible. In 2024, the College expanded the Equity Impact Assessment activity to individual departments. We leveraged the same EIA toolkit to conduct equity impact assessments at the department level.​ These departmental self-assessments helped teams critically assess their work from an EDI lens to understand the current state and to plan concrete improvement actions for the future.​ The College intends to conduct this exercise annually to ensure sustained progress towards our EDI goals. An update about this work was provided to the Board at the [December 2024 meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=33) (page 33).  |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
|  | **Measure:****4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.** |
|  DOMAIN 2: RESOURCES | [**STANDARD 4**](#CPMFStandards) | **Required Evidence** | **College Response** |
| a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.Further clarification:A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly. | The College fulfills this requirement: | Yes  |
| * Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to the most recent approved budget and indicate the page number.
* Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

The Board established a strategic plan for 2022-2026 that directs the work of the College during the [March 2022 Board meeting](https://www.collegept.org/docs/default-source/council/2022-03-23_cpo_council_meetingmaterials.pdf?sfvrsn=b56adfa1_2#page=242) (page 242). During the [June 2022 meeting](https://www.collegept.org/docs/default-source/council/2022-06-28_cpo_council_meetingmaterials.pdf?sfvrsn=4a21dea1_8#page=103) (page 103), the Board approved a list of strategic initiatives in support of that plan. The strategic plan serves as an anchor for work and budget planning.The strategic plan is executed through an annual operating plan for the College, and the execution of this plan requires both financial and human resources, and an annual operating budget is prepared each year for Board approval. The College’s fiscal year is from April 1 to March 31. In a typical year, the College budget is approved at the March Board meeting.The Board provides input and direction throughout the annual planning process to ensure the plan and resources align with their strategic direction:* Typically, in December a list of proposed strategic projects for the upcoming fiscal year is presented to the Board for input and feedback, with the most recent example being from the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=233) (page 233).
* In March of each year, the operating plan and budget are presented to the Board for approval, which includes the planned strategic projects, with the most recent example being from the [March 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/03/2024-03-25_cpo_council_meetingmaterials.pdf#page=261) (page 261).
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)*  |
| 1. The College:
	1. 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
	2. possesses the level of reserve set out in its “financial reserve policy”.
 | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please insert a link to the “financial reserve policy” ***OR*** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.
* Please insert the most recent date when the “financial reserve policy” has been developed ***OR*** reviewed/updated.
* Has the financial reserve policy been validated by a financial auditor? Yes

Link to Policy and Date of Last ReviewThe Finance Committee presented the last formal review of the financial reserve policy during the [December 2017 Board Meeting](https://www.collegept.org/docs/default-source/council/2017-12-14_cpo_council_meetingmaterials.pdf?sfvrsn=dbd2cda1_0#page=33) (page 33), and a revised policy was approved in [June 2019](https://www.collegept.org/docs/default-source/council/2019-06-24_cpo_council_meetingmaterials.pdf?sfvrsn=f9abc7a1_0#page=92) (page 92). The revised policy includes recommendations from the Auditor to maintain an undesignated reserve within the range of 25-50% of annual operating costs (or three to six months). The reserve policy is used as a metric by the College to manage its long-term finances.The appropriateness of this policy position was discussed by the Board in [June 2023](https://www.collegept.org/docs/default-source/council/2023-06-26_cpo_council_meetingmaterials.pdf?sfvrsn=54a2d3a1_4#page=105) as they considered a long-term financial planning strategy for the College, specifically whether the College should establish a higher reserve requirement. In November 2023, the (then) Finance Committee was asked to consider whether our reserve policy should be updated but they determined that an update was not necessary at that time.Review by Financial AuditorThe financial reserve policy was reviewed by an external financial auditor, and the Finance Committee reviewed the financial reserve policy in November 2021 following the external Auditor’s comments.Current Level of ReservesAs indicated in the most recent quarterly financial report presented in [December 2024](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=238) (page 238), the College has the required level of reserve as set out in the financial reserve policy. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)*  |
| 1. Council is accountable for the success and sustainability of the organization it governs. This includes:
	1. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).

*Benchmarked Evidence* | The College fulfills this requirement: | Yes  |
| * Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.
* Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.

**Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.The College regularly involves the Board in providing oversight of the College’s workforce to ensure ongoing success. The Board is regularly engaged in the annual planning and budgeting process, which includes consideration of workforce requirements. In [March 2024](https://collegept.org/wp-content/uploads/2024/03/2024-03-25_cpo_council_meetingmaterials.pdf#page=275) (page 275), the College presented a Human Resources Plan to the Board as part of the budget package. The Human Resources Plan outlines information about the College’s workforce requirement and practices for recruitment, retention and development of the workforce. Workforce requirements are considered when the College develops its annual budget, which is approved by the Board each year.The College also includes human resources metrics in its Board dashboard and tracks key operational risks related to human resources in our risk register. Any notable changes or trends in these indicators are highlighted in the Registrar’s Report to support ongoing oversight by the Board. Major initiatives and projects related to our human resource management are also highlighted in the Registrar’s Report, under the People & Culture section. The most recent examples of these updates can be found in the [December 2024 meeting package](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=27) (page 27). The above activities enable the Board to ensure that the College has the human resources needed for discharging its responsibilities.  |
|  *If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* |
| * 1. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).
 | The College fulfills this requirement: | Yes  |
| * Please insert a link to the College’s data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan.

The College has multiple mechanisms in place to enable the Board to provide oversight of the College’s technology and data practices, including:* Updates about enhancements to the College’s technological systems and processes, data practices, and data sharing with system partners as part of the Registrar’s Report. Updates around technology and data are found under the Performance & Accountability heading of the Report (for example, see the [December 2024 Board materials](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=27), page 27).
* As part of the annual operational planning process, major projects related to the College’s technology and data systems are identified, and the Board has the opportunity to provide input (for example, see the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=233), page 233).
* As part of the Board’s approval of the operation plan and budget every year, an overview of work on the College’s technology and data systems are outlined as part of the operating plan and budget presentation (for example, see the [March 2024](https://collegept.org/wp-content/uploads/2024/03/2024-03-25_cpo_council_meetingmaterials.pdf#page=298) meeting package, page 298).
* Updates are provided to the Board about ongoing enhancements to cybersecurity measures and practices as part of the Registrar’s Report under the Performance & Accountability section. The Board also receives regular reports about how the College is managing cybersecurity risks as part of the risk register. (for example, see the [December 2024 Board materials](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=27), page 27).
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| DOMAIN 3: SYSTEM PARTNER |  |
| [**STANDARD 5**](#CPMFStandards) **and** [**STANDARD 6**](#CPMFStandards) |
| **Measure / Required evidence: N/A** | **College response** |
| ***Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.******Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the Ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.*** |
| The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry.Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. | **Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:* *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.)*.

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 expand on the College’s response from 2023 and will identify any new partnerships or new initiatives undertaken by existing regulatory partners with the goal of strengthening practice expectations for Ontario physiotherapists.The College collaborated with its key system partners in 2024 to strengthen the execution of its mandate and ensure the mutual exchange of information across all partner groups.* In 2024, the College continued to work with the Ontario Physiotherapy Association (OPA) to ensure mutual alignment with our understanding of the scope of practice changes that require implementation. The College has also communicated with other partners, including the government, about scope of practice changes. These collaborative efforts ensure that the College is fully prepared should physiotherapy scope changes be enacted, allowing us to respond quicker in regulating the new activities.
* The College engaged with the Canadian Alliance of Physiotherapy Regulators (CAPR) regularly to keep apprised of the ongoing transformation of their evaluation and examination services, a collaborative effort which helps to ensure a smooth experience for candidates seeking licensure as they move through the entry to practice process. The College had opportunities to provide direct input as the Deputy Registrar served on the CAPR Board and the Registrar is a member of CAPR’s advisory committees on examination and accreditation.
* In 2024, a number of system partners presented to the Board about their roles in the system and ways they can collaborate with the College to advance shared objectives, including the Canadian Alliance of Physiotherapy Regulators (who presented at two meetings in 2024), the Ontario Physiotherapy Association, the Healthcare Insurance Reciprocal of Canada (HIROC), and the Chair of the Health Profession Regulators of Ontario.

The College engaged with other regulators through the **Health Profession Regulators of Ontario (HPRO)** in 2024. Collaboration activities through HPRO include:* The College's Registrar joined HPRO's management committee in 2024. The management committee provides strategic leadership to help HPRO fulfill its mandate, which is to advocate for the collective regulatory community and foster excellence in the regulation of health professionals in Ontario.
* The Practice Advice team meets with advisors from other HPRO Colleges twice a year to share emerging trends and salient resources, and to build on the knowledge base of key issues affecting healthcare providers in Ontario. They last met in December 2024 to discuss updates from each College as well as a shared working group around artificial intelligence.
* The Quality Assurance department continued to be involved with a Quality Assurance HPRO Working Group that meets twice a year to share emerging trends, resources, and to share information about their Quality Assurance programs. This year, the QA Manager was also part of a smaller QA HPRO organizing committee to help plan a full quality assurance learning day which will take place in 2025. The group met once a month from June to November 2024.
* The Professional Conduct team connects with their peers at other regulatory colleges through an HPRO networking group, which aims to meet twice a year. The group shares experiences for professional conduct issues and processes, such as trauma-informed investigations, interviewing, disclosure of information, and investigation timelines.
* The College is part of an HPRO networking group comprised of Deputy Registrars from regulatory colleges. The group meets once every one to two months to talk about trends, best practices, and opportunities to collaborate.
* The College has representatives on HPRO’s Public Members’ Working Group, which develops potential strategies to address public member constraints to allow public members to effectively support the Colleges’ work.
* In February, the College engaged HPRO to establish how the provisions outlined in Section 36 of the RHPA could be interpreted consistently across Colleges. Each College was asked to consider how this might apply to their work, and recommendations and learnings were shared. This activity has supported all Ontario health regulators in making consistent decisions when referencing the same legislative framework.
* In October, the Compliance Monitoring team met with a Compliance Monitoring Networking Group to share coaching models, identify shared trends and issues, and discuss learnings to continue to strengthen the College’s education and coaching program. This group includes 14 different regulatory colleges.
* The College’s Communications team participates in the HRPO Communications Working Group, meeting regularly to find ways to raise awareness of regulatory Colleges’ roles with the public, as well as bringing regulatory communications leads together to share resources and messaging.
* The College’s Examinations Manager participates in a HPRO working group focused on testing and accommodations. They use a shared online portal to exchange materials, information, and advice in an ongoing way.

Other collaboration activities with system partners in 2024 include:* The Practice Advice team met four times with other physiotherapy colleges (AB, BC, MN, and SK) to share updates on regulatory trends and to share information related to the inquiries and issues seen in each respective jurisdiction, including comparing responses to frequently asked questions raised through the service. Practice issues involving artificial intelligence, scope of practice, pelvic health, and virtual care access were identified as shared issues across provinces. They also discussed strategies for how best to communicate the physiotherapy standards of practice. Through these meetings and resource sharing, the College leveraged the opportunity to collaborate with and learn from other physiotherapy Colleges.
* In May, the Practice Advice team hosted an in-person meeting for advisors from other regulatory rehabilitation Colleges across Ontario (CASLPO, OT, RD, Kins) to build on the collaborative relationship of the rehabilitation-focused Colleges, discuss common trends and inquiries, such as the use of incentives, and brainstorm effective strategies for greater registrant engagement with regulatory updates and Colleges’ standards of practice.
* The College regularly engages its academic partners to ensure that students experience a seamless integration between academic curricula, hands-on aspects of practice, and regulatory requirements. The Practice Advice team provides presentations to students at all Ontario physiotherapy programs and other educational institutions to introduce them to the role of the College and educate them on various topics. In 2024, this included sessions around working with physiotherapist assistants, managing professional boundaries, and best business practices.
* The College also collaborates with the Ontario Physiotherapy Leadership Consortium (OPLC), which has representatives from the association, regulator, and academic institutions and meets regularly to share updates and identify opportunities for engagement. As an example, the College published a blog in 2024 speaking to [the value of being a supervisor](https://collegept.org/2024/07/17/supervision-a-way-to-grow-and-give-back/) arising from discussions with OPLC.
* The Practice Advice team continues to support Physiotherapy Education Accreditation Canada (PEAC). PEAC conducts accreditation reviews of Canada's 15 physiotherapy education programs. This collaboration presents an opportunity to contribute and understand the physiotherapy curriculum across universities. In 2024, a Practice Advisor participated in multi-month preparation, and a 4-day onsite review of a physiotherapy program in Alberta.
* The College continued to engage in work around the experience of internationally educated physiotherapists in 2024 to support their successful transition to practice in Ontario. The College met with students in the Ontario Internationally Educated Physical Therapy Bridging (OIEPB) Program at the University of Toronto, which educates internationally educated physiotherapists and prepares them for Canadian practice. OIEPB has many interactive educational resources used with the internationally educated physiotherapy candidates, specifically record keeping and by extension, clinical reasoning. The College is also undertaking engagement with internationally educated physiotherapists to better understand their unique needs and challenges and what supports would be helpful to them. We are also engaging with system partners to explore ways to better support this population in the future. This work will continue into 2025.
* The Registration Manager is the Co-Chair of the Ontario Regulators for Access Consortium (ORAC), which consists of registration staff from various regulators across the province. ORAC is a forum for regulators to discuss any registration-related challenges and its primary goal is information sharing. The group meets virtually two to three times per year. ORAC met in February and September 2024.
* The College regulator co-develops and/or share materials and resources with other regulators to foster consistency in the way that we communicate about regulatory obligations with registrants. Examples in 2024 include collaborating with other physiotherapy regulators to develop a Patient Centred Communication E-Learning Module, and sharing content from our Transitioning to Practice in Ontario modules with key system partners.
 |
| **Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.* Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labour mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.
* In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).

The College responds to changing public and societal needs through ongoing and targeted engagement of its registrants and external partners, including the public. Below are some related initiatives in 2024:* On March 5, a member of the College’s Practice Advice team presented at a webinar about professional standards hosted by the Ontario Physiotherapy Association (OPA). On March 21, the Advisor presented to the OPA membership regarding a new Patient Centred Communication E-Learning Module from the College. These discussions provided an opportunity to collaborate with Ontario physiotherapy partners, educate participants on standards and rules, and invite questions and feedback from physiotherapists and other partners.
* The Workplace Safety and Insurance Board (WSIB) funds physiotherapy care for patients who are injured in their workplace. Over the past year, they have continued to develop and implement new programs for physiotherapists across the province. The College met with WSIB representatives to discuss the role of physiotherapists in filling out the Functional Abilities Form to further understand how to assist registrants and patients in navigating the WSIB system.
* The College met with representatives from the Information and Privacy Commissioner to obtain their input on emerging privacy issues between insurers and private clinics. Privacy issues are continuing to rise in prominence in the healthcare space, and there is an ongoing need to keep informed of privacy requirements and considerations for regulated health professionals.
* The Registrar, Deputy Registrar, and Practice Advice department met with representatives from the Canadian Life & Health Insurance Association (CLHIA). CLHIA shared trends and resources with the College around instances of insurance fraud and discussed the emerging issue of Preferred Provider Networks (PPNs) in healthcare. This helps the College to understand the landscape and further consider the benefits and risks of PPN arrangements in developing a potential future approach.
* In June, September, and November 2024, the College met with the Infection Prevention and Control (IPAC) Regulatory Colleges Working Group (IRCWC), which includes representatives from the Ministry of Health, Public Health Ontario, and other Ontario regulatory health Colleges. The purpose of the working group is to advance IPAC in Ontario for regulated health professionals and to create a forum for discussion of matters related to IPAC, facilitation of IPAC exchange of knowledge and to create opportunities to identify strategies to address current and future IPAC issues/threats in Ontario. The 2024 meetings were held to review terms of reference, share information about IPAC standards since the COVID-19 pandemic, discuss reusable medical devices, and share other resources and learnings across the membership. The College will leverage the outcomes of this partnership to develop IPAC guidance for its registrant base in a post-pandemic environment, contributing to a safe overall health system.
* The College co-sponsored an item brought to the Citizens’ Advisory Group (CAG) around the emergence of artificial intelligence (AI) in healthcare together with eight other Ontario health regulators. The meeting took place on November 25 and explored CAG Members’ perspectives on the experiences and expectations related to healthcare provider use of AI in practice. The discussions centered on understanding AI’s role in healthcare, ensuring ethical use, and maintaining the human element in care delivery.
* The College provides available data to key system partners including government and the Canadian Institute for Health Information to support health human resources planning and to demonstrate the growth the profession is experiencing in Ontario.
 |
|  | **Measure:****7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.** |
| DOMAIN 4: INFORMATION MANAGEMENT | [**STANDARD 7**](#CPMFStandards) | **Required Evidence** | **College Response** |
| 1. The College demonstrates how it:
	1. uses policies and processes to govern the disclosure of, and requests for

information; | The College fulfills this requirement: | Yes  |
| * Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

The College has policies governing the disclosure of and requests for information. They are as follows:* **Privacy Code: Details reasons for collection, use and disclosure of data**. The Privacy Code is published on the [College Website](https://collegept.org/privacy-policy/). [Governance Policy #3.2: Privacy Procedures – Requests for Access or Corrections and Compliance Concerns](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=43) further outlines the procedures around requests to access, corrections, and compliance with respect to personal information held by the College.
* **Confidentiality declaration**. Under [Policy #3.1: Confidentiality – General](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=42) of the College’s Governance Policies (page 42), 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.
* **Board and Committee orientation and manuals**. Confidentiality policies and the Code of Conduct are included as part of Board and Committee trainings. Both the Code of Conduct and declaration of office are included in the [By-laws](https://collegept.org/wp-content/uploads/2024/12/cpo_by-lawsofficialversion-December-10-2024-1.docx) (pages 51 and 21, respectively).
* **Human Resource Policy #2.09: Public Register Information and College Data** 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.
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| 1. Uses cybersecurity measures to protect against unauthorized disclosure of

information; and1. uses policies, practices and processes to address accidental or

unauthorized disclosure of information.*Benchmarked Evidence* | The College fulfills this requirement:  | Yes  |
| * Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.

The College has policies, practices, and processes to address accidental or unauthorized disclosure of information and to aid in the prevention and management of security threats. The College also has several security measures in place to protect its data and access to its IT systems, such as multi-factor authentication and spam filters.In 2023, the College implemented action items of an internal cybersecurity audit that took place in the 2022 reporting year. Examples of the recommendations that have been actioned include: * Decommissioning some of our older, more outdated servers that are vulnerable to security risks
* Moving servers to a virtual cloud (Microsoft SharePoint)
* Implementing a 90-day password change policy
* Implementing multi-factor authentication for staff
* Limiting access to our networks to IP addresses within Canada only
* Providing regular cybersecurity training for all staff

In 2024, the College conducted an external cybersecurity audit to further assess the security of our systems and identify opportunities for improvement. The audit included external and internal penetration testing and examination of all College systems and security measures.In 2024, the College took the following actions to implement recommendations from the internal and external cybersecurity audits:* Expanded multi-factor authentication implementation across all key systems and users
* Strengthening access controls by enhancing multi-factor authentication enforcement and reviewing user access privileges
* Endpoint security upgrades with advanced threat detection tools
* Network segmentation and firewall enhancements to minimize attack surfaces
* Routine vulnerability scans and patch management to proactively address security gaps
* Data encryption improvements for sensitive files and communications
* Phishing awareness campaigns that have significantly reduced risky email interactions
* Introduction of a password manager for all passwords used by the College
* Immediate alerts to the IT team for potential threats in real-time
* Moved all independent contractors who communicate on the College's behalf to using secure College email addresses, allowing the IT team to ensure the cybersecurity of all College emails
* Incident Response Improvements to incident responses by updating the College’s Incident Report Policy to streamline reporting and response procedures

Description of cybersecurity policies and processes:* **The Code of Conduct** for Board and Committee members (page 51 of the College’s [By-laws](https://collegept.org/wp-content/uploads/2024/12/cpo_by-lawsofficialversion-December-10-2024-1.docx)) sets out confidentiality rules (Performance Expectations, point 10) and provides a mechanism to manage concerns from the Board, staff or members of the public if there is a breach (Sanctions, point 5e).
* 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. Staff training modules consistently have 100% completion rates.
* Human Resource Policies:
	+ 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 personal and confidential employee 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.
* **Governance Policy – In Camera Meetings:** [Policy #7.11: Board In Camera Meetings – Storage and Access](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=88) in the College’s Governance Policies (page 88) outlines how in-camera minutes are recorded, reviewed and archived to ensure confidentiality of information.
* The College has an internal Privacy Breach Protocol Policy, as well as Standard Operating Procedures around what to do in case of a privacy breach. These are implemented when breaches of information occur and outline the steps necessary for resolution.
* In 2023, the College implemented the use of an “Extranet”, leveraging the SharePoint platform to create sites for Board and Committee members and contractors to access information they need to fulfill their roles. The use of the Extranet allows the College to closely control and monitor the access of confidential information and prevent authorized access and accidental distribution/loss of information.
 |
| *If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* |
|  | **Measure:****8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).** |
| DOMAIN 5: REGULATORY POLICIES  | [**STANDARD 8**](#CPMFStandards) | **Required Evidence** | **College Response** |
| a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.*Benchmarked Evidence* | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024  |
| * Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) ***OR*** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

[Policy #5.1: College Policy Review Schedule](https://collegept.org/wp-content/uploads/2025/01/cpo_governance_policies-December-2024-1.pdf#page=68) of the College’s Governance Policies (page 68) outlines the procedures for reviewing its various policies. This policy was last revised in September 2023. 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 its official documents as needed. Review Items Conducted in 2024* **Standards**: As part of the College’s ongoing process to align Ontario’s practice standards with the national core standards developed by physiotherapy regulators across Canada, the Board reviewed and approved 10 standards in 2024: (1) Assessment, Diagnosis, Treatment; (2) Collaborative Care, (3) Communication, (4) Conflict of Interest, (5) Dual Practice, (6) Duty of Care, (7) Evidence-Informed Practice, (8) Infection Control, (9) Risk Management and Safety, and (10) Titles, Credentials, and Specialty Designations. These Standards were approved on a rolling basis over the course of the reporting year.
* **By-laws and Governance Policies**: The College continued its review of its By-laws and Governance Policies to align with the established review cycle and emergence of governance best practices. This included revisions to terminology across both documents, meeting guidelines, Committee composition and procedures, the Specialty Designation Policy, the Signing Officers Policy, the In Camera Meetings Policy, and election eligibility criteria. Board review and approval of these changes occurred throughout 2024.
* **Code of Ethical Conduct**: Following consultation, the Board approved a revised Code of Ethical Conduct at their [June 2024 meeting.](https://collegept.org/wp-content/uploads/2024/06/june-24-25-2024-board-meeting-package.pdf#page=69)

Description of Practice Monitoring ProcessThe College monitors the practice environment in several ways: results from the Quality Assurance Program, contacts made to the Practice Advice team, complaints received through the Professional Conduct area, and responses to the Professional Issues Self Assessment (PISA) and Jurisprudence Module. The College also monitors website metrics, such as page visits, length of visits and search terms entered on the site. By monitoring trends, issues can be raised to management team level, the Board, and the associated Committees. Monitoring trends is an ongoing process in all areas so the College can initiate reviews and updates to associated policies, standards, or practice guidelines in a timely manner. |
| *If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* |
| 1. Provide information on how the College considers the following when developing or amending policies, standards and practice guidelines:
	1. evidence and data;
	2. the risk posed to patients/ the public;
	3. the current practice environment;
	4. alignment with other health regulatory Colleges;
	5. expectations of the public; and
	6. stakeholder views and feedback.

*Benchmarked Evidence* | The College fulfills this requirement:  | Yes  |
| * Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) ***OR*** please briefly describe the College’s development and amendment process.

The College’s policies, standards, and guidance documents typically account for all six components. The College uses an internal policy development and review template to ensure all six components are accounted for when engaging in policy, standards, and guidance development. The template includes the following components to ensure all six areas are accounted for:* Collect data around the body of evidence, practice trends, and program area data
* Conduct a risk assessment
* Hold consultations with the physiotherapy profession
* Conduct an environmental scan of how the issue is addressed in relevant jurisdictions
* Incorporate feedback from the public, such as the Citizen Advisory Group
* Consult with professional associations, insurance organizations, financial regulators, and legal counsel

One example of how this was done in practice is the College Standards Review Process, which began in 2023. This process involves adopting a set of national core standards for use in Ontario. The national core standards were developed in collaboration with provincial regulators to support alignment of practice expectations across the country, incorporating feedback from physiotherapists across Canada. Additionally, the College also conducted a second round of consultations with Ontario physiotherapists only, and engaged with the Citizens Advisory Group and other province-specific partners, such as the Ontario Physiotherapy Association for feedback. The most recent group of standards to be reviewed and approved by the Board according to this framework were the Collaborative Care, Conflict of Interest, Dual Practice, and Infection Control standards. The Board approved these standards for consultation at their [June 2024 meeting](https://collegept.org/wp-content/uploads/2024/06/june-24-25-2024-board-meeting-package.pdf#page=153) (page 153) and for use at the [December 2024](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=115) meeting (page 115). The linked materials describe further how the information was considered with respect to standards development. |
| *If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* |
| 1. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.
 | The College fulfills this requirement:  | Partially  |
| * Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.
* Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.

The College’s [Strategic Plan](https://collegept.org/about-the-college/strategy-and-reporting/) focuses on incorporating Equity, Diversity and Inclusion (EDI) into its initiatives and processes, which includes the College’s standards, policies, and guidelines. The College regularly evaluates EDI considerations when developing or reviewing policies, standards, and the Code of Ethical Conduct. Examples of how this was actioned in 2024 include:* **EDI Assessment Framework**: The College implemented internal Departmental EDI Self-Assessment documents, which help College teams to reflect on their work from an EDI lens, and to identify actions or changes that will achieve incremental improvement. The self-assessment document for the College’s Policy Team helped guide the review of its practice standards and Code of Ethical Conduct in 2024.
* **Consultation Process**: Review of the College’s standards and Code of Ethical Conduct in 2024 captured EDI perspectives obtained through the consultations process. The College has engaged groups representing diverse physiotherapy communities such as the Black Physiotherapy Association and the Queer Physiotherapy Collective. The registrant consultation process also provides different avenues for responding to ensure anonymity, and the College has engaged the Citizens Advisory Group, a diverse panel of patient and public perspectives.
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*In the 2023 report, the College committed to begin developing two standards around cultural safety and equity in 2024. While the College did complete some preliminary work in 2024, the development of these two standards is planned for 2025 instead.  |
| *Additional comments for clarification (optional)* |
| A diagram of a diagram  Description automatically generated with medium confidence | **Measure:****9.1 Applicants meet all College requirements before they are able to practice.** |
| DOMAIN 6: SUITABILITY TO PRACTICE | [**STANDARD 9**](#CPMFStandards) | **Required Evidence** | **College Response**  |
| 1. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[[1]](#footnote-2)
 | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024 |
| * Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number ***OR*** please briefly describe in a few words the processes and checks that are carried out.
* Please insert a link and indicate the page number ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

For cases not referred to the Registration Committee* The considerations outlined in the [Eligibility Questionnaire](https://portal.collegept.org/en-US/apply-for-registration/eligibility-questions/) are assessed before registration. Essential criteria include selection of application type, being eligible to work in Canada, and having obtained a degree in physiotherapy.
* Applicants previously practicing in another jurisdiction or regulated health profession must submit a Regulatory History Form to the College.
* For internationally educated physiotherapists: [The Canadian Alliance of Physiotherapy Regulators (CAPR)](https://www.alliancept.org/) is a credentialling and assessment agency that provides credential evaluation services for all physiotherapy regulators in Canada. [International credentials are assessed through CAPR](https://alliancept.org/internationally-trained/credentialing-overview/).
* 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.

For cases referred to the Registration Committee* The Registration Committee uses an internal decision-making tool to assess the eligibility criteria, qualifications and risk to patients when registering new applicants. There is no Canadian experience requirement.
* An overview of the Registration Committee process is available on the College [website](https://collegept.org/how-to-become-a-physiotherapist/registration-committee-decisions/).
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.). | The College fulfills this requirement: | Yes |
| * Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out.
* Please provide the date when the criteria to assess registration requirements was last reviewed and updated.

[The Canadian Alliance of Physiotherapy Regulators](https://alliancept.org/internationally-trained/credentialing-overview/) (CAPR), the national credentialling 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. CAPR implements internal continuous improvement processes to ensure their practices align with best practice in the industry. CAPR is currently undertaking a transformation of their evaluation services based on research about best practice and responding to the changing needs of applicants.Essential competencies for physiotherapists are maintained and updated by the National Physiotherapy Advisory Group. The [Essential Competencies Profile](https://www.collegept.org/wp-content/uploads/2017/06/essentialcompetencyprofile2009.pdf?sfvrsn=614fc9a1_2) informs how physiotherapy programs design their curriculums, what content is tested in the Physiotherapy Competency Exam, the Ontario Clinical Exam, and the College’s quality assurance program.The Canadian Alliance of Physiotherapy Regulators has completed work with The Association of Canadian Occupational Therapy Regulatory Organizations on benchmarking new language proficiency assessments to meet the new Ontario Bill 106 Regulation Requirements. The College has also developed its own clinical exam: the Ontario Clinical Exam . Candidates can register [online](https://collegept.org/how-to-become-a-physiotherapist/ontario-clinical-exam/about-the-ontario-clinical-exam/#how-to-register-for-the-ontario-clinical-exam). Before results are released to candidates, all exam scores go through multiple levels of verification and quality assurance. This is to ensure that each candidate’s performance is appropriately assessed, and their scores are accurately reported. Successful candidates are then eligible to apply for an Independent Practice Certificate of Registration. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| **Measure:****9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.** |
| c. A risk-based approach is used to ensure that currency[[2]](#footnote-3) and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.). | The College fulfills this requirement: | Yes  |
| * Please briefly describe the currency and competency requirements registrants are required to meet.
* Please briefly describe how the College identified currency and competency requirements.
* Please provide the date when currency and competency requirements were last reviewed and updated.
* Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.

Currency and other competency requirements are regularly monitored. The requirements registrants must meet include: * Minimum practice hour requirements to renew their certificate of registration
* Declaring their professional development activities during annual renewal
* Successful completion of a Jurisprudence Module after initial registration and then every five years.
* Completion of the Professional Issues Self Assessment every year as a self-reflection exercise and to identify areas where more learning is required
* Completion of a screening interview (when selected) as part of the Quality Assurance program to assess ongoing competency
* Answering self-reporting questions related to various professional conduct issues during annual renewal.
* Declaration of liability insurance during annual renewal. The College follows up with those who provide patient care and declare that they do not have insurance.
* Review and updating of their roster information at annual renewal (if applicable).

How Currency and Competency Requirements were IdentifiedCurrency requirements are laid out in regulation (Section 21 of the Ontario Regulation 532/98 under the [Physiotherapy Act](https://www.ontario.ca/laws/regulation/980532)). The annual renewal process is available through the PT Portal on the [College website](https://collegept.org/physiotherapists/annual-renewal/). Physiotherapists are required to have practice hours – 1,200 hours every five years or to have completed the national exam within the last five years. Registrants are required to report their practice hours annually during renewal. Those who do not have sufficient practice hours are required to engage in activities to address this issue such as undergoing a practice assessment, or they may agree to stop delivering patient care.Process for Monitoring Currency RequirementsThe College’s monitoring process for its currency requirements is based on risk to the public, and different regulatory tools and responses are used in response depending on the level of risk. This ensures that currency requirements do not fall under a “one size fits all” approach, but are stratified with risk mitigation in mind. Tools currently in use include:* A reference tool for the Registration Committee to outline precedents for individuals with low practice hours. The tool references the Committee’s decisions in previous cases where applicants are returning to the profession after a period of time. It is intended to assist with consistency in decision making, and it will be included in case files as well as memos to the Committee and Registrar.
* For individuals performing controlled acts, the College monitors registrants who have not practiced the activity in two years or more and asks them to remove the rostered activity if that is the case. If those PTs come up in the Quality Assurance process, specific questions are asked to assess their competencies for those activities.
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| **Measure:****9.3 Registration practices are transparent, objective, impartial, and fair.** |
| 1. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).
 | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report.
* Where an action plan was issued, is it: No Action Plan Issued

The College posts OFC assessment reports on Fair Registration Practices on the [College website](https://www.collegept.org/applicants/fairness-commissioner-reports). The [OFC website](http://www.fairnesscommissioner.ca/en/Professions_and_Trades/Pages/College-of-Physiotherapists-of-Ontario.aspx) also archives College reports. Recently, the OFC also introduced the Risk-Informed Compliance Framework (RICF). In April 2022, the College received a medium risk rating from the OFC. This rating was mainly due to the clinical exam being unavailable during the pandemic. At that time, it was identified that the rating would remain in place for 12 months (until March 31, 2023) and then reassessed. No specific corrective actions were required or recommended in the assessment. Shortly after the College received the assessment report, we provided a follow-up response to the OFC outlining the steps the College had taken and was in the process of taking to address the concerns outlined in the assessment.In March 2023, the OFC communicated to the College that the assigned rating would remain in place until the next review cycle (until March 31, 2024) given that there was no formal review taking place at the time and no appeal mechanism. The College has engaged in ongoing discussions with the Fairness Commissioner and their team. In June 2023, the Ontario Fairness Commissioner presented to Council. Part of their presentation spoke to the new RICF and the College’s medium risk rating. The Commissioner noted that the College has made material progress in addressing the risk factors highlighted in the 2022 assessment.In November 2023, the OFC launched the second iteration of its RICF. In February 2024, after reviewing the College’s submission, the OFC placed the College in the low-risk category for the period April 1, 2024, to March 31, 2026. The risk assessment included two risk-related recommendations which the College is reviewing internally to determine next steps.In summer 2024, the College made its annual Fair Registration Practices submission to the OFC and we are currently awaiting the final report. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)* |
|  DOMAIN 6: SUITABILITY TO PRACTICE | [**STANDARD 10**](#CPMFStandards) | **Measure:****10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.** |
| **Required Evidence** | **College Response** |
| a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).Further clarification:Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps. | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024 |
| * Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:

− Name of Standard− Duration of period that support was provided− Activities undertaken to support registrants− % of registrants reached/participated by each activity− Evaluation conducted on effectiveness of support provided* Does the College always provide this level of support: Yes

*If not, please provide a brief explanation:*To support the implementation of the new standards that were approved in 2024, the College:* Highlighted all new standards in *Perspectives*, our monthly newsletter, with accompanying commentary to discuss key changes. In 2024, three groups of new standards were approved, and they were promoted in the [July](https://collegept.org/wp-content/uploads/2024/08/perspectives-july-2024.pdf), [October](https://collegept.org/2024/10/01/perspectives-october-2024-issue/), and [December](https://collegept.org/2024/12/17/perspectives-december-2024-issue/) issues of our newsletter.
* Sent targeted communications to physiotherapists in advance of the effective date of the new standards and undertook additional social media efforts to amplify the message. We alerted physiotherapists to new standards that are about to go into effect in [July](https://collegept.org/2024/07/12/four-new-standards-and-code-of-ethical-conduct-effective-august-1-2024/), [September](https://collegept.org/2024/09/24/two-new-standards-effective-november-1-2024/), and [December](https://collegept.org/2024/12/13/four-new-standards-effective-february-1-2025/).
* On November 19, [the College held a webinar](https://collegept.org/2024/11/19/register-for-our-new-standards-webinar/) for the first four new standards that went into effect in August 2024 to introduce the new standards , to help highlight the key changes, explain how they could be implemented, and to answer questions. Additional webinars are being planned in 2025 to introduce and explain the other two groups of new standards approved in 2024.
* Once new standards go into effect, our Practice Advice team helps answer questions individual physiotherapists may have about how to apply the new standards.

Outside of the standards review process, the College undertook the following activities to assist registrants, students, and other partners in understanding and applying existing standards and practice guidelines:* **Fees, Billing, and Accounts & Conflict of Interest**: Held a two-hour workshop with 110 students; a positive pre/post confidence shift was noted. The session included case studies and Q&A.
* **Working with PTAs**: Held a one-hour presentation with around 50 PTs and PTAs across 10 hospital/community sites.
* The College highlighted the Standards in its **Professional Issues Self Assessment (PISA)**, which is a short online exercise that all registrants must complete annually. PISA raises awareness about rules and standards that are either new or have been identified by Practice Advisors and the investigations team as areas in need of additional support.
* One practice standard is featured in each issue of our monthly newsletter, *Perspectives*, where highlights about the standard expectations are included. See the most recent example from December 2024 [here](https://collegept.org/2024/12/17/perspectives-december-2024-issue/).
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| **Measure:** **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[[3]](#footnote-4).** |
| a. The College has processesand policies in placeoutlining:* 1. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;
 | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found and indicate the page number.
* Is the process taken above for identifying priority areas codified in a policy: Yes *If yes, please insert link to policy*

Areas of focus for QAassessmentThe assessment process includes two parts, physiotherapists go through a screening interview and when unsuccessful are required to go through a practice assessment. Priority areas include:* For the screening interview, there are eight behaviour-based interview questions, and each physiotherapist will respond to six or seven questions depending on their practice. The questions focus on informed consent, assessment, boundaries, controlled acts, patient safety, ethics, working with physiotherapist assistants and scholarship. Screening interview topics and questions are posted to the College website.
* For the assessment, the physiotherapist answers 13 or 14 behaviour-based interview questions, in addition, written policies required by College standards and patient records are reviewed. Assessment topics and questions are posted to the [College website](https://collegept.org/physiotherapists/screening-assessment/#assessment). Half of the assessment is case-based and based on the care provided to one patient. The remaining interview questions are situation-based questions.

How the priority areas have been identified:* During the development and pilot test phase of our screening interview and assessment tools (2018-2020), the College engaged several focus groups of physiotherapists representing different practice settings and patient populations. From this work, two blueprints were created. The first blueprint identified core areas where all physiotherapists should demonstrate competency, regardless of practice area. These topics are covered in the screening interview. The expectation was that most physiotherapists should score highly across these topics. The second blueprint was created to identify the additional areas of practice that the College would need to explore if a physiotherapist did not meet the expected pass score of the screening interview. These topics are covered in the assessment. The second blueprint represented a longer assessment with more topics and a more in-depth review of some of the core topics covered in the screening interview.
* In the case of both blueprints, the focus groups considered risks to the public when determining the areas to develop. Once the blueprints were created by the consultant and approved by Council, the College engaged different subject matter experts for an item writing exercise. These sessions resulted in the questions and probing questions for the screening interview and assessments.

Link to QA policiesDevelopment of the screening interview tool and assessment tool are explained in Board briefing notes in March 2018 and June 2018. These documents refer to the processes involved to create the current tools. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| * 1. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and
 | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024 |
| * Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s).

***OR*** please briefly describe right touch approach and evidence used.* Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable).

*If evaluated/updated, did the college engage the following stakeholders in the evaluation:*− *Public* Yes − *Employers* Yes − *Registrants* Yes − *Other stakeholders* Yes Description of Evidence-Informed ApproachThe College’s Quality Assurance program underwent a redesign in 2018-2019 and launched in 2021. Previously, about five percent of practicing physiotherapists were randomly selected to undergo a four-hour on-site practice assessment. Upon a review of the historical program data, we found that very few physiotherapists were found to require remediation and education following the assessment.In the redesigned program, the College aims to give a larger number of physiotherapists an opportunity to be assessed while being resource efficient. We introduced a two-step process where approximately 10% of practicing physiotherapists are selected per year to undergo a screening interview, which is a one-hour structured interview focusing on key competency indicators. Those who are below a pre-established pass score will undergo the assessment.Based on research on risks to professional competence, the program selects physiotherapists to participate in the screening interview based on who has been in practice the longest without being assessed, and those who have never been assessed before are prioritized. For decision making, the Committee uses a decision-making tool that helps the Committee identify risk to the public to ensure decisions are based on no, low, moderate, and high risk. The actions under each category help to ensure right-touch regulation.Year Approach was Last Updated:As the new program was launched in January 2021, the approach for selecting PTs to participate in a screening interview has not been revisited. The passing score of the screening interview was reviewed via an equating study completed by the tool developer and a psychometrician. It was determined that the pass score could be retained for the following year. For future study, the QA program is planning to study the profile of physiotherapists who do not pass the screening interview and a second profile of physiotherapists who must complete a Specified Continuing Education or Remediation Program following a full assessment.  |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024 |
| * Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria.

The Quality Assurance Committee formally approved a decision-making tool to help guide their discussions and final decisions. It received final approval at the Committee’s February 2022 meeting. This resource helps the Committee to determine if the physiotherapist’s assessment results are no risk, low risk, moderate risk, or high risk. Additionally, the tool guides the Committee to determine how the file should be managed based on the level of risk to the public that is identified.Files considered low risk indicate that one or more areas of concern were noted but the items pose little risk, and the physiotherapist can address these concerns independently of the Committee’s oversight. Moderate to high-risk issues are apparent gaps in the physiotherapist’s knowledge, skills, abilities or judgement and these problem areas need to be addressed to ensure safe and quality patient care. In some cases, if the concerns are related to higher risk concerns, the physiotherapist may have terms, conditions, or limitations on their practice until they accomplish specific learning activities to address the higher risk concerns.Finally, if corrective action is not sufficient due to serious/significant concerns, the Committee may decide to refer the physiotherapist to the Inquiries, Complaints and Reports Committee (ICRC). For example, if an assessment suggests that a patient was abused or the physiotherapist was unwilling to participate in learning activities, a referral to ICRC would be appropriate. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| **Measure:** **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.** |
| a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing. | The College fulfills this requirement:  |  Yes |
| * Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities ***OR*** please briefly describe the process.
* Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process.

College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. An initial email introducing the registrant to their remediation program is typically sent after the Committee’s written decision and reasons have been released. This email provides a description of what is required in each remediation activity including the due date. If requirements have special aspects, such as a course that has limited space, these are flagged in the description. After a requirement has been met, this email is updated to reflect its completion, including the completion date, and sent to the registrant to confirm where they are in their remediation program. If there is a delay between the time one requirement is completed and the deadline of the next, this email may be sent again as a reminder to the registrant. The criteria for successful completion are outlined in the Order, Undertaking, Specified Continuing Education or Remediation Program or Term, Condition and Limitation . Confirming completion may involve: * The registrant submits completion certificates.
* The registrant submits written confirmation that they have reviewed certain resources.
* The College downloading quiz results following completion of e-learning modules. The software confirms completion of the quiz along with the physiotherapist’s performance to ensure they passed.
* When required, receiving reports and evaluations from practice enhancement coaches, practice monitors, facilitators of specialized programs (e.g. PROBE) and following spot audits.
* In some cases, the registrant completes a second assessment to show if the concerns have been addressed.

For Quality Assurance files, 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. Other breaches or concerns are referred to the Registrar for assessment. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)* |
| DOMAIN 6: SUITABILITY TO PRACTICE | [**STANDARD 11**](#CPMFStandards) | **Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.** |
| **Required Evidence** | **College Response** |
| 1. The different stages of the complaints process and all relevant supports available to complainants are:
	1. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
	2. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;
 | The College fulfills this requirement:  | Yes  |
| * Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
* Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible.

Policies and ProceduresThe College’s Professional Conduct team has internal policies, templates, and standard operating procedures (SOPs) to ensure the receipt of relevant information, key considerations, and actions to be taken at each stage of the complaints process. In 2024 a review of all of these resources was completed, and additional policies and SOPs have been created to address gaps. Communications to ComplainantsThe College’s [complaints process webpage](https://collegept.org/patients/make-a-complaint/) outlines the different stages of this process, how to make a complaint, and provides links to relevant resources. The content on the page provides answers to commonly asked questions to help clarify expectations for complainants in terms of the process and timelines. This information is accessible in [10 other languages](https://collegept.org/patients/make-a-complaint/#information-in-other-languages). Information about [funding for therapy and counselling for patients who have been sexually abused](https://collegept.org/patients/make-a-complaint/#funding-for-therapy-or-counselling) is also listed on this webpage. Complaints can be submitted online, by mail, through email and over the phone if accommodations are required. The College also provides links to other organizations that can provide victims of sexual abuse/complainants with support. The College has also increased resources on our website to support mental health and wellness of those participating in the complaints process. In 2024, as part of a larger website re-design, the complaints section of the website was updated to streamline the information to make it easier for complainants to find and understand the information. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| * 1. evaluated by the College to ensure the information provided to complainants is clear and useful.

*Benchmarked Evidence* | The College fulfills this requirement:  | Yes  |
| * Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.

Starting in March 2021, the College included surveys to both complainants and registrants with the decision and reasons, seeking their feedback on the complaints process. To date, the College has received four responses to the complainant’s survey and zero for the registrant’s survey. The College is conducting a business process review of the complaints and investigations process. Part of the review will include gathering feedback through surveys to complainants and registrants who have recently gone through the complaints process. |
| *If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* |
| b. The College responds to 90% of inquiries from the public within five business days, with follow-up timelines as necessary. | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024  |
| Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).The College meets this expectation. The College’s Professional Conduct area received 431 inquiries in 2024 (initial contacts from the public to report a concern to the College). The College responded to 99.7% of these inquiries within five business days in 2024. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| 1. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).
 | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024  |
| * Please list supports available for the public during the complaints process.
* Please briefly describe at what points during the complaints process that complainants are made aware of supports available.

The College provides updates to the complainant upon request and before cases are expected to be presented to the Inquiries, Complaints and Reports Committee (ICRC). Complainants are apprised of the process during intake and ICRC review, and the College is responsive to complainant inquiries. The College provides information on both [support and funding for sexual abuse allegations](https://collegept.org/patients/make-a-complaint/#funding-for-therapy-or-counselling) on its website. Most frequently provided supports in 2024 include: * Information for complainants about the ICRC processes, procedures and decisions.
* Live translation services: the College has offered to translate the complaints process to languages other than English or French to facilitate the complaints process for those with a different first language.
* The College’s [ICRC decision-making tool](https://collegept.org/wp-content/uploads/2024/10/icrc_decision-makingflowcharthr-scaled.jpg) is posted to the website.
* For continuity, each complainant is assigned to an investigator who is then their primary point of contact.
* For sexual abuse cases, if the decision outcome is an undertaking for resignation of their certificate of registration, staff would advise the complainant of that potential outcome before the decision is released. The goal is to provide context to the decision and discussion with College staff instead of learning the result from a written decision. The staff also offer to answer any questions that they may have and direct them to any resources and supports they may require.
* For sexual abuse and incapacity cases, two investigators participate in interviews. One investigator is the lead, which is able to provide full attention to the interviewee to listen closely to them and provide guidance where necessary, while the other investigator is there for support and to take notes during the interview.
* When the College learns of criminal charges of sexual abuse of a registrant, the College connects with the police / crown for regular updates in that process. The College (possibly through the police) will provide information to the victim about the College’s funding for counselling.
* If individuals are showing signs of distress or have indicated that they experiencing mental health challenges, College staff will provide resources for mental health support.

Complainants are offered the opportunity to speak to College staff outside of business hours. There is also the option for complainants to include support person(s) when speaking to the College about their complaints and concerns. This is something that the College encourages. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| **Measure:****11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.** |
| 1. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).
 | The College fulfills this requirement: | Yes  |
| * Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) ***OR*** please provide a brief description.
* Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) ***OR*** please provide a brief description.

The College has procedures to ensure all parties are updated throughout the complaints process. The confirmation letter complainants receive sets expectations around communications and updates from the College. It contains information about updates to the process and the option to contact the College if they require an update about their case.Currently, the College proactively provides updates to the parties during the following points in the complaints process:* Initial intake
* Interview stage, once the complaint is confirmed
* When an investigator is assigned to their case
* Follow-ups with parties on an as needed basis
* Complaint is ready to be presented to the ICRC
* Final decision is made
* Any delay letters, per the statutory requirements

In some cases, the College also provides a copy of the physiotherapist’s response to the complainant, if the complainant requests it, or if we have specific matters that require clarification from the complainant.Details around contacting the College before and during the complaints process can be found on the [College website](https://collegept.org/physiotherapists/the-complaints-process/). This webpage aims to provide complainants with a complete picture of the College’s complaints process to proactively support their understanding of the process. The College encourages complainants to reach out to the College at any time for additional support. Complainants are made aware of the name of the investigator working on their file and how to contact them during the process. The College’s professional conduct team is very responsive to complainants whenever they have questions or require support.Similarly, the College has procedures to ensure all parties are informed throughout the hearings process. The College has a dedicated team who support discipline hearings and act as the point of contact for information, updates and support to all parties. There is a dedicated contact email for hearings and College staff are very responsive to incoming inquiries.Currently, the College proactively provides updates to the parties during various points in the hearings process.* Once a matter is referred, the parties receive a notification letter, which includes an overview of the hearings process, so they know what to expect.
* The College’s counsel will contact the complainant to provide further explanation of the process and offer supports.
* College staff will notify the parties once a hearing is scheduled, any changes to the hearing dates and are available to respond to any questions.
* Prior to hearings, the College provides information and support to the parties about how to attend the hearing virtually.
* For anyone who is testifying during the hearing, the College offers information and resources to support them prior to the hearing date, and provides limited support during the hearing.
* Once a decision has been made, the College provides the decision to the parties.

All information about hearings, past and upcoming, is posted to the [College’s website](https://collegept.org/patients/discipline-hearings-and-decisions/upcoming-hearings/), including details about how to contact the College’s hearings team.  |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| DOMAIN 6: SUITABILITY TO PRACTICE | [**STANDARD 12**](#CPMFStandards) | **Measure:****12.1 The College addresses complaints in a right touch manner.**  |
| 1. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).
 | The College fulfills this requirement:  | Met in 2023, continues to meet in 2024 |
| * Please insert a link to guidance document and indicate the page number ***OR*** please briefly describe the framework and how it is being applied.
* Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable).

The ICRC [Decision Making Flowchart](https://collegept.org/wp-content/uploads/2024/10/icrc_decision-makingflowcharthr-scaled.jpg) is posted to the College website. The flowchart was last updated in 2019. 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 and the College’s zero tolerance approach to sexual abuse of patients by physiotherapists. The ICRC also uses an [Interim Order Assessment Tool](https://www.collegept.org/docs/default-source/professional-conduct/interim_order_assessment_tool171116.pdf?sfvrsn=aef8cca1_0) (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. In 2023, the ICRC adopted a tool that provides panels with guidance about when an undertaking versus a Specified Continuing Education or Remediation Program may be more appropriate given that publication of one outcome is time-limited and the other is indefinite. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (optional)* |
| [**STANDARD 13**](#CPMFStandards) | **Measure:****13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).** |
| 1. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.
 | The College fulfills this requirement:  | Yes  |
| * Please insert a link to the policy and indicate page number ***OR*** please briefly describe the policy.
* Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).

Policy Regarding Information DisclosuresIn 2022, the College initiated a special project in collaboration with other Colleges through the Health Profession Regulators of Ontario (HPRO), with the goal to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of registrant-specific information. This work produced a draft template policy document that can be used and adopted by each College. The draft policy was completed near the end of 2023. The draft policy then underwent legal review. The HPRO board of directors supported the initiatives and determined that each College would consider how it could be applied in their own organization.How Information was Shared in 2024In 2024, the College issued 291 letters of professional standing to regulators in other jurisdictions. There were no instances where we proactively engaged with law enforcement as we did not have any files that warranted this. In one instance, we shared information with another regulator. We also routinely engage with third party payors and other system partners to advise them of the outcome of discipline proceedings or other changes in a registrant’s certificate status that is important for them to know. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)* |
|  | **Measure:****14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.** |
| DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT |  [**STANDARD 14**](#CPMFStandards) | **Required Evidence** | **College Response** |
| 1. Outline the College’s KPIs, including a clear rationale for why each is important.
 | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number ***OR*** list KPIs and rationale for selection.

The College uses KPIs to track progress against the College’s strategic priorities and initiatives. The College last reported on their KPIs during the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=36) (page 36). In 2024, the College reviewed its KPIs and [introduced an updated set of KPIs](https://collegept.org/wp-content/uploads/2024/06/june-24-25-2024-board-meeting-package.pdf#page=65) (page 65) including rationale for each indicator included in the dashboard.The updated dashboard includes two broad categories of KPIs:1. **Statutory Programs**: Displays the volume of cases in each program area and the College’s performance in meeting statutory requirements, internal benchmarks regarding process timelines, and other performance metrics that are strategically important.
2. **People & Culture**: Two metrics that help monitor the health of the workforce, including a new metric on employee engagement and psychological health.
 |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)* |
| 1. The College regularly reports to Council on its performance and risk review against:
	1. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);
	2. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and
	3. its risk management approach.
 | The College fulfills this requirement: | Yes  |
| * Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.

The College has a dashboard as a tool to monitor progress against strategic objectives and regulatory outcomes (the most recent example is from the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=36), page 36). The Registrar’s Report also provides additional updates about the College’s performance against our regulatory mandate and strategic objectives (the most recent example is from the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=27), page 27).Before 2023, regulatory and organizational risks were identified on an ongoing basis and included in briefings to the Board where the risk is relevant to the issue or decision at hand. In 2023, the College developed a formal Enterprise Risk Management framework. This risk management framework enabled the College to begin reporting on risks to the Board using a risk register starting in 2024, with the most example from the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=37) (page 37). In addition to the risk register, relevant risks will continue to be highlighted in briefings to the Board where they are relevant to the issue or decision. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)* |
| **Measure:****14.2 Council directs action in response to College performance on its KPIs and risk reviews.** |
| 1. Council uses performance and risk review findings to identify where improvement activities are needed.

*Benchmarked Evidence* | The College fulfills this requirement: | Yes |
| * Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.

At each Board meeting, the Board receives a comprehensive update about the College’s performance and risk assessment through the Registrar’s report, the dashboard, and the risk register. In each update, any notable changes in performance or in the environment are highlighted, and an explanation about the change and any future action needed are included. The Board then has an opportunity to ask questions and discuss the updates and the planned actions in response. The most recent example of this is from the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=27) (page 27). |
| *If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* |
| **Measure:****14.3 The College regularly reports publicly on its performance.** |
| 1. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.
 | The College fulfills this requirement: | Met in 2023, continues to meet in 2024 |
| * Please insert a link to the College’s dashboard or relevant section of the College’s website.

The College reports on the performance of regulatory activities and strategic initiatives during public Board meetings through the Registrar’s Report and a dashboard. The most recent Registrar’s report and dashboard were presented at the [December 2024 Board meeting](https://collegept.org/wp-content/uploads/2024/12/dec-9-10-2024-board-meeting-package-1.pdf#page=27) (page 27). These reports are standing items at every meeting, and the information is publicly accessible through the posted Board materials. The [strategic plan and our strategic priorities](https://www.collegept.org/about/strategic-plan) are also available on the website. |
| *If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* |
| *Additional comments for clarification (if needed)* |

process by

updated as

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

# Part 2: Context Measures

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

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

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

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

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

## Table 1 – Context Measure 1

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 10**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College's own method: Recommended*If a College method is used, please specify the rationale for its use:* |
| Context Measure (CM) |  |
| CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024\* | *What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).**The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.* |
| Type of QA/QI activity or assessment: | # |
| i. Screening Interview | 718 |
| ii. Assessment | 31 |
| iii. Professional Issues Self Assessment | 11,453 |
| iv. Continuing Professional Development Declaration | 10,780 |
| v. <*Insert QA activity or assessment*> |  |
| vi. <*Insert QA activity or assessment*> |  |
| vii. <*Insert QA activity or assessment*> |  |
| viii. <*Insert QA activity or assessment*> |  |
| ix. <*Insert QA activity or assessment*> |  |
| x. <*Insert QA activity or assessment*> |  |

|  |  |
| --- | --- |
| *\* 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*](#NR) |  |
| *Additional comments for clarification (if needed)* |

## Table 2 – Context Measures 2 and 3

**Choose an item.**

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 10**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended *If a College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |  |  |
|  | # | % | *What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.**The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.* |
| **CM 2.** Total number of registrants who participated in the QA Program CY 2024 | 718 |  |
| **CM 3.** Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024. | 6 | 0.8% |
| [*NR*](#NR) |
| *Additional comments for clarification (if needed)* |

## Table 3 – Context Measure 4

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 10**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended *If a College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |  |  |
| **CM 4.** Outcome of remedial activities as at the end of CY 2024:\*\* | # | % | *What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.* |
| I. Registrants who demonstrated required knowledge, skills, and judgement following remediation\* | NR | NR |
| II. Registrants still undertaking remediation (i.e., remediation in progress) | 7 | 70% |
| [*NR*](#NR)*\* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.**\*\*This measure may include any outcomes from the previous year that were carried over into CY 2024.* |
| *Additional comments for clarification (if needed)*This count includes remediation programs that were initiated in 2023 that were still in progress at the beginning of 2024. |

## Table 4 – Context Measure 5

**Choose an item.**

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 12**](#CPMFStandards) |
| Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended*If a College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |
| **CM 5.** Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024 | Formal Complaints received | Registrar Investigations initiated | *What does this information tell us? This information facilitates transparency to the public, registrants and the Ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.* |
| Themes: | # | % | # | % |
| I. Advertising | NR | NR | NR | NR |
| II. Billing and Fees | 6 | 9.5% | 5 | 16.1% |
| III. Communication | 55 | 87.3% | 11 | 35.5% |
| IV. Competence / Patient Care | 54 | 85.7% | 17 | 54.8% |
| V. Intent to Mislead including Fraud | 5 | 7.9% | 5 | 16.1% |
| VI. Professional Conduct & Behaviour | 24 | 38.1% | 20 | 64.5% |
| VII. Record keeping | 16 | 25.4% | 15 | 48.4% |
| VIII. Sexual Abuse | NR | NR | NR | NR |
| IX. Harassment / Boundary Violations (Included in Sexual Abuse category above) | 10 | 15.9% | NR | NR |
| X. Unauthorized Practice | NR | NR | 5 | 16.1% |
| XI. Other: Business Practice – Other; Holding Out; Patient Care – Other; Discrimination; Rostering; Equipment maintenance; Infection Control; Supervision (General and of PTAs); Health Concerns; Failure to respond to the College; Social Media; Titles and Credentials; Breach of an Order; Professional Obligations – Other; Workplace concerns - Other | 27 | 42.9% | 22 | 71.0% |
| **Total number of formal complaints and Registrar’s Investigations\*\*** | 63 | **100%** | 31 | **100%** |

|  |  |
| --- | --- |
| [Formal Complaints](#FormalComplaint) [*NR*](#NR)[Registrar’s Investigation](#RegistrarInvestigation" \o "Under s.75(1)(a) of the Regulated Health Professionals Act, 1991 (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent..(click link for full definition))*\*\*The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations.* |  |
| *Additional comments for clarification (if needed)* |

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

**Choose an item.**

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 12**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended*If a College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |
| **CM 6.** Total number of formal complaints that were brought forward to the ICRC in CY 2024 | 53 | *What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.* |
| **CM 7.** Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024 | 45 |
| **CM 8.** Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024 | 49 |
| **CM 9.** Of the formal complaints and Registrar’s Investigations received in CY 2024\*\*: | # | % |
| I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR) | NR | NR |
| II. Formal complaints that were resolved through ADR | NR | NR |
| III. Formal complaints that were disposed of by ICRC | 42 | 79 |
| IV. Formal complaints that proceeded to ICRC and are still pending | 6 | 11% |
| V. Formal complaints withdrawn by Registrar at the request of a complainant | NR | NR |
| VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious | NR | NR |

|  |  |  |  |
| --- | --- | --- | --- |
| VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee | 6 | 6% |  |
| [ADR](#ADR" \o "Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. )[Disposal](#Disposal" \o "The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).) [Formal Complaints](#FormalComplaint)[Formal Complaints withdrawn by Registrar at the request of a complainant](#FormalComplaintWithdrawn) [*NR*](#NR)[Registrar’s Investigation](#RegistrarInvestigation" \o "Under s.75(1)(a) of the Regulated Health Professionals Act, 1991 (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent..(click link for full definition))*# May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.**\*\* The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC**disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.* |
| *Additional comments for clarification (if needed)* |

## Table 6 – Context Measure 10

|  |  |  |  |
| --- | --- | --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |  |  |
| [**STANDARD 12**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended*If a College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |
| **CM 10.** Total number of ICRC decisions in 2024 | 83 |
| Distribution of ICRC decisions by theme in 2024\* | # of ICRC Decisions++ |
| Nature of Decision | Take no action | Proves advice or recommendations | Issues a caution (oral or written) | Orders a specified continuing education or remediation program | Agrees to undertaking | Refers specified allegations to the Discipline Committee | Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws. |
| I. Advertising | NR | NR | NR | NR | NR | NR | NR |
| II. Billing and Fees | NR | NR | NR | NR | 7 | NR | NR |
| III. Communication | 10 | 12 | NR | 5 | 17 | NR | NR |
| IV. Competence / Patient Care | 39 | 47 | 9 | 18 | 63 | 6 | 8 |
| V. Intent to Mislead Including Fraud | NR | NR | NR | NR | NR | NR | NR |
| VI. Professional Conduct & Behaviour | 7 | 11 | NR | NR | 21 | 7 | NR |
| VII. Record Keeping | NR | 8 | NR | NR | 21 | NR | NR |
| VIII. Sexual Abuse | NR | NR | NR | NR | 5 | NR | NR |
| IX. Harassment / Boundary Violations (included in Sexual Abuse row above) | NR | NR | NR | NR | 5 | NR | NR |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| X. Unauthorized Practice | NR | NR | NR | NR | NR | NR | NR |
| XI. Other <*please specify*>: Holding Out; Regulatory Requirements; Supervision (General) Supervision of PTA; Failure to respond to the College; Jurisprudence; Social Media; Breach of an order; Professional Obligations – Other; Equipment Maintenance, Infection Control; Workplace Concerns - Other | NR | NR | 6 | NR | 11 | NR | NR |
| * *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2024.*

*++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.*[*NR*](#NR) |
| *What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.* |
| *Additional comments for clarification (if needed)* |

## Table 7 – Context Measure 11

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 12**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended*If College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |
| **CM 11.** 90th Percentile disposal of: |  Days | *What does this information tell us? This information illustrates the maximum length of time in which nine out of 10 formal complaints or Registrar’s investigations are being disposed of by the College.**The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.* |
| I. A formal complaint in working days in CY 2024 | 238 |
| II. A Registrar’s investigation in working days in CY 2024 | 744 |
| [Disposal](#Disposal" \o "The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).) |
| *Additional comments for clarification (if needed)*The College disposed of 49 complaints and 30 Registrar’s inquiries in 2024. |

## Table 8 – Context Measure 12

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 12**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended*If a College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |
| **CM 12.** 90th Percentile disposal of: |  Days | *What does this information tell us? This information illustrates the maximum length of time in which nine out of 10 uncontested discipline hearings and nine out of 10 contested discipline hearings are being disposed.**The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution**of a discipline proceeding undertaken by the College.* |
| I. An uncontested discipline hearing in working days in CY 2024 | 488 |
| II. A contested discipline hearing in working days in CY 2024 | 649 |
| [Disposal](#Disposal" \o "The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).)[Uncontested Discipline Hearing](#UncontestedHearing) [Contested Discipline Hearing](#ContestedHearing) |
| *Additional comments for clarification (if needed)*In 2024, the College closed nine (9) uncontested matters and one (1) contested matter. |

## Table 9 – Context Measure 13

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 12**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended*If College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |
| **CM 13.** Distribution of Discipline finding by type\* | *What does this information tell us? This information facilitates transparency to the public, registrants and the Ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC*. |
| Type | # |
| I. Sexual abuse | NR |
| II. Incompetence | NR |
| III. Fail to maintain Standard | 5 |
| IV. Improper use of a controlled act | NR |
| V. Conduct unbecoming | NR |
| VI. Dishonourable, disgraceful, unprofessional | 5 |
| VII. Offence conviction | NR |
| VIII. Contravene certificate restrictions | NR |
| IX. Findings in another jurisdiction | NR |
| X. Breach of orders and/or undertaking | NR |
| XI. Falsifying records | NR |
| XII. False or misleading document | NR |
| XIII. Contravene relevant Acts | NR |

|  |
| --- |
| *\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*[*NR*](#NR) |
| *Additional comments for clarification (if needed)* |

## Table 10 – Context Measure 14

|  |  |
| --- | --- |
| DOMAIN 6: SUITABILITY TO PRACTICE |  |
| [**STANDARD 12**](#CPMFStandards) |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended*If a College method is used, please specify the rationale for its use:* |
| **Context Measure (CM)** |  |
| **CM 14.** Distribution of Discipline orders by type\* | *What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.* |
| Type | # |
| I. Revocation | NR |
| II. Suspension | 5 |
| III. Terms, Conditions and Limitations on a Certificate of Registration | 5 |
| IV. Reprimand | 5 |
| V. Undertaking | NR |
| *\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.*[Revocation](file:///C%3A/Users/HenryA/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/BZR2RHOM/revoke#Revocation) [Suspension](#Suspension)[Terms, Conditions and Limitations](#TermsConditions) [Reprimand](#Reprimand)[Undertaking](#Undertaking" \o "Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee. )[*NR*](#NR) |
| *Additional comments for clarification (if needed)* |

# Glossary

**Alternative Dispute Resolution (ADR):** Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Return to: [Table 5](#Table_5_–_Context_Measures_6,_7,_8_and_9)

**Contested Discipline Hearing:** In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs. Return to: [Table 8](#Table_8_–_Context_Measure_12)

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

Return to: [Table 5,](#Table_5_–_Context_Measures_6,_7,_8_and_9) [Table 7,](#Table_7_–_Context_Measure_11) [Table 8](#Table_8_–_Context_Measure_12)

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

Return to: [Table 4,](#Table_4_–_Context_Measure_5) [Table 5](#Table_5_–_Context_Measures_6,_7,_8_and_9)

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

Return to: [Table 5](#Table_5_–_Context_Measures_6,_7,_8_and_9)

**NR:** Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases. Return to: [Table 1,](#Table_1_–_Context_Measure_1) [Table 2,](#Table_2_–_Context_Measures_2_and_3) [Table 3,](#Table_3_–_Context_Measure_4) [Table 4,](#Table_4_–_Context_Measure_5) [Table 5,](#Table_5_–_Context_Measures_6,_7,_8_and_9) [Table 6,](#Table_6_–_Context_Measure_10) [Table 9,](#Table_9_–_Context_Measure_13) [Table 10](#Table_10_–_Context_Measure_14)

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

Return to: [Table 4,](#Table_4_–_Context_Measure_5) [Table 5](#Table_5_–_Context_Measures_6,_7,_8_and_9)

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

Return to: [Table 10](#Table_10_–_Context_Measure_14)

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

* Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
* Practice the profession in Ontario, or
* Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991. Return to: [Table 10](#Table_10_–_Context_Measure_14)

**Reprimand:** A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice. Return to: [Table 10](#Table_10_–_Context_Measure_14)

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

Return to: [Table 10](#Table_10_–_Context_Measure_14)

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

Return to: [Table 8](#Table_8_–_Context_Measure_12)

**Undertaking:** Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee. Return to[: [Table 10](#Table_10_–_Context_Measure_14)](#_bookmark31)

1. This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement. [↑](#footnote-ref-2)
2. A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time). [↑](#footnote-ref-3)
3. “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. https:/[/w](http://www.professionalstandards.org.uk/publications/right-touch-regulation%29)w[w.professionalstandards.org.uk/publications/right-touch-regulation).](http://www.professionalstandards.org.uk/publications/right-touch-regulation%29) [↑](#footnote-ref-4)