

# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

December – 2023

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# Introduction

## The College Performance Measurement Framework (CPMF)

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

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

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

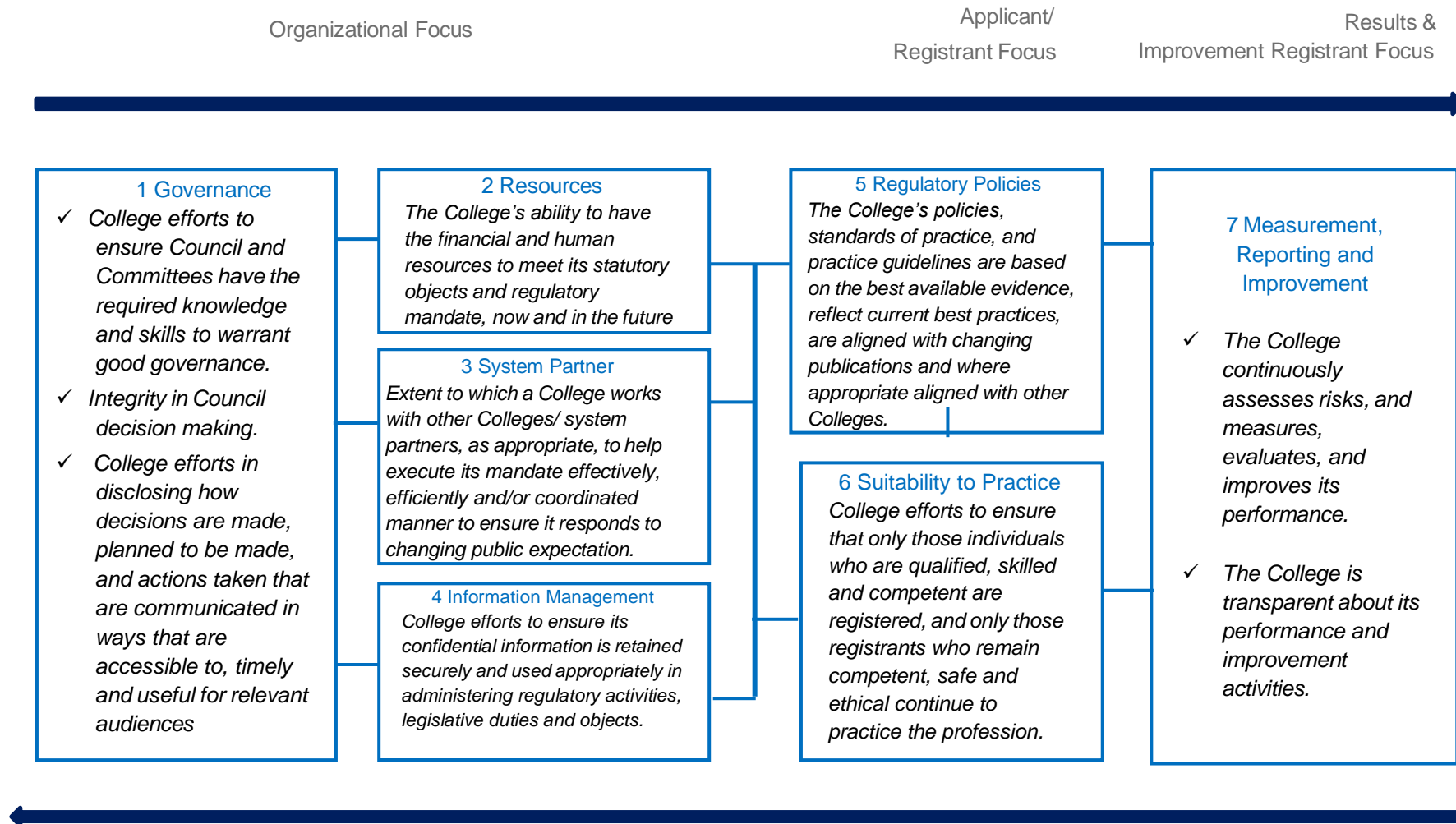
**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

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

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



**Figure 2: CPMF Domains and Standards**

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

## The CPMF Reporting Tool

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

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

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

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

## Completing the CPMF Reporting Tool

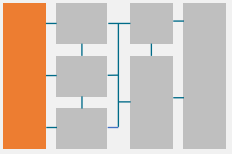
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

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

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

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

## Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Yes  <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The <a href="#">COTO Board Competency Framework</a> was developed in 2021 and represents the optimal mix of skills, expertise, and experiences that the Board of Directors should possess to ensure that the Board can carry out its strategic objectives. The Framework also recognizes that the Board and its Committees need to reflect the diverse populations that use occupational therapy services in Ontario. This diversity includes culture, gender, race, age, geographical, and practice setting. As part of the elections process to the Board, registrants are asked to highlight in the position statement the skills and experiences that they bring as they relate to the Board Competency Framework.</p> <p>Suitability criteria for Elected Directors can be found in College <a href="#">bylaws</a> under Section 5.03.1 (p.14).</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>



		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p><b>Duration of orientation training:</b> As part of their eligibility, all candidates for election must complete the College’s interactive <a href="#">pre-election module</a>, which takes approximately 45 mins to an hour to complete. The College’s pre-election module provides interested candidates the essential information about the College, its mandate, and the roles and responsibilities of Board Directors.</p> <p>In addition, newly Elected Professional Directors and government appointed Public Directors undergo a half-day training session prior to their first Board meeting with the College Registrar and Board Chair. The Board undergoes a half-day training session annually, in addition, a portion of each Board meeting includes education or additional training sessions that the Board identifies as learning priorities. Finally, at the Committee level, all Board directors and committee members attend orientation prior to their attendance at any committee and annually throughout their participation in any committee.</p> <p><b>Format of orientation training:</b> Board orientation is done in-person or in a virtual platform, facilitated by College staff and Legal Counsel and/or staff.</p> <p><b>List of orientation training topics:</b>  Introduction to regulatory framework  Public Interest  Roles and Structures  Role of the Board  Role of Individual Board Directors  Rules of Order  Fiduciary Duties  Code of Conduct  Conflict of Interest  Human Rights and the Ontario Human Rights Code  Bias  Equity, Diversity, and Inclusion  Risk Management  Finance (how to read financial statements)  Current issues facing the College  Strategic Plan</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional):</i>	
		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Yes</li> <li><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The Board approved the <a href="#">Committee Competency Framework</a> for all statutory and non-statutory committees in June 2021.</p> <p>Suitability criteria for Committee candidates can be found in College <a href="#">bylaws</a> under Section 12.01.1 for Professional Committee Appointees, and under Section 12.02.1 for Community Appointees.</p>	

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2198 570">The College fulfills this requirement:</td> <td data-bbox="2198 516 2612 570">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 570 2612 1446"> <ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p><b>Duration of orientation training:</b> As part of their eligibility, all candidates for an appointment to any College Committee must complete the College’s interactive <a href="#">orientation module</a>, which takes approximately 45 mins to an hour to complete. The College’s orientation module provides interesting candidates the essential information about the College, its mandate, and the roles and responsibilities of Committee members.</p> <p>Each new Professional or Community Appointee also attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day.</p> <p><b>Format of orientation training:</b> Committee orientation is done in-person and in a virtual platform, facilitated by College staff and/or Legal Counsel.</p> <p><b>List of orientation training topics:</b>  Individual statutory (and if non-statutory committees) program requirements. This includes program requirements, legislative and regulation requirements, terms of references and powers of the Committee, as well as a review of individual program policies and procedures.  Public Interest  Fiduciary Duties  Code of Conduct  Conflict of Interest  Confidentiality  Equity, diversity, and inclusion  Human Rights and the Ontario Human Rights Code  Accommodations  Unconscious bias  Decision writing  Current issues and risks facing each Committee</p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p><b>Duration of orientation training:</b> As part of their eligibility, all candidates for an appointment to any College Committee must complete the College’s interactive <a href="#">orientation module</a>, which takes approximately 45 mins to an hour to complete. The College’s orientation module provides interesting candidates the essential information about the College, its mandate, and the roles and responsibilities of Committee members.</p> <p>Each new Professional or Community Appointee also attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day.</p> <p><b>Format of orientation training:</b> Committee orientation is done in-person and in a virtual platform, facilitated by College staff and/or Legal Counsel.</p> <p><b>List of orientation training topics:</b>  Individual statutory (and if non-statutory committees) program requirements. This includes program requirements, legislative and regulation requirements, terms of references and powers of the Committee, as well as a review of individual program policies and procedures.  Public Interest  Fiduciary Duties  Code of Conduct  Conflict of Interest  Confidentiality  Equity, diversity, and inclusion  Human Rights and the Ontario Human Rights Code  Accommodations  Unconscious bias  Decision writing  Current issues and risks facing each Committee</p>	
The College fulfills this requirement:	Yes						
<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p><b>Duration of orientation training:</b> As part of their eligibility, all candidates for an appointment to any College Committee must complete the College’s interactive <a href="#">orientation module</a>, which takes approximately 45 mins to an hour to complete. The College’s orientation module provides interesting candidates the essential information about the College, its mandate, and the roles and responsibilities of Committee members.</p> <p>Each new Professional or Community Appointee also attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day.</p> <p><b>Format of orientation training:</b> Committee orientation is done in-person and in a virtual platform, facilitated by College staff and/or Legal Counsel.</p> <p><b>List of orientation training topics:</b>  Individual statutory (and if non-statutory committees) program requirements. This includes program requirements, legislative and regulation requirements, terms of references and powers of the Committee, as well as a review of individual program policies and procedures.  Public Interest  Fiduciary Duties  Code of Conduct  Conflict of Interest  Confidentiality  Equity, diversity, and inclusion  Human Rights and the Ontario Human Rights Code  Accommodations  Unconscious bias  Decision writing  Current issues and risks facing each Committee</p>							

			<p>In addition, all Directors appointed to the Discipline Committee must complete the Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO).</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
			<p>Choose an item.</p> <p><i>Additional comments for clarification (optional):</i></p>

		<p>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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p><b>Duration of orientation training:</b> New Public Directors must complete the College’s interactive pre-election module, which takes approximately 45 mins to an hour to complete. The module provides essential information about the College, its mandate, and the roles and responsibilities of Board Directors. Click <a href="#">here</a> to access the module.</p> <p>In addition, newly appointed Directors undergo a half-day training session prior to their first Board meeting with the College Registrar and Board Chair. The Board undergoes a half-day training session annually, in addition, a portion of each Board meeting includes education or additional training sessions that the Board identifies as learning priorities. They also attend annual orientation prior to the attendance at any committee level. In addition, as the Ministry has now instituted a governance training course for Public Directors, there will be an expectation that all public appointments maintain currency of training.</p> <p><b>Format of orientation training:</b> Orientation for Public Directors is done in-person or in a virtual platform, facilitated by the College Registrar and Board Chair.</p> <p><b>List of orientation training topics:</b>  Introduction to regulatory framework  Public Interest  Roles and Structures  Role of the Board  Role of Individual Board Directors  Rules of Order  Fiduciary Duties  Code of Conduct  Conflict of Interest  Human Rights and the Ontario Human Rights Code  Unconscious Bias  Equity, Diversity, and Inclusion  Risk Management  Finance (how to read financial statements)  Current issues facing the College  Strategic Plan</p> <p>In addition, new Public Directors appointed to the Discipline Committee must complete Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO).</p>	<p>Met in 2022, continues to meet in 2023</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional):</i>
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Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.				
Required Evidence	College Response			
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Met in 2022, continues to meet in 2023</td> </tr> </table>			Met in 2022, continues to meet in 2023
		Met in 2022, continues to meet in 2023		
	<ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: Yes</li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p><b>Year framework was last updated:</b> 2021</p> <p><b>Insert a link to Framework OR link to Council Board meetings where framework is found and was approved:</b> <a href="#">January 2022 Board meeting</a> (p.147).</p> <p><b>Evaluation and assessment results are discussed at public Council meeting:</b> <a href="#">March 2023 Board meeting</a> (p.174).</p>			
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.		
<p><i>Additional comments for clarification (optional)</i></p>				

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li> <li>• <i>If yes, how often do they occur?</i> Every three years</li> <li>• <b>Please indicate the year of last third-party evaluation.</b> 2023</li> </ul> <p>The College underwent a full governance review in 2019 and has undertaken extensive work since then to implement all recommendations from that review. In the fall of 2023, the Governance Committee solicited the assistance of another governance expert, to focus the assessment on how the College’s Board demonstrates effectiveness at its meetings, and on identifying areas where opportunities for improvement may exist. The assessment was done by Deanna L. Williams of Dundee Consulting and was completed in December 2023. The final report was provided to the Board at its <a href="#">January 2024 Board meeting</a> (p. 70).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	



		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>As part of the annual Director and Committee member self-evaluation there is an opportunity for Directors and Committee members to identify their own individual development and education interests. For the Board evaluation, the feedback is collated and shared with the Executive Committee who decides on the education/training needs for the upcoming College Board year. Ongoing training is also identified by emerging trends. <a href="#">March 2023 Board meeting</a> (p. 174).</p> <p>Additional training and education the Board received in 2023 includes Board education on Financial Matters by College Director of Finance, People and Corporate Services (June 2023).</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>The Board underwent a strategic planning process in October 2023, which included reviewing an extensive environmental scan as well as surveying the public and registrants. To better understand the evolving public expectations and key issues identified in the surveys, interviews were also held with key senior leaders in the Ministry, OT associations, and other regulatory colleges. These interviews helped challenge, validate, or refine the draft themes that emerged from the environmental scan and the results were shared on our <a href="#">website</a>.</p> <p>In addition, the College receives regular feedback from system partners on evolving practice trends and changing public expectations in the practice environment. In 2023 this type of feedback informed information that was provided to the Practice Subcommittee for its consideration on issues such as <i>Privacy Legislation and Occupational Therapy Practice</i>. <a href="#">October 2023 Board meeting</a> (p. 114).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional):</i></p>	

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	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement:</p>	
	<p>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</p> <p>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</p> <p><b>Year when the Code of Conduct and Conflict of Interest policy was last evaluated/updated:</b> 2021</p> <p>Given public expectations the College’s <a href="#">Code of Conduct</a> for Board and Committee members now consists of a set of four values and the principles that apply to them. One of the new values that was added in the current version includes diversity and inclusion. The <a href="#">Conflict of Interest</a> policy was updated to include which types of relationships potentially represent conflict of interest and thus need to be disclosed. In addition, all Board Directors must attest in writing that they do not have a conflict of interest to declare prior to each meeting and that written attestation is included in all Board meeting materials.</p>	Yes
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p>Links to the <a href="#">Code of Conduct</a> and <a href="#">Conflict of Interest</a> policy.</p>	<p>Met in 2022, continues to meet in 2023</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the College define the cooling off period? <ul style="list-style-type: none"> <li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul> <p><b>Year that the cooling off period was developed or last evaluated/updated:</b> 2021</p> <p><b>Length of the cooling off period:</b> three years</p> <p>The College defines the cooling off period in College <a href="#">bylaws</a>. Section 5.03 (p.14) subsection 5.03.1(i) states that a registrant is eligible for election if:</p> <p>"... not at present nor has been at any time within the three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association."</p>	<p>Met in 2022, continues to meet in 2023</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the _____ completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• 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: <b>Yes</b></li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul> <p><b>Year conflict of interest questionnaire was implemented or last evaluated/updated: 2021</b></p> <p>A focus on Director expectations regarding conflict of interest is part of the annual orientation and includes information on regulatory requirements and various scenarios to support Director’s understanding of these expectations. All Board Directors are asked to review and complete the conflict of interest questionnaire on an annual basis. In addition, prior to and before the start of every Board meeting, the Board Chair will ask Directors to declare any conflicts of interest based on agenda items and any conflicts are recorded in the minutes and managed accordingly. <a href="#">January 2023 Board meeting</a> (p. 4).</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>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).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
			<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• 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.</li> </ul> <p>All briefing materials include a rationale to explain why the matter for discussion is in the public interest. The content of each briefing reinforces the connections of the matter to the College’s mandate and Board’s role. This includes providing the necessary context and background to support the Board’s decision-making and understanding of any key considerations that must be included to demonstrate the item as a matter of public interest. <a href="#">October 2023 Board meeting</a> (p. 101).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>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.</p> <p>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.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul> <p>The College’s Risk Management program was officially launched in 2018. Since then, it has been reviewed and occasionally changed with respect to processes and oversight. Any new risks are evaluated and added to the risk register and integrated into the development of our annual operating initiatives if needed. In 2022, it was further clarified in each College committee’s term of reference, that each committee reviews risk related to the mandate of their committees and take the necessary steps to ensure they are managed.</p> <p>The Executive Committee oversees the Risk Management Program and ensures the Board is informed about evolving risks. Any risks identified as high or critical in each quarter are brought forward to the Board. <a href="#">June 2023 Board meeting</a> (p. 73).</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure:	
3.1 Council decisions are transparent.	
Required Evidence	College Response
<p>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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Council minutes are posted.</li> <li>• Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Link to <a href="#">College website</a> where Board minutes are posted.</p> <p>Status updates on the implementation of all Board decisions are provided in the Board meeting materials. <a href="#">October 2023 Board meeting</a>, (p. 14).</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>

Met in 2022, continues to meet in 2023

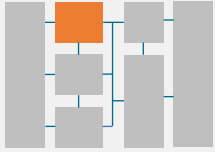


		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ol>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <p>Each Board meeting package includes the minutes of Executive Committee as well as minutes from all Board committees (Governance, Nominations and Finance and Audit). <a href="#">October 2023 Board meeting</a>, (p. 15).</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> Click <a href="#">here</a> to access past Board meeting packages.		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> Click <a href="#">here</a> to access the College's Notice of Discipline Hearings.		

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b> <b>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</b></p>				
<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>			
<p>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).</p>	<p>The College fulfills this requirement:</p>			<p>Yes</p>
	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• 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.</li> </ul> <p>As outlined in the <a href="#">2022 CPMF report</a> (p. 16), the College continues its commitment to further embed equity, diversity, and inclusion (EDI), and into all aspects of the College. The Board received the College’s EDI plan which sets out how the College will address EDI both as an employer and as a regulator. <a href="#">January 2023, Board meeting</a>, (p. 165).</p> <p>The Centre for Global inclusion’s “<i>Global Diversity, Equity, and Inclusion Benchmarks: Standards for Organizations Around the World</i>” will serve as a guide to inform strategic and operational plans. Minutes from the January 2023 Board meeting can be found <a href="#">here</a>, (p. 8).</p>			
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>			

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• 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.</li> </ul> <p>At the <a href="#">October 2022 Board meeting</a> (p.82), the Board approved the adoption of the Ministry of Health’s Health Equity Impact Assessment tool to assist the College in integrating equity considerations into new initiatives and more detailed planning. All board and committee briefing materials include a section on diversity, equity, and inclusion considerations to assist the Board and Committee members to better inform decision-making. <a href="#">January 2023 Board meeting</a>. (p. 74).</p> <p>The College has also worked in collaboration with HPRO partners to build the capacity of health colleges by developing tools for a consistent framework to advance, embed and sustain equity, diversity, and inclusion in our regulatory functions. These tools were piloted in 2023 which included a self-assessment benchmarking tool, progress indicators, tips, and resources.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				



Measure:

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

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.

College Response

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.

At the [March 2022 Board meeting](#) (p.201), the Board approved an extension of the strategic priorities for another year, ending 2023-24. Each year, following reaffirmation of the strategic priorities defined in the Leadership Outcomes, budget allocations are made based on projected work for the year in every area of the College. The operational plan priorities for the following year are presented to the Board. These planned priorities outline the College’s annual commitment towards the Leadership Outcomes, which form the foundation for the development of the budget, which is then followed by budget approval.

A link to the [June 2023 Board meeting](#), (p.78) includes a discussion about the activities or projects to support the strategic priorities that include the 2023-24 annual operating budget that is brought forward by the Finance and Audit Committee to the Board for final approval. The budget outlines the associated costs of each of the College’s programs and activities to support the College’s strategic priorities.

Click [here](#) to access the Leadership Outcomes for 2023.

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li> </ul> <p>The College’s Finance and Audit Committee has the oversight responsibilities relating to financial planning and reporting. Several financial planning and budgeting policies were updated and brought forward to the Board for approval including Establishing and Maintaining Reserve funds. <a href="#">June 2023 Board meeting</a>, (p. 84).</p>	<p>Met in 2022, continues to meet in 2023</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The Board considers the annual operating budget developed by staff and recommended by the Finance and Audit Committee which is tied to the strategic priorities and the human resources required to support the delivery of strategic outcomes. This includes budgeting for all current and projected staffing needs and assessed by the Finance and Audit Committee. Additionally, the College has a practice of completing organizational reviews periodically, as the environment changes. In 2023, several financial budgeting policies were updated and brought forward to the Board for approval. This includes the Financial Planning and Budgeting policy which outlines the requirements for the budget submitted to the Board, and includes language related to planning for an appropriate balance between human and financial resources in meeting the College’s strategic objectives. <a href="#">June 2023 Board meeting</a>, (p. 84).</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

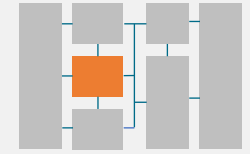
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		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>The College's data and technology plan was presented at the <a href="#">March 2020 Board meeting</a>, (p. 47). The College's enterprise system project development and implementation is currently underway and until the project is completed it is included on the College's Risk Management report. <a href="#">October 2023 Board meeting</a>, (p. 87).</p> <p>The new enterprise system will allow for increased digitization, by facilitating the use of paperless files for registrants as well as improved work flows to increase efficiencies for the College and therefore improve service to applicants/registrants and the public. The College regularly trains staff on cybersecurity measures and has completed penetration testing, for example, as one preventative measure.</p> <p>There was a comprehensive technology plan that was delivered to the College in 2023 via assistance from an external vendor, to assist the College in determining strategic IT priorities for the next few years. College staff have prioritized items and are operationalizing the recommendations. The plan covered topics such as:</p> <ul style="list-style-type: none"> <li>•IT department structure</li> <li>•Information security assessments</li> <li>•Backups and disaster recovery</li> <li>•IT policies and procedures</li> <li>•Future system integrations/optimizations</li> <li>•Data/document management strategy</li> </ul>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>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.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>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.</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>Active engagement with other health regulatory colleges and system partners are central to the work carried out by the College in 2023. System Impact is one of the four elements of the College's strategic priorities, and this includes the College being a collaborative, effective regulatory leader. To achieve a positive system impact, the College will continue to develop open and collaborative relationships that promotes system alignment, collaboration and share best practices.</p> <p>The following highlights some of the various strategies employed by the College during the current reporting period to engage with system partners and the results of those engagements.</p> <p><b>Responding to evolving practice: Occupational Therapy Behavioural Approaches</b></p> <p>In preparation for the regulation of applied behavioural analysis (ABA) in Ontario, COTO worked collaboratively with the following regulatory colleges:</p> <ul style="list-style-type: none"> <li>• College of Registered Psychotherapists of Ontario (CRPO),</li> </ul>

- College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO),
- College of Psychologists (CPO),
- College of Early Childhood Educators (ECE) and
- Ontario College of Social Workers and Social Service Workers (OCSWSSW).

The regulators formed an ad hoc working group to develop clear and consistent communication to registrants who use ABA in their practice, and who may be affected by the decision to create a protected title for ABA practitioners.

The group developed a brief, clear language summary of the requirements set by regulation and the impact the new legislation will have on ABA practitioners registered with a college other than the College of Psychologists of Ontario (CPO). Each college adopted versions of this summary, along with a survey, and disseminated this material to their registrants. The survey was intended to assist the colleges in developing an understanding of the makeup and needs of registrants practising in ABA.

More than 1,250 regulated professionals responded to the survey. The working group reviewed the results together and used them to inform their respective Boards/Councils about the scope of anticipated impacts to their registrants, and to develop shared communication. The group developed a ‘frequently asked questions’ document, which will be shared with all the Colleges’ registrants in English and French in early 2024. The goal of the communication is to support regulated professionals in understanding how the regulation of ABA practitioners will impact them.

Outcomes:

- A standardized communication document was created for dissemination across six provincial regulatory bodies (COTO, CPO, CRPO, CASLPO, ECE, OCSWSSW), which includes [Frequently Asked Questions](#).
- The standardized information will increase clarity for registrants related to existing and emerging regulatory obligations, promoting confidence in professional regulation.
- The working group and communication documents are examples of effective collaboration with relevant system partners, contributing to removing barriers for qualified practitioners and supporting access to appropriate mental health services.

**Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**

This national group works together throughout the year to advance excellence in occupational therapy regulation across the country. This is critical for labour mobility and provides economy of scale for national initiatives.

- **Substantial Equivalency Assessment System** - This a national system to assess competencies of internationally educated occupational therapists. This program is closely monitored and supported by each province. COTO supports this system by working on the national oversight committee, managing the human resources of the program, and providing space for program staff. This year we worked together to implement a new gap filling program for internationally educated OTs (IEOTs)

in partnership with the University of Alberta occupational therapy program. This program was developed, pilot tested and delivered for IEOTs within this calendar year. The work on this program ensures a consistent, high-quality assessment for IEOTs with appropriate follow up supports as necessary. This is critical to support health human resources to increase the numbers of competent occupational therapists in Canada, and Ontario.

- **National E-Learning Modules** - New national competencies for occupational therapy practice were developed and released in December 2021. Through ACOTRO and in partnership with all provinces, an e-learning module was developed and implemented in English and French for all OTs across the country. In 2023, COTO continued to provide staffing leadership and resources to enable ACOTRO members to implement the National e-learning module. All OTs in Canada have access to the same competencies, and this promotes consistent high-quality service for the public. COTO partnered with universities to develop curriculum and the exam provider to begin to update the National Certification Exam for OTs. Together with ACOTRO, COTO began planning for the next National E-Learning Module regarding the competencies: *Domain C. Culture, Equity and Justice*, to be implemented in 2025.
- **Remote practice memorandum of understanding** – In 2023, COTO signed a memorandum of understanding with ACOTRO to support Remote OT practice that uses Remote (Virtual) means to deliver service. This promotes appropriate services that are still accountable through regulation, without requiring registration in multiple jurisdictions. COTO allows OTs registered in other Canadian jurisdictions to practice remotely with clients in Ontario without needing to also register in Ontario. A national agreement was finalized with all Canadian jurisdictions in late fall, 2023.
- **Language Assessment Changes** – Due to government requirements to use specific federal language tests for registration decisions, the College worked with ACOTRO and the profession of Physiotherapy to implement use of a language assessment process intended to reduce barriers for those needing an assessment of their language skills to work safely in Canada. The new test was implemented in partnership with ACOTRO in early 2023.
- **Re-Entry to Practice:** Work began in partnership with ACOTRO, to develop a common pathway for Re-entry to Occupational Therapy Practice. In 2023, a Framework for previously registered individuals to return to the profession was developed with a plan to develop a common Competency Assessment for Re-Entry to Practice in 2024.
- **Quality Assurance:** In partnership with ACOTRO, COTO is leading a Competency, Quality and Practice Working group. The Working Group’s Task is to discuss and implement opportunities for joint implementation of the Competencies for Occupational Therapists in Canada in regulatory competency, quality, and practice programs for registered OTs across the country. The overarching principle is to promote ease of both labour mobility and consistent approaches where possible across the country.

#### **Health Profession Regulators of Ontario (HPRO)**

The College collaborates frequently with other health regulatory colleges through HPRO, which is a group of health regulatory colleges across the province. Over the past year we have been a contributor through their regular meetings as well as through various working groups that addressed common issues such Governance, Practice Advice, complaints and discipline processes and Diversity, Equity, and Inclusion. Where possible, opportunities to leverage existing efforts underway are explored and the College often shares resources and practices with and learning from other Colleges to achieve consistency in our regulatory function. COTO supports this HPRO through participation on the management committee and at the Board level.

<p>COTO participates with an HPRO Equity, Diversity, and Inclusion (EDI) Network that is a collaborative forum for regulators investing in diversity equity and inclusion initiatives. In 2023, the HPRO EDI Network developed HPROs EDI Organization Self-Assessment and Action Guide tools, including an Equity Impact Assessment. COTO has implemented the tool to guide our operations in 2023 and 2024.</p>
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**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**

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

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

**Developing Standards of Practice for Occupational Therapists in Ontario; responding to evolving practice.**

In 2023, the College finalized and implemented the Standards of Practice for Occupational Therapists in Ontario which was developed through Engagement with system partners including Registrants, the Public, the Ontario Society of Occupational Therapists (OSOT). The standards clarify the minimum expectations for the evolving practice of occupational therapists in Ontario and for the public, occupational therapists, and other interested parties. As a result of the implementation COTO has been engaging with System partners including OSOT, and the Canadian Association of Occupational Therapists (CAOT) to create common messages and understanding for both the Public and OTs about both safe and effective OT service.

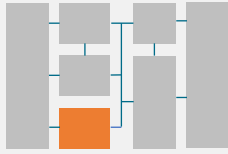
One item that has come to light in 2023, through these collaboration efforts, is that the Scope of Practice for Occupational Therapists (“The Scope”) is outdated and does not clearly outline the role of occupational therapy for clients with mental health concerns. Interested parties including the Canadian regulators (ACOTRO), OT University Programs in Ontario, OSOT, and CAOT have committed to updating the Scope. Most OTs provide some form of mental health and wellbeing services in all Health Sectors in Ontario and 20% of Ontario’s registered OTs working within the formal Mental Health service system.

The College engages with many partners to ensure our regulatory work is of high quality and involves relevant system partners. Examples of this engagement are:

- **Citizen's Advisory Group** - Any policies that relate to the public receive input from this group. In 2023 the College invited the Citizen’s Advisory Group to participate in our Strategic Planning consultation for Strategic Plan 2024-27.
- **HPRO** - as noted in standard 5, the College engages with HPRO as a strategy to form and maintain relationships with other colleges and stakeholders such as the Office of the Fairness Commissioner (OFC), and the Ministry of Health who can use HPRO as a central conduit for sharing information.
- **Financial Services Regulatory Authority of Ontario (FSRA)** - In 2023, COTO developed a Memorandum of Understanding with FSRA to share information about cases where we have mutual interests.
- **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**

In addition to the information added in Standard 5, the College registrar is the President of this organization which assists the college to contribute to and maintain this valuable partnership. This year, the college implemented a language assessment used by the federal government for immigration purposes for use for language assessment for IEOTS in partnership with ACOTRO. In partnership with ACOTRO, COTO is involved and often leads national working groups that work on regulatory processes such as the national certification exam for occupational therapists as well as accreditation of occupational therapy university programs.

- **Canadian Institute for Health Information (CIHI) - Work Force Data:** COTO has contributed data, along with our ACOTRO partners in each province to the CIHI database. In 2023, COTO stepped up efforts to analyze the supply and demand data for Registered Occupational Therapists in Canada with a goal of understanding how the supply of Registered Occupational Therapists in Ontario influences the current Health Human Resources available to the health system. A collaborative plan is underway, to address systemic shortages in key provinces including Ontario whose OTs per capita rate is significantly lower than other provinces and other rehabilitation professions in Ontario.
- **Canadian Association of Occupational Therapists (CAOT)-** The College engages with CAOT as they are the third party who delivers the entry to practice exam and accreditation of university programs. We participate in the Exam Oversight Committee to ensure exam policies are fair and clear, as well as work together to ensure the agreements are up to date and adhered to. This year COTO consulted with CAOT regarding matters related to Scope of Practice and Mental Health; Culturally Safer OT practice including services provided to Indigenous Peoples and the provision of Psychotherapy and Psychotherapeutic Approaches by Occupational Therapists across the country.
- **Indigenous and Equity Panels** - This year the college consulted with our two panels of registrants about the QA Annual E-Learning Module, the COTO EDI Plan and Strategic Plan 2024-27. As a result, of the Strategic Planning consultation, two new non-statutory advisory committees have been recommended for approval in January 2024, with the panel membership to be appointed to the committees for the 2024-25 year. The Indigenous Insights Advisory Committee’s primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Indigenous Peoples. The Equity Perspectives Advisory Committee’s primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Equity, Diversity, and Inclusion (EDI).
- **Ontario Association and University Programs** - The College maintains good working relationships with the provincial association for occupational therapists - the Ontario Society of Occupational Therapists, through regular dialogues and scheduled meetings. In addition, the College has regular meetings with the university programs for occupational therapists in Ontario. This year, topics included:
  - Integration of Competencies for Occupational Therapists in Canada (2021) into University Curriculum
  - Supervision of Students, Provisionally Registered OTs (New Graduates) and Re-Entry to Practice placements.
  - Scope of Practice and Mental Health
  - Understanding workforce supply and demand for OTs in Ontario
  - Supervision of Occupational Therapy Assistants



Measure:

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

DOMAIN 4: INFORMATION  
MANAGEMENT

STANDARD 7

Required Evidence

College Response

a. The College demonstrates how it:  
i. uses policies and processes to govern the disclosure of, and requests for information;

The College fulfills this requirement:

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.

Link to the College's [privacy policy](#).

College Human Resources material has a confidentiality policy, and forms are signed by all staff. All Board and Committee members review and sign confidentiality agreements annually. Confidential COTO emails addresses are provided to Board and professional committee appointees on Statutory Committees to enable secure communications and transmission of College materials. Confidentiality provisions and associated fines from the RHPA are included in on-boarding and training materials.

The Investigations and Resolutions program of the College applies privacy practices and processes at all stages of the investigation, from intake to disposal, including not sharing personal identifiers or sensitive information through the College's telephone and messaging system. Meeting packages use a secure document sharing platform with the ICRC in a manner which prevents them from downloading the materials onto their personal computers. ICRC access to the meeting packages is removed once its written reasons for its decision are issued.

The Registration and Quality Assurance program also use a secure document sharing platform to share confidential documents with registrants and others and have processes for maintaining confidentiality of information.

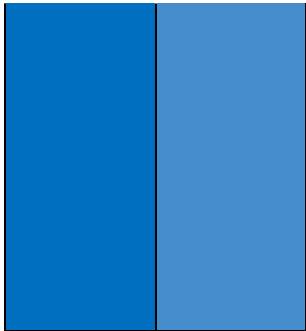
The Quality Assurance program redacts registrant information, with the registrant's name applied to decision letters and forms after the Committee decision is made.

The Practice Service is also anonymous, with names or contact information of inquiries retained for response purposes only.

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

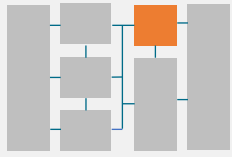
Choose an item.





*Additional comments for clarification (optional)*

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>The College is monitored 24x7 for system failure, ransomware detection and cyber-attacks employing several security tools and is only accessible through a virtual private network. Confidential and sensitive information is received and shared through secure channels.</p> <p>The College has an internal privacy policy with steps for managing a breach of privacy, including a log of breaches, a report outlining the events, and copies of documents sent to involved individuals. Managers have all been trained on managing breaches in their programs. Staff have all been trained to detect malicious requests and links.</p> <p>The College has a document retention policy.</p> <p>All Board and Committee packages include information about virtual meeting conduct, including proper destruction of meeting materials.</p> <p>The College's Program Director is the designated Privacy Officer.</p>	<p>Yes</p>
<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

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*

College Response

The College fulfills this requirement:

- 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).

The College has an up-to-date [document framework](#) (p.245) to ensure all policies, standards of practice and practice guidelines are current. The framework outlines the review process including the steps required to bring a policy or standard forward for changes.

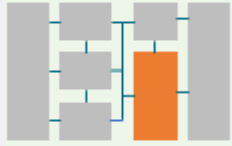
Met in 2022, continues to meet in 2023

*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.*

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• 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) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>All College policies, standards and guidelines are regularly reviewed and updated to ensure they are current. The College aims to initiate the review process every 3-5 years with adjustments given changing priorities or areas of risk.</p> <p>The process typically involves an environmental scan of other Colleges' information along with an analysis of available data from complaints, investigations, quality assurance, practice inquiries and website analytics. There is also a literature review of available data and relevant publications.</p> <p>The results of the environmental scan initiate changes which are brought in draft form back to Committee or the Board. An external consultation is conducted giving all system partners, occupational therapists, and members of the public, including the involvement of the Citizens Advisory Group, an opportunity to provide feedback and inform the process. Revisions may be made in response to the feedback which is brought back to the Board for final approval.</p> <p>All documents are then translated into French and posted online. Any new or revised publication is communicated to registrants and all system partners.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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O		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul>	Yes
		<p>The Board underwent a new strategic planning process in October 2023, which included reviewing an extensive environmental scan and key informant consultation which resulted in revising the College Values and Commitments which will form part of the new Strategic Priorities beginning in June 2024. The revised College Values and Commitments reflects our commitment to treating everyone with dignity and respect and committed to integrating Equity, Diversity, and Inclusion practices throughout our organization and the occupational therapy profession to protect the public interest.</p> <p>Some examples of College documents in 2023 where EDI are embedded include:</p> <ul style="list-style-type: none"> <li>• At the <a href="#">January 2023 Board meeting</a> (p.165), the Board approved the College's Equity, Diversity, and Inclusion Plan, which sets out how the College is addressing this both as an employer and as a regulator. The College began using the Centre for Global Inclusion's Global Diversity, Equity, and Inclusion Benchmarks: Standards for Organizations Around the World as a guide to inform the strategic and operational plans.</li> <li>• Implemented several training initiatives to ensure staff can foster a diverse, equitable and inclusive environment. This training is ongoing and has covered topics such as unconscious bias. Similar training to occur for Board Directors and Committee members in 2024.</li> <li>• Several competencies and performance indicators included in the updated <a href="#">Competencies for Occupational Therapists in Canada</a> (p. 14) address matters related to Culture, Equity, and Justice.</li> <li>• With an EDI lens, guidance or practice resources developed or under review were carefully screened with particular attention to the language and terminology used. For example, the newly developed <a href="#">Privacy Legislation and Occupational Therapy Practice</a> uses appropriate language when registrants are working with First Nations People. New or revised policy/ standard/guidance is brought forward to the College's Indigenous and Equity seeking panels to seek their input and insights. Language recommended by the panels was incorporated in our updated Standards of Practice Document and our Annual E-Learning Module developed in 2022 for implementation in 2023. Examples of improvements included incorporating appropriate language and a glossary of terms for the language, for example, direction on when to use the word client and replacement of words such as stakeholders. Building on this work, Practice Guidance Documents and Quality Assurance Policies are being improved.</li> <li>• Updated the briefing note templates to include a dedicated section on diversity, equity, and inclusion considerations to ensure a DEI lens is applied to all board and committee decisions.</li> </ul>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	

			<i>Additional comments for clarification (optional)</i>
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Measure:  
 9.1 Applicants meet all College requirements before they are able to practice.

DOMAIN 6: SUITABILITY TO PRACTICE  STANDARD 9	Required Evidence	College Response	
	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>1</sup>.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>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 <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>Please insert a link and indicate the page number <b>OR</b> 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.).</li> </ul> <p>The College establishes and maintains the requirements for registration with the College. In 2023, COTO has developed policies to:</p> <ul style="list-style-type: none"> <li>Help applicants better understand the registration process and what to expect.</li> <li>Be transparent about the decision-making process, assessment criteria, and possible outcomes.</li> <li>Provide rationale for why certain requirements are in place.</li> <li>Ensure integrity and validity of required documentation.</li> <li>Ensure registration processes are conducted in a way that is transparent, objective, and fair.</li> </ul> <p>All registration policies are available on the College <a href="#">website</a>.</p> <p>Detailed information about the registration processes for each category of applicant is also available on the College website.</p> <ul style="list-style-type: none"> <li><a href="#">Canadian educated</a></li> <li><a href="#">Internationally educated</a></li> <li><a href="#">Registered in another province</a></li> <li><a href="#">Former registrants</a></li> </ul> <p>Applicants must complete an application and submit documentation to demonstrate they meet the requirements as prescribed in <a href="#">regulation</a> under the <i>Occupational Therapy Act, 1991</i>. Applications are processed by staff in accordance with College <a href="#">policies</a>. If an applicant does not meet the requirement, the Registrar refers the application to the Registration Committee for decision.</p>	

<sup>1</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.



			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, 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.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• 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 <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>The College maintains relationships with system partners to identify best practices including the Canadian Network of Agencies for Regulation (CNAR), the Council on Licensure, Enforcement and Regulation (CLEAR), and the Ontario Regulators for Access Consortium (ORAC). By attending and presenting at conferences organized by these organizations, College staff keep abreast of best practices and developments in registration and assessment of entry of practice.</p> <p>Registration policies are routinely reviewed to ensure their continued relevance and necessity. Several approaches are taken to ensure best practice in assessment of whether an applicant meets the registration requirements through the policy development and review process.</p> <ul style="list-style-type: none"> <li>• Environmental scanning and benchmarking of other regulators in Ontario and occupational therapy regulators across Canada</li> <li>• Harmonizing of occupational therapy regulatory requirements across Canada where possible (e.g. language requirements)</li> <li>• Review and input from external consultants to gather data and/or provide expert knowledge</li> <li>• Consideration of Ontario Fairness Commissioner exemplary practices.</li> </ul> <p>All registration policies were reviewed in 2023 and updates were made to ensure they are clear and easy to understand. In April 2023, the Board approved amendments to the <a href="#">General Regulation</a> under the <i>Occupational Therapy Act, 1991</i>, setting out a new Emergency Class. The regulation took effect in August 2023 and grants the Board the power to determine when emergency circumstances exist, taking into consideration whether it is in the public interest to make the class of registration available. The new Emergency class mirrors approaches in existing classes (e.g. general, provisional) setting out minimum requirements that must be met. With this new class of registration, the Registration Committee also ensured that it is included in all relevant registration policies. The draft policies are currently out for plain language review and will be brought forward to the Board for approval in 2024.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		<p>c. A risk-based approach is used to ensure that currency<sup>2</sup> 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.).</p>
	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• 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.</li> </ul> <p><b>Currency</b></p> <p>Recent practice is one of the ways that occupational therapists show they possess the current knowledge, skills, and judgement to provide safe, effective, and ethical care. The currency requirement is established in law by regulation under the Occupational Therapy Act, 1991. The <a href="#">Currency policy</a> for applicants and the <a href="#">Currency Requirement for Annual Renewal</a>, which operationalizes the currency requirement was last updated in 2021.</p> <p>At annual renewal, registrants must declare whether they meet the currency requirement. The currency requirement is 600 hours of practice within the scope of the profession in the past three years, or successful completion of a College-approved refresher program in the past 18-months. Self-declarations are reviewed against date of registration, registrant employment history, and last completed refresher program (as applicable). Occupational therapists who do not meet the currency requirement must undergo a review. If a registrant does not meet the currency requirement, they may be required to complete a refresher program. This policy was last updated in 2021.</p> <p><b>Suitability to Practise</b></p> <p>The <a href="#">suitability to practise</a> requirements for registrants are established in regulation and in College bylaws. The policy was last updated in 2022. The College broadly defines suitability to practise. It includes a registrant's conduct and character, such as previous findings of professional misconduct, or being found guilty of a criminal offence. Suitability to practise also includes determining whether a registrant has a physical or mental condition or disorder that could affect their ability to practise safely. Suitability to practise is an ongoing expectation of registrants. Once registered, registrants are required to provide information about the following during the annual renewal process (and/or within 30 days of an issue occurring).</p> <ul style="list-style-type: none"> <li>• details about registration, membership, or licensure with any other regulatory body in any jurisdiction;</li> <li>• details about misconduct, incompetence, or incapacity proceedings against the registrant, whether completed or ongoing, by a regulatory body in any jurisdiction;</li> <li>• details about conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority;</li> <li>• details about any charges laid against the registrant in respect of a federal, provincial, or any other offence, in any jurisdiction;</li> </ul>	

- details about any findings of guilt by a court or other lawful authority of an offence;
- details about any findings of professional negligence or malpractice; and
- information of an event or circumstance that would provide reasonable grounds for the belief that the registrant will not or is not able to practise occupational therapy in a safe and professional manner.

In addition to the requirement to provide this information within 30 days and during the annual renewal process, registrants of the College must submit a Vulnerable Sector (VS) check when requested by the College. The College recognizes that the results of criminal record screening may not guarantee good character or predict future conduct. However, the College endorses criminal record screening as an important tool for helping to ensure public safety.

With the regulation change to introduce an emergency class of registrants the Registration Committee will review and update all registration policies as required. It is anticipated that the Board will approve the updated registration policies in 2024.

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

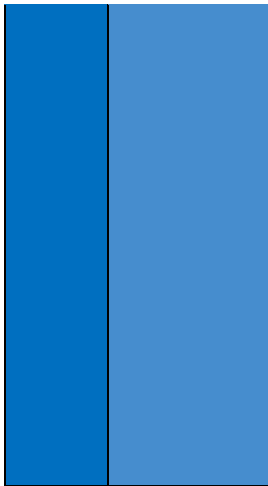
Choose an item.

*Additional comments for clarification (optional)*

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

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
		<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>• Where an action plan was issued, is it: No Action Plan Issued</li> </ul> <p>Link to the most recent OFC <a href="#">assessment report</a> (2022)</p>
		<p style="text-align: right;">Met in 2022, continues to meet in 2023</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		Choose an item.
<p><i>Additional comments for clarification (if needed)</i></p>		

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
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:               <ul style="list-style-type: none"> <li>– Name of Standard</li> <li>– Duration of period that support was provided</li> <li>– Activities undertaken to support registrants</li> <li>– % of registrants reached/participated by each activity</li> <li>– Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>• Does the College always provide this level of support: <b>Yes</b>  <i>If not, please provide a brief explanation:</i> </li> </ul> <p>In 2023 the Board approved the updated Standards of Practice. The Standards are principle-based, streamlined, in plain language, integrate the new occupational therapy competencies, and attend to diversity, inclusion, equity. <a href="#">January 2023 Board meeting</a>, (p. 95).</p> <p>The intent of the updated Standards of Practice was to:</p> <ul style="list-style-type: none"> <li>• Protect the public from harm;</li> <li>• Be easy to read and understand;</li> <li>• Maintain relevance and stability over a reasonable timeframe;</li> <li>• Accommodate emerging practice areas; and</li> <li>• Flexible for varying practice areas.</li> </ul> <p>Following Board approval, a soft launch of the Standards of Practice was posted on the website where occupational therapists and the public could view and familiarize themselves with the Standards before they came into effect on June 1, 2023. The Standards were published in English and French. The College’s Practice team provided a live webinar on the Standards on May 12, 2023, where over 600 registrants registered to participate. The <a href="#">webinar</a> was available for viewing on social media platforms.</p> <p>The College polled registrants in its <a href="#">August 2023 newsletter</a>, asking registrants if the Standards were flexible enough to support practice. Of the 111 responses, 88% said yes. Ongoing social media campaigns were also part of the educational outreach, notifying the public, registrants and other interested parties that the <a href="#">College's Practice consultants could answer</a> any questions about the updated Standards.</p> <p>Questions posed during the webinar were collated and posted as a Q&amp;A to clarify registrant questions. Through data collection of email and phone inquiries, the Practice team monitored themes of questions about the updated Standards, resulting in the creation of an additional resource specific to Psychotherapy and published under Practice resources to align with the Standard for Psychotherapy <a href="https://www.coto.org/standards-and-resources/resources/standard-for-psychotherapy-2023">https://www.coto.org/standards-and-resources/resources/standard-for-psychotherapy-2023</a></p>
	Met in 2022, continues to meet in 2023



In addition, <a href="#">case studies</a> , questions, <a href="#">and answers</a> are available to support further registrants' understanding and application of all standards and guidance documents for practice.	
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>3</sup> .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: <b>Yes</b></li> <li>• <i>If yes, please insert link to the policy.</i></li> </ul>	Met in 2022, continues to meet in 2023
	<p>A comprehensive <a href="#">Quality Assurance policy</a> outlines all main aspects of the program. The policy details the annual requirements, competency assessment and possible outcomes that the Quality Assurance Committee can take associated with non-compliance and gaps in learning. The policy is current and is reviewed by the committee annually.</p> <p>Occupational therapists are selected on an ongoing basis to take part in a competency assessment. The assessment consists of the a) <a href="#">risk-based selection process</a>, b) professional reflection on record keeping, and c) a behavioral based peer interview. This is based on a profile of 18 indicators that may be associated with an increased risk in occupational therapy practice.</p> <p>A revised 2023 competency assessment was developed to reflect the new 2021 Competencies for Occupational Therapists in Canada. Registrants participated in the initial development through a survey on Risk in Occupational Therapy Practice. Over 250 respondents ranked the activities that present the most risk to the public if not performed with competence. These sources formed the foundation of the new 2023 competency assessment to identify key areas of practice to be evaluated within the process. Peer assessors and equity/inclusion experts contributed to the development of questions for the behavioral based peer interview tool used to identify strengths and learning needs to foster professional growth.</p> <p>Based on these insights the revised competency assessment now has an activity dedicated solely to record keeping practices. To reflect the changing environment, it also incorporates a set of questions focusing on the new domain of the competencies related to Culture, Equity, and Justice.</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>	



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

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• 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). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>- <i>Public</i> Yes</li> <li>- <i>Employers</i> Yes</li> <li>- <i>Registrants</i> Yes</li> <li>- <i>other stakeholders</i> Yes</li> </ul> </li> </ul> <p>The College’s QA program continues to use the right-touch risk-based selection process to determine which registrants will participate in the competency assessment process. This was first developed in 2020, applied to the selection of registrants required to participate in 2023 and continues to be used in the program as the primary means of selecting registrants.</p> <p>The principles of right touch regulation are embedded throughout the QA program. This assures the public that all processes, communications, and tools reflect this consistent approach to quality assurance.</p> <p>The QA program takes a multifaceted approach to identify possible areas of risk in occupational therapy practice. First, registrants are selected using the risk-based selection algorithm indicators that may indicate an elevated risk in practice. Quality Assurance also utilizes College data from Investigations and Resolutions and Practice programs to identify challenging areas of practice to include in the assessment tools. Data from these programs have identified aspects of occupational therapy such as consent, record keeping, professional boundaries, and communication as domains to include in Quality Assurance assessment tools to support continued competence. Data is currently being collected and analyzed to confirm these indicators.</p>	<p>Met in 2022, continues to meet in 2023</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				

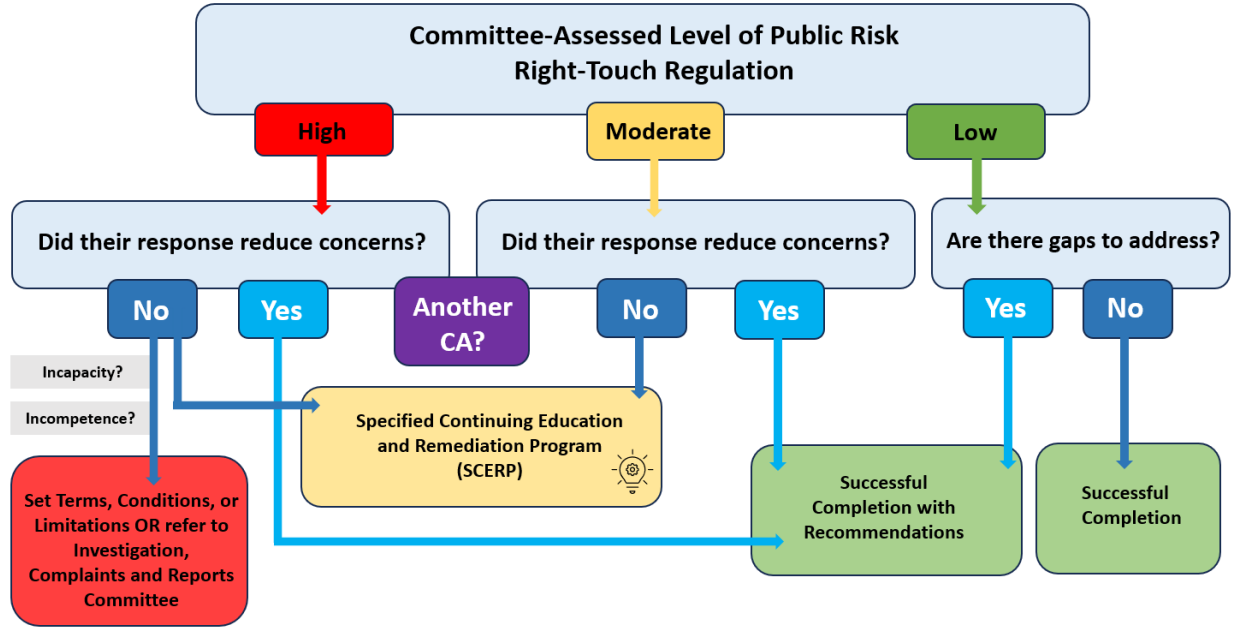
iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria.  
 The QA program uses a decision criteria and risk analysis approach to make decisions about remediation activities required of a registrant following non-compliance with a QA requirement, or after a Peer Assessment. Historical information is considered, along with a registrant’s response and demonstration of insight and change following the assessment. A decision-making tool, that uses a risk framework, is used to facilitate consistent decisions for each registrant. Remedial activities are consistent based on the tool, and consideration for individual practice circumstances.

### QAC Decision Making Framework



*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Choose an item.

			<i>Additional comments for clarification (optional)</i>
<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b>			
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	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>The QA program implements processes to monitor the status and quality of completion of ongoing remediation activities and the program manager provides a status update as part of a standing agenda items at each committee meeting. Missed deadlines or incomplete remediation participation is reviewed by the Quality Assurance Committee.</p> <p>Depending on the remediation activity, registrants are either required to complete any outstanding continuing competence tool (e.g. self-assessment, professional development plan or the learning module) and submit evidence of the same, write a reflection paper that is submitted and approved, participate in practice monitoring with a learning plan, or have another competency assessment after the remediation activities are complete to confirm that the registrant can now demonstrate the required knowledge, skill and judgement. At the highest risk, registrants may have terms, conditions, and limitations imposed on their certificate of registration or may be referred to the Inquiries, Complaints, and Reports Committee for determination of non-compliance with the QA program.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (if needed)</i>			

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

College Response

a. The different stages of the complaints process and all relevant supports available to complainants are:

- i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
- ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

1. [Concerns or Complaints about an Occupational Therapist](#)
2. [Investigating Complaints - Inquiries, Complaints and Reports Committee](#)
3. [How to Report Concerns or File a Complaint About an Occupational Therapist](#)
4. [Concerns and Complaints: Frequently Asked Questions](#)
5. [Information About Sexual Abuse](#)
6. [Sexual Abuse Prevention](#)

All complainants also receive an acknowledgment and information that explains the investigations process and possible ICRC outcomes. In 2023, the College developed a 1-page document that briefly outlines the complaints process, which is intended to be more accessible, readable, and visual. This is provided to any potential complainants upon request and will be incorporated into the website in the coming year.

The intake and complaints process are well documented, and procedures are in place for gathering information and evidence and obtaining responses during the investigation. One of the requirements is that investigations and resolutions staff review all information and documentation when received during the investigation of any case assigned to ensure the information is complete and to ascertain if clarification or any additional information should be requested. The College also has templates for emails and other written correspondence that provides information about the complaint process for complainants (and potential complainants) and registrants who are the subject of a complaint. Frequently enclosed with these templates are relevant sections of the Health Professions Procedural Code. Templates were revised in 2023 to contain clearer and more sensitive language.

As noted above, the College has a lot of information available on its website for the public including possible outcomes of a matter.

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

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>A review of website content and other communication is conducted regularly, and feedback received from members of the public and complainants is considered when making any revisions. Additionally, in 2024 the College will launch a complaints process feedback survey to registrants and complainants to collect data and feedback once a matter is resolved in order to evaluate whether the information provided about the College’s complaints process was clear and useful.</p>	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>In 2023, the College received 23 inquiries and the College’s response rate was 100% within 5 days</p>	<p>Met in 2022, continues to meet in 2023</p>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

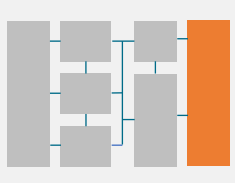
	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>	
		<ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>Supports available to the public during the complaints process includes:</p> <ul style="list-style-type: none"> <li>• All information and details of the complaints process are available on the College website, including how to make a complaint, what to expect, contact information, and frequently asked questions. A 1-pager description of the complaints process was created in 2023 and provided to all complainants. Template language was revised to contain more plain language.</li> <li>• All complaints and reports can be completed online on the College website, additionally they can be sent by fax, email or mail.</li> <li>• Language translation services are available either through a translation service or by sending documents out for translation.</li> <li>• Accommodations to access the complaint process are available, for example, if someone is unable to write or type a complaint, staff will assist complainants in recording their concerns in alternative means and any other accommodations required for the complainant to meaningfully participate in the process.</li> <li>• Additional information and supports for those reporting sexual abuse. This includes providing information on how to access the sexual abuse fund. The College also offers a support person to any alleged victim at no cost.</li> </ul> <p>During all telephone and email contact, staff invite complainants to contact them if they have any questions or concerns about the information provided or in the investigation process. When a complaint is received, staff assigned to the complaint conduct an introductory call with the complainant within five days of receipt of the complaint to introduce themselves to the complainant as the person who will be conducting the investigation and with whom the complainant will be interacting throughout the course of the investigation. Staff will also explain the various steps in the complaints process, and this includes providing digital information sheets that explains the College's complaint process. This is to further assist the complainant in understanding the process and make complainants aware of all supports available to them including accommodations. Staff are trained on how to offer empathy while also remaining neutral and informative.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		
<p><b>Measure:</b> 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.</p>				
	<p>a. Provide details about how the</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	



		<p>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.).</p>	<ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p>The following are links outlining how complainants can contact the College during the complaints process:</p> <p><a href="https://www.coto.org/clientsandthepublic/questions-concerns-complaints">https://www.coto.org/clientsandthepublic/questions-concerns-complaints</a></p> <p><a href="https://www.coto.org/clientsandthepublic/questions-concerns-complaints/report-concerns-or-file-a-complaint">https://www.coto.org/clientsandthepublic/questions-concerns-complaints/report-concerns-or-file-a-complaint</a></p> <p><a href="https://www.coto.org/members/professional-conduct/mandatory-reports">https://www.coto.org/members/professional-conduct/mandatory-reports</a></p> <p><a href="https://www.coto.org/clientsandthepublic/questions-concerns-complaints/information-about-sexual-abuse">https://www.coto.org/clientsandthepublic/questions-concerns-complaints/information-about-sexual-abuse</a></p> <p>Complainants can contact staff via phone or email and will receive a response within 24-48 hours. Template letters outline typical communication intervals and outline that complainants can contact staff at any time. Where appropriate, based on information collected during the investigation, a complainant may be contacted to provide further information.</p> <p>If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time. The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of. Staff tailor these letters to provide relevant information to the complainant about where in the process their complaint is at.</p> <p>The complainant is also sent a copy of the ICRC decision immediately upon release.</p> <p>Once a matter is referred to discipline, complainants subsequently receive updates from the College and/or prosecutor representing the College in a discipline matter, either directly through legal counsel or representative. The College maintains regular contact with witnesses to assist with hearings and to provide direct support to those testifying at a hearing. College staff will follow up with witnesses regarding the outcome and decisions of the Discipline Panel, provide updates and involve witnesses in penalty hearings.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
			Choose an item.

			<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<b>Measure:</b> <b>12.1 The College addresses complaints in a right touch manner.</b>			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
			<ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p>The College’s website provides information about the risk assessment, what types of questions/factors are considered, and how the level of risk relates to the decision in the investigation. <a href="#">Concerns about Occupational Therapists – How the College makes decisions</a>.</p> <p>All complaints are reviewed by College staff to assess risk using a standard risk classification process, including any potential need for an interim order. In accordance with right touch principles, moderate and high-risk cases are prioritized.</p> <p>The Inquiries, Complaints, and Reports Committee utilizes two different types of risk assessment tools: A Risk Assessment Framework to determine the level of risk and a decision tree that ensures all its decisions are consistent and fair. The Risk Assessment Framework is used to frame the ICRC’s deliberation and ensures the Committee looks at all the information and refers to it in making their decisions are fair and consistent.</p> <p><b>Year the Risk Assessment Framework was last reviewed/updated: 2020</b></p>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional)</i>		

<p><b>Measure:</b></p> <p>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.).</p>		
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> <li>• Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>• 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’).</li> </ul> <p>The College has adopted, in principle, the sharing protocol developed by HPRO.</p> <p>In addition, COTO routinely shares information with other occupational therapy regulators as requested through Letters of Professional Standing that includes registration and professional conduct information. When any concerns are received that impact another Ontario health regulator, College staff share all known information about the concerns to any other regulatory body. The College considers sharing information, within the legal framework, with other system partners where there may be a risk to public safety (e.g., local health authorities, police, and employers). The College has shared information about a registrant’s prior history and whether they are subject of any ongoing investigations with other regulators in Canada that the registrant is applying for registration with. The College will proactively share discipline information with other OT regulators across Canada especially if the registrant may provide services in another jurisdiction.</p> <p>The College also developed and signed a Memorandum of Understanding with the Financial Services Regulatory Authority in 2023 which outlines how and when information may be shared between the two regulators.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>		

		<b>Measure:</b> <b>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.</b>			
		<b>Required Evidence</b>	<b>College Response</b>		
<b>DOMAIN 7: MEASUREMENT, REPORTING &amp; IMPROVEMENT</b>	<b>STANDARD 14</b>	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> <li>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 <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. The report includes KPIs per program and committee and the information collected and reported on is related to the strategic priorities. <a href="#">January 2023 Board meeting</a>, (p. 27).</p> <p>In addition, the College also tracks key KPI’s related to the CPMF on its website, link <a href="#">here</a>.</p> </td> <td style="width: 20%; padding: 5px; text-align: center;">           Met in 2022, continues to meet in 2023         </td> </tr> </table>	<ul style="list-style-type: none"> <li>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 <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. The report includes KPIs per program and committee and the information collected and reported on is related to the strategic priorities. <a href="#">January 2023 Board meeting</a>, (p. 27).</p> <p>In addition, the College also tracks key KPI’s related to the CPMF on its website, link <a href="#">here</a>.</p>	Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none"> <li>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 <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. The report includes KPIs per program and committee and the information collected and reported on is related to the strategic priorities. <a href="#">January 2023 Board meeting</a>, (p. 27).</p> <p>In addition, the College also tracks key KPI’s related to the CPMF on its website, link <a href="#">here</a>.</p>	Met in 2022, continues to meet in 2023		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				

			<i>Additional comments for clarification (if needed)</i>	
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> <li>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.</li> </ul>	
			Click <a href="#">here</a> to access the presentation of the June 2023 Board meeting where the College reported on the 2022-23 Leadership Outcomes.	
			In addition, at each quarterly Board meeting the Registrar provides a written report and makes a presentation on the outcomes and progress of the College work against the stated objectives. Click <a href="#">here</a> to access the report (p. 5); meeting minutes (p. 10); and the risk management report (p. 73).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Measure:			
14.2 Council directs action in response to College performance on its KPIs and risk reviews.			
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	Yes	
	<ul style="list-style-type: none"> <li>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.</li> </ul> <p>Click <a href="#">here</a> to access the Risk Management Report and action plan and monitoring process for all high or critical risks identified. (p. 83)</p>		
	<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		
Measure:			
14.3 The College regularly reports publicly on its performance.			
<p>a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.</p>	<p>The College fulfills this requirement:</p>	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> <li>Please insert a link to the College's dashboard or relevant section of the College's website.</li> </ul> <p>All Board materials are posted on the College website. In these, all information about the strategic priorities and performance are posted. Click <a href="#">here</a> to access the presentation of the June 2023 Board meeting where the College reported on the 2022-23 Leadership Outcomes.</p>		
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
	<p><i>Additional comments for clarification (if needed)</i></p>		

## Part 2: Context Measures

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

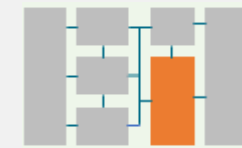
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Risk-based Selection Algorithm	150 registrants selected for upcoming competency assessments	
ii. Competency Assessment	63	
iii. Annual Learning Plan	6746	
iv. Annual eLearning Module (Topic: Building a Sound Foundation for Occupational Therapy Practice)	6768	
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. <i>&lt;Insert QA activity or assessment&gt;</i>		
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\* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

[NR](#)

*Additional comments for clarification (if needed)*

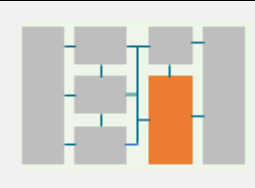
The College's QA program utilizes a range of quality improvement and quality assurance activities used to both enhance and confirm continued competence. There are QA requirements that apply to all registrants (annual requirements) and some for a targeted risk-based group (competency assessment). Addressing risk is a theme woven into all aspects of the QA program including the selection of registrants for competency assessment and peer interview.

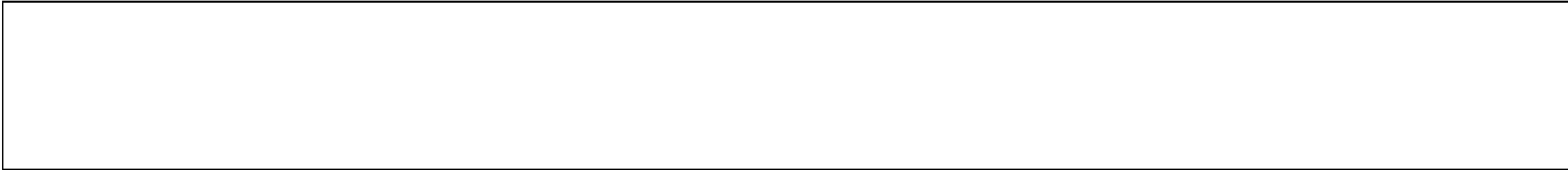
There are two annual requirements all registrants complete to support professional growth and continued competence: the Annual Learning Plan and the Annual eLearning Module.

The new 2023 **Annual Learning Plan** (self-assessment, goals, and impact) was revised to reflect the new 2022 *Competencies for Occupational Therapists in Canada*. Among changes that streamline this tool, are the broadened scope of professional development activities and an emphasis on how professional development impacts changes to practice with the public and other system partners. The deadlines for all QA tools have been synchronized for ease of completion. This tool was launched in June 2023 for use by all registrants.

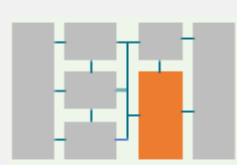
In 2023, content for the new **Annual eLearning Module** was developed in collaboration with OT's from across the province and represent the spectrum of settings where OTs work. This module released in 2023 is entitled Building a Sound Foundation for Occupational Therapy Practice and focuses on key OT issues i.e., record keeping, sensitivity to client experiences, diversity, and inclusion, managing risk, virtual assessment, and conflict of interest. This is an interactive module where participants input insights about learning to their practice.

**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2023	6768 (annual requirements) 63 (competency assessment)	99.5%	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.
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	8/63	13%	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.
<a href="#">NR</a>			
The information provided here shows the proportion of registrants who underwent a Quality Improvement activity or Quality Assurance assessment as part of the QA program as well as those registrants reviewed by Quality Assurance Committee (QAC) for an outcome.			
Almost all registrants participated in the QA program. Exceptions would include new COTO registrants and those who were granted an exemption for the 2023 requirements.			
An additional 11 registrants were referred to QAC for non-completion of the annual QA requirements.			
Of the registrants that participated in a competency assessment, 13% had 4 or more learning needs identified resulting in QAC review and 63% of those resulted in a remedial activity (SCERP/TCL).			



**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b>			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2023:**	#	%	<i>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>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	3/5	60%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	2/5	40%	
<p><a href="#">NR</a></p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
<p>While all registrants who participate in the competency assessment are required to submit a written response to demonstrate acquired competence, some registrants require additional remedial activities.</p> <p>To date, all registrants required to do a remedial activity (SCERP) have completed this well by addressing learning needs with related knowledge, skill, and judgment. They have described this professional learning by applying specific resources and the reflective assessment to their practice. Changes to practice were identified which confirm learning and safe practice for the public.</p> <p>Several registrants are still within the time period for completion. Completion status is monitored closely by program staff and efforts are made to communicate with these registrants to clarify their understanding of the remedial activities, process and support them in their continuing competency development.</p> <p>There are processes in place for those any registrant who does not demonstrate adequate knowledge, skill, and judgment from the initial remedial activity.</p>			

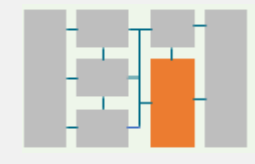
**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar	Investigations
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	0	0	0	0
III. Communication	9	60%	NR	NR
IV. Competence / Patient Care	NR	NR	0	0
V. Intent to Mislead including Fraud	0	0	0	0
VI. Professional Conduct & Behaviour	5	30%	8	73%
VII. Record keeping	NR	NR	NR	NR
VIII. Sexual Abuse	0	0	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR
X. Unauthorized Practice	0	0	0	0
XI. Other <please specify>				
<b>Total number of formal complaints and Registrar’s Investigations**</b>		<b>100%</b>		<b>100%</b>

*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.*

<p><a href="#">Formal Complaints</a>  <a href="#">NR</a>  <a href="#">Registrar's Investigation</a></p> <p><i>**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.</i></p>	
<p>1 investigation/case (both complaints and Registrar's Investigations) will most often have more than one concern listed which can then touch on more than one "theme". Therefore, of the 9 cases where communication was identified as a theme, these cases included other concerns/themes, such as record keeping or competence or boundary issues.</p> <p>For Registrar Investigations – the remaining NRs would equal 100%</p>	

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2023	10		<i>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.</i>
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	12		
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	11		
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	8	67%	
IV. Formal complaints that proceeded to ICRC and are still pending	0	0	
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	8%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	2	17%	



<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>1</p>	<p>8%</p>	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i>  <i>** 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.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

**Table 6 – Context Measure 10**

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: 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 2023	20						
Distribution of ICRC decisions by theme in 2023*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	NR	0	0	0	0	0	0
III. Communication	5	NR	0	NR	NR	0	0
IV. Competence / Patient Care	0	0	0	NR	NR	0	0
V. Intent to Mislead Including Fraud	NR	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	0	0	NR	0	0
VII. Record Keeping	NR	0	0	NR	NR	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	NR	0	0	0	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Failure to self-report	NR	0	0	NR	0	NR	0

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2023.  
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.

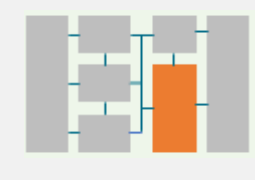
[NR](#)

*What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*

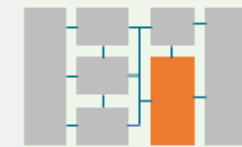
*Additional comments for clarification (if needed)*

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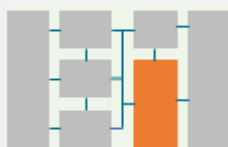
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b> If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.  The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2023	271	
II. A Registrar’s investigation in working days in CY 2023	334	
<a href="#">Disposal</a>		
Additional comments for clarification (if needed)		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>  <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2023	0	
II. A contested discipline hearing in working days in CY 2023	0	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  -		

**Table 9 – Context Measure 13**

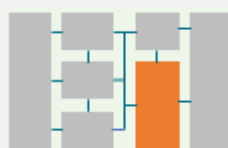
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d  <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	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.
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

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

[NR](#)

*Additional comments for clarification (if needed)*

**Table 10 – Context Measure 14**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: <b>R e c o m m e n d e d</b>  <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 14. Distribution of Discipline orders by type*</b>		<i>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.</i>
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	
<p>* 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.</p> <p> <a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a> -                     </p>		
Additional comments for clarification (if needed)		



## Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)