College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK

SUBMITTED BY: THE COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

REPORTING PERIOD: CALENDAR YEAR 2020

DATE OF SUBMISSION: MARCH 26, 2021

DATE OF COUNCIL APPROVAL: MARCH 25, 2021

Contents

Introduction

This is our inaugural version of the required College Performance Measurement Framework, introduced by the Ministry of Health in 2020. For regulators in Ontario, this report provides regulators with specific criteria by which to continuously improve operations and to report on the outcomes of their regulatory activities. In sharing the content of this report, Colleges will enhance the transparency of how they are meeting their mandate of ensuring public protection, through programs and processes. It is known that you "can't manage what you don't measure" and the completion of this report is an important step in helping regulators, our College included, to fulsomely look under the hood to identify strengths and weaknesses, areas for improvement and set benchmarks. We are pleased to report that the College of Occupational Therapists of Ontario is compliant with 34 of the 40 items and have summarized the 6 action areas within this report. Action plans are already underway to accomplish the required changes in 2021. The College's strategic priorities has included many of the areas contained within this report as further commitment to excellence in regulatory practices. See our Leadership Outcomes, 2020 - 2023 Leadership Outcomes (coto.org)

Notice to Reader: For reporting purposes, the full document, including the introduction and background has not been provided. All College answers have been **bolded** to separate the answers from the question / criteria. Blank or empty cells, or those "NA" were removed. We hope this improves readability. While all links were operational at the time of submission, we cannot guarantee that some won't change through future iterations to the material available online. Lastly, the information provided for Context Measures has been compiled, to the best of our ability, using the "Technical Specifications for Quantitative College Performance Measurement Framework Measures" companion document.
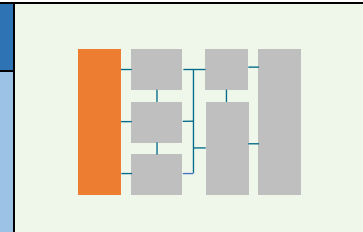
Questions regarding the content of this document can be directed to **info@coto.org** or the Registrar.

Summary of 2021 Action Items

Domain	Standard	2021 Action Item(s)
1	1.1 a. Professional members are eligible to stand for election only after: i. meeting pre-defined competency / suitability criteria and ii. attending an orientation training about the College's mandate and expectations pertaining to the members' role and responsibilities.	The governance modernization workplan includes identifying competencies for both Council and Committee members and orientation and training before eligibility to stand for elections. These will be finalized in 2021 and made public.
1	2.1 b. The College enforces cooling off periods.	Council approved proposed amendments to its bylaws which were sent out for consultations in November 2020. One of the amendments imposed a 3-year cooling off period for Council and Committee members. Following the consultation period this was approved this January 2021. Prior to this, the bylaw stated that council members could not be directors of an association at the same time.
1	3.1 a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College will include a status update for all Council decisions in the Council packages to be implemented in 2021.
6	11.2 Is the process taken (for identifying priority areas for QA assessment) codified in a policy?	When the second step for QA peer and practice assessment selection is developed and finalized, one policy will be developed to outline the program.
6	12.1 Does the College evaluate whether the information provided (for complaints and complainants) is clear and useful?	In January 2021, the College launched a complaint process feedback survey for complainants and registrants to anonymously complete once their matter is determined. Some of the questions asked specifically seek to evaluate whether the information provided about the College's complaints process was clear and useful. Additional materials, which underwent an external plain language review, explaining the complaints process were developed and launched in March 2021. These materials can be emailed to persons who make inquiries about the complaints process and are also enclosed with the complaint notice and acknowledgment letters mailed out to the parties to a complaint.
6	14.1 a. The college does not have a written policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College will develop a written policy in 2021 to address this.

Part 1: Measurement Domains

DOMAIN 1: GOVERNANCE
Standard 1 **Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.**

Measure	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.
Required Evidence	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.
College Response	The College fulfills this requirement: Yes ☐ **Partially X** No

1.   The competency/suitability criteria are public: Yes ☐   **Partially X**   No

We have suitability criteria in our bylaws under Part 5.03, (p.11). We are in the process of implementing a competency-based election process. All members standing for election must complete a statement of how they will protect the public in their role, that must be approved. An orientation live webinar is conducted for those interested in standing for election that includes some expectations of competencies for the role 2021 Elections Webinar Recording Now Available. This is posted on the website. The Registrar contacts each candidate prior to the election to confirm they understand the role and expectations.

Duration of orientation training: **Newly elected Council member(s) and Public Appointees undergo a half-day training session prior to the first Council meeting. Council undergoes a half-day training session annually.**

2.   Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): **Council orientation is done in-person / virtual, facilitated by College Legal Counsel and/or Staff.**

3.   Insert a link to website if training topics are public *OR* list orientation training topics:

• **Introduction to Regulatory Framework** • **Public Interest** • **Roles and Structures** • **Role of Council** • **Role of Individual Council Members** • **Current issues of the College**	• **Confidentiality** • **Risk Management** • **Rules of Order of Council** • **Finance (how to read financial statements)** • **Submitting expenses and completing expense forms**	• **Role of Individual Committee Members** • **Fiduciary Duties** • **Conflict of Interest** • **Bias** • **College Operations** • **Strategic Plan**

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes X** No ☐	
Additional comments for clarification (optional): **The governance modernization workplan includes identifying competencies for both Council and Committees. These will be finalized in 2021 and will be made public. Orientation training before eligibility to stand for elections is also on the governance workplan.**	
Required Evidence	b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
College Response	The College fulfills this requirement: **Yes X** Partially No ☐

The competency / suitability criteria are public: Yes ☐ **Partial X** No

If yes, please insert link to where they can be found, if not please list criteria:

In making professional appointments, the College considers the district of practice, experience, expertise and other qualifications and characteristics of a candidate for appointment, to balance the attributes of the current Committee members. An example of such listing can be found in this [website posting of a call for non-Council Committee members](#).

In addition, Statutory Committee members are selected on a competency and criteria base. The competencies are not yet public. Each prospective member is interviewed and must meet predefined inclusion criteria.

Duration of each Statutory Committee orientation training:

Full Committee orientation training occurs annually for a half-day. Each new member attends orientation prior to their first meeting.

Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):

Committee training is done in-person / virtual and facilitated by College Legal Counsel and/or staff.

Insert link to website if training topics are public *OR* list orientation training topics for Statutory Committee:

- **Individual statutory program requirements (includes program requirements, legislative and regulation requirements, powers of the Committee as well as review of program policies and procedures)**
- **Code of Conduct**
- **Confidentiality**
- **Conflict of Interest**
- **Human Rights and the Ontario Human Rights Code**
- **Accommodation**
- **Decision making and tools**
- **Bias**
- **Decision- writing**

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?   **Yes X**   No ☐
Additional comments for clarification (optional): **The governance modernization workplan includes identifying competencies for both Council and Committee members and orientation and training before eligibility to stand for elections. These will be finalized in 2021 and made public.**

Required Evidence	c. Statutory Committee candidates have:
	   i. met pre-defined competency / suitability criteria, and
	   ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.

College Response	The College fulfills this requirement: **Yes X** Partially No ☐

Duration of orientation training:

Each new public member receives a half day of training, similar to professional members, prior to attending their first Council meeting. They also attend orientation prior to attendance at any statutory committee meeting. There is a half-day training session before the start of new Council year. In addition, a portion of each Council meeting includes education or additional training sessions that Council identifies as learning priorities.

Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):

Typically, training is in-person, but this transitioned to virtual during the pandemic. Training is facilitated by College staff and Council President.

Insert link to website if training topics are public *OR* list orientation training topics:

• **Introduction to Regulatory Framework** • **Public Interest** • **Roles and Structures** • **Role of Council** • **Role of Individual Council Members** • **Conflict of Interest**	• **Role of Individual Committee Members** • **Fiduciary Duties** • **Bias** • **Confidentiality** • **Risk Management**	• **Submitting expenses and completing expense forms** • **College Operations** • **Strategic Plan** • **Current issues of the College** • **Rules of Order of Council** • **Finance (how to read financial statements)**

Measure	1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

Required Evidence	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
	   i. Council meetings;
	   ii. Council

College Response	The College fulfills this requirement: **Yes X** Partially No

Year when Framework was developed *OR* last updated: **2020**

Insert a link to Framework *OR* link to Council meeting materials where (updated) Framework is found and was approved: **Council Meeting Package – January 28, 2020 (p.94)**

Evaluation and assessment results are discussed at public Council meeting: **Yes X** No ☐

If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed: **Council Meeting Package – March 26, 2020 (p. 13)**

Required Evidence	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years
College Response	The College fulfills this requirement: **Yes X** Partially No

A third party has been engaged by the College for evaluation of Council effectiveness: **Yes X**   No ☐

If yes, how often over the last five years? **Once**

Year of last third-party evaluation: **2019**

Required Evidence	c. Ongoing training provided to Council has been informed by:
	   i. the outcome of relevant evaluation(s), and/or
	   ii. the needs identified by Council members.

College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; **Council Meeting Package (p.19)**

Insert a link to Council meeting materials where this information is found *OR*

Describe briefly how this has been done for the training provided <u>over the last year</u>.

As part of the annual Council Member self-evaluation form there is an opportunity for Council members to identify their own individual development or education interests. The feedback is collated and shared with Executive Committee who decides on the education/training needs for the upcoming College Council year. Additional training and education Council received in 2020 include:

- **Understanding and reading financial statements**
- **Conflict of Interest**
- **College Performance Measurement Framework reporting tool**
- **Indigenous history and health**

Council can also indicate on the evaluation they complete after each meeting, if there is any education they need or want.

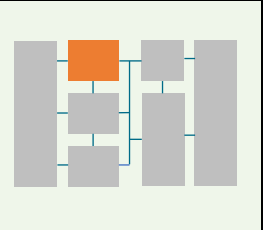| Standard 2	
Council decisions are made in the public interest.	
Measure	2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.
Required Evidence	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.
College Response	The College fulfills this requirement: **Yes X** Partially No
Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented **OR** last evaluated/updated:	
Code of Conduct – October 2019, next review is scheduled for 2021.	
Conflict of Interest – January 2019, next review is scheduled for 2021.	
Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy **OR** Council meeting materials where the policy is found and was discussed and approved:	
Council Meeting – October 10, 2019: Code of Conduct (p.4)	
Council Meeting – January 31, 2019: Conflict of Interest (p.4)	
Required Evidence	b. The College enforces cooling off periods.[1]
College Response	The College fulfills this requirement: Yes Partially **No X**
Cooling off period is enforced through: Conflict of interest policy ☐ **By-law X** Competency/Suitability criteria ☐ Other *<please specify>*	
The year that the cooling off period policy was developed **OR** last evaluated/updated:	
How does the college define the cooling off period?	
Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;	
Insert a link to Council meeting where cooling of period has been discussed and decided upon; **OR** where not publicly available, please describe briefly cooling off policy:	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes X** No ☐	

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[1] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

Additional comments for clarification (optional): **Council approved proposed amendments to its bylaws which were sent out for consultations in November 2020. One of the amendments imposed a 3-year cooling off period for Council and Committee members. Following consultation, the amendment was approved in January 2021.** **Prior to this, the bylaw stated that Council members could not be directors of an association at the same time.**	

Required Evidence	c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>
College Response	The College fulfills this requirement: Yes **Partially X** No

The year when conflict of interest the questionnaire was implemented *OR* last evaluated/updated: **January 2019** Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: **Always   X** (every meeting conflict of interest is declared by agenda item) Often ☐ Sometimes ☐ Never **Council members verbally declare any conflict of interest as part of the agenda at the start of each meeting. Council members sign a conflict-of-interest declaration yearly. Conflict of interest has been a topic of education for all council members on an annual basis.** Insert a link to most recent Council meeting materials that includes the questionnaire: Insert a link to most recent Council meeting materials that includes the questionnaire: **Council Meeting Package – March 26, 2020 (p.175).**

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

Additional comments for clarification (optional): **The governance modernization workplan includes a review of both Council and Committees conflict of interest process, to be finalized in 2021.**

Required Evidence	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).
College Response	The College fulfills this requirement: **Yes X** Partially No

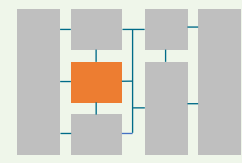| |
|---|
| Describe how the College makes public interest rationale for Council decisions accessible for the public: |

All briefing materials include a rationale to explain why the matter for discussion is in the public interest.	
Insert a link to meeting materials that include an example of how the College references a public interest rationale: **Council Meeting Package – October 29, 2020 (p.119).**	
Standard 3 **The College acts to foster public trust through transparency about decisions made and actions taken.**	
Measure	3.1 Council decisions are transparent.
Required Evidence	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).
College Response	The College fulfills this requirement: Yes **Partially X** No
Insert link to webpage where Council minutes are posted: **Council Meetings and Materials** **Council Meeting – October 29, 2020: Minutes from last Council meeting in 2020**	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes X** No ☐	
Additional comments for clarification (optional): **The College will look to include a status update for all Council decisions in the Council packages moving forward.**	
Required Evidence	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.
College Response	The College fulfills this requirement: **Yes X** Partially No
Insert a link to webpage where Executive Committee minutes / meeting information are posted: **There is a fulsome summary of each Executive Committee meeting and all decisions made including those to be ratified by Council included in each Council meeting package and is public.** **2020-10-29---council-package.pdf (coto.org) (p. 18).**	

Required Evidence	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities, or programs it plans to undertake).
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to the College's latest strategic plan and/or strategic objectives: **College of Occupational Therapists of Ontario – Leadership Outcomes 2020-2023**

Measure	3.2 Information provided by the College is accessible and timely.
Required Evidence	a. Notice of Council meeting and relevant materials are posted at least one week in advance.
College Response	The College fulfills this requirement: **Yes X** Partially No
Required Evidence	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred).
College Response	The College fulfills this requirement: **Yes X** Partially No

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

Additional comments for clarification (optional):

Section 17 of the Ontario Regulation 226/96 under the *Occupational Therapy Act, 1991* requires the College to post on its website the notice of a discipline hearing not less than 14 days before the date of the hearing. The College meets this requirement. For instance, for the 1 referral to the Discipline Committee that occurred within 2020, notice of the referral and access to the Statement of Allegations appeared on the College website in both French and English and on the registrant's profile on the public register within 1 week of the ICRC's referral being made. Both French and English versions of the Notice of Hearing were published on the College website within 11 days of the Notice of Hearing being served on the registrant, and within 22 days of the ICRC's referral. The College promptly updates the registrant's public register profile and its Discipline webpage as new information about the hearing becomes available, including providing details of any scheduled pre-hearing conference and hearing dates.

DOMAIN 2: RESOURCES	
Standard 4 **The College is a responsible steward of its (financial and human) resources.**	

Measure	4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.
Required Evidence	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities, or programs it plans to undertake) has been costed and resources have been allocated accordingly. 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 X** Partially No

Insert a link to Council meeting materials that include approved budget *OR* link to most recent approved budget:

Insert a link to Council meeting materials that include approved budget *OR* link to most recent approved budget: **Council Meeting Package – June 23, 2020 (pp. 69-71)**

Required Evidence	b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its "financial reserve policy".
College Response	The College fulfills this requirement: **Yes X** Partially No

If applicable:

Insert a link to "financial reserve policy" *OR* Council meeting materials where financial reserve policy has been discussed and approved: **Council Meeting Package – March 26, 2020 (pp. 82-84)**

Insert most recent date when "financial reserve policy" has been developed *OR* reviewed/updated:

At the March 26, 2020 Council meeting changes to the "Establishing and Maintaining Reserve Funds" were approved.

The Registrar Limitations Policy entitled "Financial Condition and Activities" outlines the requirement to follow the guidelines for "Establishing and Maintaining Reserve Funds", was last revised in June 2019 and has been included as an appendix (Appendix A).

Has the financial reserve policy been validated by a financial auditor? **Yes X** No ☐

Each year during the financial audit the external auditors review the financial reserve balances and provide the Executive Committee and Council with advice on balances if they fall outside of the Canada Revenue Agency guidelines. They also provide advice on existing funds if they deem it is required.

Required Evidence	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.

The budget was approved on June 23, 2020, which would include any changes planned in human resources. Council Meeting Package – June 23, 2020 (pp. 69-71) (this refers to the budget approval in June)

In the annual budgeting process, Council approves the allocations made to staff salaries. This would include any budget for increasing the staffing complement. Additionally, the College has a practice of completing organizational reviews periodically, as the environment changes. This process considers the strategic plan, which is approved by Council, and the human resources required to support the delivery of strategic outcomes.

The Registrar Limitations Policy titled "Financial Planning and Budgeting" outlines the requirements for the budget submitted to Council, and includes language related to planning for an appropriate balance between human and financial resources in meeting the organizations strategic objectives. This was last revised and approved by Council in June 2019 and is included in the appendix (Appendix B).

DOMAIN 3: SYSTEM PARTNER	
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.**	
Standard 6 **The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.**	
Standard 7 **The College responds in a timely and effective manner to changing public expectations.**	

College Response

Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.

Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).

The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. A College is asked to report on:

dialogue with the Ministry of Health.	*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.).*	
Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. In preparation for their meetings with the ministry, Colleges have been asked to submit the following information: Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.	**Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive 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 "pushed" information by system partners, or where the College proactively seeks information in a timely manner. *Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.* *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).*	**Standard 7: The College responds in a timely and effective manner to changing public expectations.** Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner. *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).* *The College is asked to provide an example(s) of key successes and achievements from the reporting year.*
College Response		
In providing information for System Partners, we have combined the sections as follows: **COVID RESPONSE** **Standard 5** **As with all other health regulators, the College has been heavily impacted by COVID-19. All College operations were shifted to virtual starting in early March 2020, including Council meetings, a planned**		

Discipline Hearing, and the Quality Assurance program's peer and practice assessments.

The pandemic has challenged us all, while also providing the opportunity to work together to the best of our abilities. The College has worked together with registrants, the public, the provincial association, other regulators, the Ministry, and system partners to effectively serve the public and promote public safety. Occupational therapists work in a variety of settings and have been affected in different ways, which at times, has required a tailored response.

Our COVID-19 response has been informed foremost by the College's mandate to oversee the profession and protect the public, while still recognizing that many registrants have faced professional, financial, and personal challenges associated with the pandemic. In March 2020, we extended the annual renewal deadline to August 31, 2020. As the pandemic continued, the College went on to exempt all occupational therapists from completing the 2019 Professional Development Plan and extended the 2020 Self-Assessment and Prescribed Regulatory Education Module (PREP) due date to December 31, 2020. Recognizing the timely subject matter (Managing Risks) and the importance of reviewing registrant competency to ensure the public receives ethical, safe, and competent care from occupational therapists, we continued to release the 2020 QA tools in June and included a preface about COVID-19 for the PREP on "Managing Risks in Occupational Therapy Practice." After suspending Peer and Practice Assessments (PPA) earlier in the pandemic, the College also resumed PPAs in November 2020 which are now conducted virtually.

Guidance documents for delivery of occupational therapy service were produced and released, including: *Guidance on Occupational Therapy Services During COVID-19* and *COVID-19 Return to Work Guidance for Occupational Therapists,* which were developed in collaboration with the other rehabilitation Colleges to help achieve consistent reopening guidance.

Two webinars were created to provide guidance on expectations for the delivery of occupational therapy services during the pandemic: April 16, 2020, COVID-19 and Occupational Therapy and June 4, 2020, Gradual Reopening – COVID-19 and Occupational Therapy.

Standard 6

In support of the Government of Ontario's efforts to address health care staffing shortages, the College participated in the process to recruit former health care workers—who were retired or on leave—to voluntarily return to the workforce during the pandemic. We promoted this initiative directly to current and past registrants and adjusted processes to facilitate rapid registration at no extra cost. We set up a process to issue temporary registration to retired occupational therapists to help address potential health human resource shortages in the province as requested by the Ministry of Health. In addition, we worked with our associations to facilitate a low-cost option for purchasing liability insurance for those OTs who responded to this call. The College also helped promote new Ontario Health Workforce Matching Portal when it launched in April 2020.

In June 2020, the College asked its registrants to help evaluate the College's early COVID-19 pandemic response. More than 500 registrants completed the survey and provided thoughtful comments and feedback, which led to enhancements in message delivery for both the communications and practice teams.

The College was in regular communication with our exam provider, the Canadian Association of Occupational Therapists, regarding the National Occupational Therapy Certification Exam. That assisted with decisions regarding the exam's deployment during the pandemic.

We also communicated with universities about the impact of COVID-19 on student practical experiences and the implications for future registration. This extended to communication with occupational therapist regulators from other provinces, as well as the Academic Accreditation Council.

The College collaborated on two webinars with the Ontario Society of Occupational Therapists. The goal was to provide guidance to OTs on key COVID-19 related developments in the auto insurance sector and hospital settings.

In partnership with our professional health regulatory partners, the College participated in a Citizen Advisory Group (CAG) focus group on the resumption of regular healthcare services. The feedback received helped ensure the patient/client voice informed the activities and guidance provided on this topic.

Standard 7

We recognize that the public is better protected through professionals' access to accurate and timely information, which we were able achieve throughout the pandemic, and this is ongoing. Initially all programs at the College were impacted and staff pivoted to ensure we could provide a valuable and consistent conduit of information between the Ministry and registrants regarding the unfolding pandemic. Our published guidance and COVID-19 webpage were created in alignment with other Colleges and through significant collaboration when required.

Sharing timely information and responding quickly to inquiries about appropriate practice and College expectations were and continue to be critical steps to ensure safety during the pandemic. The dedicated COVID-19 website section was created to provide access to key resources, directives, and guidance. The page is regularly updated as new information and resources become available; a vaccine information section being the most recent significant addition. The College has also provided information about relevant policies, practices, and developments through eblasts, social media posts and webinars.

On the College's COVID-19 webpage, we highlighted key government and Public Health Ontario resources for the public that addressed, for example, what to do if you are sick, and how to recognize symptoms. The College also provided information on mental health resources and developed a public FAQ to answer questions about what patients and clients can expect when receiving virtual care and service in-person during the pandemic.

As we move through 2021, we will continue to work with partners to provide timely information and guidance, including the distribution of vaccination information as requested by the Ministry and Ontario's Public Health Units.

GOVERNANCE REFORM

Standard 5

Governments around the world, including provincial governments across Canada, are scrutinizing self-regulated professions to ensure they are acting in the public interest. The College has been reviewing trends and best practices with respect to governance in professional regulation with a view to strengthening public trust in regulatory institutions and their processes. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system. In addition, the College will be taking active steps to achieve reform with the current legislative framework where flexibility exists within our bylaws.

Standard 6

The College has been engaged with the regulatory community, particularly the work of the College of Nurses and their governance recommendations. Based on this information and information from our environmental scanning, the College underwent a governance review with an external consultant who presented several recommendations for improvement. In 2020, Council voiced support for the plan to implement the College's governance review project by being proactive and will be taking active steps to achieve reform within the current legislative framework where flexibility exists within our bylaws. By reflecting the emerging best practices in regulatory governance, as seen across different regulators in different provinces, Council felt that these changes are an important opportunity to demonstrate the College's ongoing commitment to the public and our ability to adapt to a rapidly changing healthcare landscape and best practices in governance.

Standard 7

A governance committee was formed to address changing public and regulatory expectations on governance structure within our legislative framework. In response to our committee work, and consultant engagement, processes are underway to achieve the following changes within the next three years:

1. Reduction of Council size: From the current 18 members to 12-14 (6 professionals, 1 academic and 5-7 public members)
2. Council composition: Striving for a balanced number of public and professional members.
3. Selection of Council: Registrants seeking election to the Council will be screened based on an individual's skills and competencies and these appointments will be codified through an election. College will also introduce a transparent, independent governance process to oversee the recruitment, selection, evaluation and orientation and training for both Council and Committee members.
4. Separation of Council and Statutory Committees: As much as it is permitted, the College will recruit professional members and, members of the public (who are not public appointees appointed by the Lieutenant Governor in Council) to College committees to represent the public voice.
5. Role of the Executive Committee: Create more focused standing committees of Council (Finance, Audit and Risk; Governance) and redefine role of Executive Committee to focus on only urgent or emergency matters.
6. Changes of titles and terminology: Council will be known as the Board of Directors and the President and Vice-President will be known as Chair and Vice Chair to better reflect the fundamental role of the positions.

Outcomes to date include:

1. Convened a Governance Committee to develop and implement all governance changes
2. Updated terms of references for all statutory and non-statutory committees
3. Changed bylaws to improve eligibility for Council positions, including a cooling off period
4. Executive Committee role reduced to matters of urgent need
5. Creation of a new Finance, Audit and Risk Committee
6. Added elections, nominations, appointments to the restructured Governance Committee.

ENTRY TO PRACTICE

Standard 5

The public expects, and requires, that only qualified occupational therapists are registered with the College and thus able to practice in Ontario. Entry to practice takes many forms, from new graduates of accredited universities, people educated out of country, those who want to re-enter practice after an absence, and those moving within Canada. Reducing barriers to enter the profession is an important objective of the Registration department. College registration options include a general practicing certificate, a provisional certificate for new graduates, and a refresher program for those wishing to re-enter. All candidates must show they have met the education requirements, are required to pass a national exam, provide a vulnerable sector check, and if under a provisional licence must have a practice supervisor until they successfully complete the exam. For those have not practiced for 600 hours over the last 3 years, they complete a refresher program of a determined length and with a pre-approved learning plan, before being offered a certificate of registration. For an occupational therapist residing out of province who is looking to treat a client in Ontario, a temporary registration is also available for four months with a limit of one per 12-month period. Fees for registration are obtained at renewal or application and are structured as an annual fee, or by quarter for those entering after the renewal period. Refunds in the first 3 months of the year are available. All these registration policies and programs assist to remove barriers to entry, and to expedite the registration of qualified applicants.

Standard 6

Achieving Standard 5 requires significant collaboration with other stakeholders. We partner with the Ontario universities and provincial association through a group called Occupational Therapy Ontario Collaborative and meet semi-annually to discuss entry requirements and education trends.
In partnership with other occupational therapy regulators across Canada in a group called ACOTRO (Association of Canadian Occupational Therapy Regulatory Organizations), several entry-to-practice objectives are met. First, ACOTRO sponsors and manages the Substantial Equivalency Assessment System (SEAS) which is the channel by which internationally educated OTs enter practice in Canada. SEAS assists international applicants and the Colleges to confirm education equivalency, assesses competency and skills, directs the need for skills upgrading or additional practice experience, facilitates the applicant's path to the national exam, and links the applicant to the appropriate provincial College. This process allows the College to confidently register internationally educated applicants after they have completed the SEAS process. Labour mobility is enhanced by our connection with ACOTRO as registrants of one occupational therapy College can join another in a new province through a connected process aimed at reducing time and barriers. This process was established with ACOTRO and continues to be used today. Collaboration with ACOTRO helps to harmonize registration requirements as possible. A future project with ACOTRO will be looking at the re-entry (or refresher programs) across Canada to review best-practice for allowing former registrants to re-enter after they no longer meet the currency requirements. Another upcoming ACOTRO project upcoming pertains to jurisdiction and the removal of barriers to virtual practice. With planned implementation in early 2021, the initiative will allow registrants in one province to be able to provide virtual services to clients in other provinces without having separate registrations. Our Registrar is the current president of ACOTRO, and meetings are held quarterly.

Over the past several years, we have worked with our national university programs and our national occupational therapy association to obtain federal funding to develop one set of national competencies. These competencies will be completed this year, and will be used to educate occupational therapy students, for the national entrance to practice exam and during practice through the quality assurance program. We have not had such as comprehensive competency document prior to this, and many different documents were utilized across the country.

The administration of our National Occupational Therapy Certification Exam is a collaboration with both ACOTRO and the Canadian Association of Occupational Therapists, (CAOT). CAOT is the third-party provider of the exam and accredits the university programs. Oversight of the administration of the national exam is completed with ACOTRO. Our Registrar participates on the Exam Oversight Committee as well as the exam working group committee as the national representative. CAOT manages the exam and provides the outcomes and trends to the Colleges for review and registration purposes.
College Registration policy only permits three attempts at the national exam, which is the consistent practice across Canada. The College remained informed and provided feedback regarding changes to exam scheduling and process (virtual) during COVID and communicated this to registrants and future registrants as it impacted our provisional class of registration and timing.

Annually we report to, and meet with, the Ontario Fairness Commissioner (OFC) about our registration practices and receive feedback about the work we are doing to ensure that all qualified applicants will be able to be registered and thus practice occupational therapy in Ontario. The OFC is informed of our SEAS process, and the work we are doing with ACOTRO on cross-jurisdictional practice, labour mobility, and the refresher program for re-entry.

Registration data is collected based on the Canadian Institute of Health Information (CIHI) criteria and contributed to CIHI on an annual basis. These contributions support development of a mutual dataset to inform workforce planning. At the end of 2020 meetings with CIHI took place to discuss revising the data collection for registration to make the categories more applicable to occupational therapy and to improve the registrant database for public users.

We have, with ACOTRO and Veterans Affairs Canada Occupational Therapists, developed a mutual understanding of how to manage registration of occupational therapists who work for this federal agency, which provides services on a national basis. This national process to facilitate appropriate registration for occupational therapists who work in multiple provinces will simplify and streamline the process for all involved, without overregulating.

During the pandemic, we worked collaboratively with the Health Workforce Regulatory Oversight Branch to support emergency management. Information was communicated regarding current, retired, and out-of-province occupational therapists and the College provided no-cost temporary registration and facilitated insurance coverage to help with health resource planning.

Lastly, we are an active member of the Ontario Regulators Access Consortium (ORAC) where we share best practices about registration practices for health and non-health regulators.

Standard 7

We have achieved the following outcomes in 2020 in collaboration with our system partners:

1. OTOC – discussions regarding virtual fieldwork placements and virtual student supervision to reduce barriers to students achieving their occupational therapy education requirements during COVID.
2. ACOTRO –
   a. Developed a new policy (pending implementation) on jurisdiction for virtual practice, early engagement in a project to review and revise the refresher program.
   b. Developed a draft set of competencies with national partners
   c. Shifted international assessments (SEAS) to a virtual format to manage during the pandemic.
3. CAOT – Accommodated ongoing completion of the National Occupational Therapy Certification Exam with support for timing and format changes (in-person and virtual).
4. Veterans Affairs – Developed a national process to facilitate appropriate registration for occupational therapists who work in multiple provinces.
5. Health Resource Regulatory Oversight Branch - Removed barriers for retired and out-of-province previous registrants to re-enter practice during the pandemic.

PSYCHOTHERAPY

Standard 5

In December 2019 the controlled act of psychotherapy was proclaimed for occupational therapists. This was an extensive project that spanned more than a decade. The public expects and requires occupational therapists practicing psychotherapy to be competent and skilled. While occupational therapists are trained to assist clients with mental health challenges as a general part of their education, providing psychotherapy carries an elevated level of risk that requires additional practice supports, collaboration, communication, and clarification of the skills and competencies needed. Occupational

therapists in the earlier stages of their education and training also require a practice supervisor or mentor, and this has been outlined to registrants in practice documents, communications, and outreach activities.

The College sought ways to collaborate with system partners about the controlled act of psychotherapy. OTs are one of the six regulated health care providers granted the authority to provide the controlled act of psychotherapy. Controlled acts have elevated risks associated with them and the College takes steps to reduce the likelihood of risks occurring. Here are some of the ways the College worked with system partners in 2020 to ensure the safe delivery of psychotherapy:

Activity	Impact for Registrants	Impact for Clients
System Partner: Other Regulators **Collaborated with several other regulatory colleges with members also having the authority to provide the controlled act of psychotherapy regarding supervision expectations.**	**Clear and consistent guidance with registrants clarifies supervision expectations when entering psychotherapy practice. Aligning with other regulators creates a common understanding for registrants and the system.**	**Clients accessing psychotherapy services will have more consistency in the expectations and arrangements between providers and their supervisors.** **This may also facilitate OTs to enter into supervisory agreements with highly knowledgably supervisors to mentor their safe practice.**
System Partner: Institutional Stakeholder **Insights provided by institutional stakeholders at the federal and regional level identified opportunities to provide clarification to occupational therapists providing psychotherapy.**	**These insights were used to create the December 2020 College newsletter's Case of the Month entitled "Competence in Psychotherapy" which uses a hypothetical practice example to demonstrate how an OT can transition into psychotherapy practice with the required competence to do so. This was distributed to all registrants.**	**Clients receive safe and effective services with OTs who have the required competence and training.**

Standard 6

The development of the controlled act of psychotherapy required significant collaboration with the regulators for psychotherapists, psychologists, physicians, nurses, social workers, and social service workers. As a result, the controlled act of psychotherapy was defined, and the meaning of psychotherapy activity or service was consistently communicated to registrants of the colleges and the public.

Examples of how The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations:

The College previously collaborated with the professional association to co-host a well attended webinar on psychotherapy that provided education regarding competence and other requirements for registrants who perform psychotherapy.

The College Practice Resource Service is available to provide private and confidential support to the public, occupational therapists, and others about occupational therapy practice in Ontario. To facilitate safe, ethical care, most calls to the practice service were responded to within the same day. This timely access allows ongoing opportunities to clarify expectations when receiving psychotherapy from an occupational therapist. Trends from inquiries were identified and shared internally and with regulatory partners to inform development of future educational resources.
Note: additional educational activities relating to psychotherapy were delayed due to pandemic priority and are reflected in the 2020/2021 workplan.

Standard 7

Examples of how "The College responds in a timely and effective manner to changing public expectations"

On an individual level:

The practice resource service directly responded to inquiries from members of the public in a timely manner (within the same day) that have questions pertaining to psychotherapy and OT practice.

The practice resource service responded to inquiries from registrants and other stakeholder in a timely manner (within the same day/within 24 hours) that have questions pertaining to psychotherapy and OT practice.

On a collective level:

The document entitled The Controlled Act and Delegation was updated in 2019 to reflect the legislative change that grants occupational therapists authorization to perform the controlled act of psychotherapy. This update clarifies to the public and other stakeholders the expectations for OTs performing the controlled act of psychotherapy

Initiation of a 2020/2021 project to enhance the Standards of Psychotherapy to continue to reflect current practice.

Outcomes of this collaboration in 2020 included:

1. **Proclamation of the controlled act of psychotherapy for occupational therapists. Jan 1, 2020**
2. **Initiation of a 2020/2021 project to enhance the Standards of Psychotherapy to continue to reflect current practice.**
3. **Occupational therapists have improved understanding of the expectations of practice via the webinar to registrants regarding psychotherapy practice.**

TRUTH AND RECONCILIATION

Standard 5

In 2015 the Truth and Reconciliation Commission (TRC) released its final report, which included 94 Calls to Action. These Calls to Action offer direction on where systemic change is needed to further reconciliation between Canadians and Indigenous Peoples. Of relevance to the College is the section on Health including Calls to Action 18-24. These parts of the document address the health disparities faced by Indigenous Peoples and acknowledge that poor health outcomes are linked to the history of colonization in Canada. Recommendations for how to begin addressing these gaps included increasing the number of Indigenous professionals working in health care.

The public expects occupational therapists to be professional and sensitive to the needs of all clients. Building trust with the Indigenous community will help facilitate positive and effective health care experiences. Reducing barriers to service delivery may further reconciliation.

Standard 6

To advance our efforts in Truth and Reconciliation, the College has engaged with Indigenous leaders to develop and revise a Land Acknowledgement statement, used for all Committee and Council meetings. This was done to raise awareness of indigenous issues within Ontario. This statement was revised during the pandemic to represent the virtual work of staff and the location of committee members throughout the province. With help from the Indigenous leaders, in 2020 we revised our renewal process to gather Indigenous-registrant data. See our page: Supporting Indigenous Communities.

In October 2020 our Council engaged in an education session on Indigenous history and health, which provided further recommendations for us to consider, including connecting with indigenous occupational therapists (See the Council Highlights).

Our engagement with Indigenous leaders and the relationship we have developed with them will continue to inform our ongoing work at building and restoring trust with the Indigenous community, and further our intentions to provide staff education and develop registrant resources and information. We plan to continue the conversation with our Indigenous registrants and to work with our university partners and our national association to address the need to engage more people of Indigenous descent to enter the profession of occupational therapy.

Standard 7

Outcomes in 2020 include:
1. Land acknowledgement developed and revised during the pandemic. This acknowledgement has been introduced for all Council and Committee meetings.
2. Collection and validation of Indigenous-registrant data at renewal.
3. Council education was completed in October, with more actionable items recommended.

DRIVER SAFETY

Standard 5

The safety of drivers in Ontario is a practice concern that impacts us all. Occupational therapists are front-line professionals who can provide valuable information to clients, their families, healthcare teams, and the Ministry of Transportation regarding safe driving. Many occupational therapists also work to specifically assess high-risk drivers and provide rehabilitation to help people to safely continue or resume driving considering a disability or health event.

Standard 6

As concerns about safe driving escalated, the College worked with the Ministry of Transportation of Ontario regarding changes to the legislation regarding the reporting of unsafe drivers and specifically discretionary reporting by occupational therapists. Today, we continue to collaborate twice annually with the Driver Improvement Office's Program Advisor regarding the number of reports received from occupational therapists, trends in reporting, changes to the process/forms that occupational therapists use.

We also continue to collaborate with the Ministry and registrants to ensure occupational therapists have the most updated information to exercise discretionary reporting responsibilities and use these contacts to inform changes to College documents and registrant education as appropriate.

Standard 7

Outcomes for 2020 included:

1. Continued collaboration to inform the ongoing role of occupational therapists in reporting unsafe drivers.
   Communicating the updated reporting tool to registrants.

DOMAIN 4: INFORMATION MANAGEMENT	
Standard 8 **Information collected by the College is protected from unauthorized disclosure.**	

Measure	8.1 The College demonstrates how it protects against unauthorized disclosure of information.
Required Evidence	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to policies and processes *OR* provide brief description of the respective policies and processes.

Privacy at the College is protected as follows:

**The Human Resources material has a confidentiality policy, and forms are signed by all staff.**

All committee and council members review and sign confidentiality agreements annually. Confidential COTO email addresses are provided to enable secure communications and transmission of College materials.

Confidentiality provisions and associated fines from the RHPA are included in onboarding and training materials.

Privacy policy is listed on the website.

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 and sharing meeting packages (using 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 is issued.

The Quality Assurance program material about registrants is anonymous, with the registrant's name applied to decisions letters and forms after the committee decision is made.

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

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.

The College is monitored 24x7 for system failure, ransomware detection and cyber attacks employing with several security tools and is only accessible through a virtual private network. Confidential and sensitive information is received and shared through secure channels.

The College has a document retention policy.
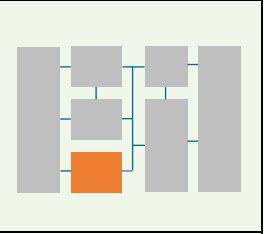
All Council and Committee packages include information about virtual meeting conduct, including proper destruction of meeting materials. **The Deputy Registrar is the designated Privacy Officer.**	

DOMAIN 5: REGULATORY POLICIES

Standard 9

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.

Measure	9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).
Required Evidence	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment **OR** describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).

The College has a document framework, workplan, and detailed review process to track documents in need of revision. The framework outlines the review process including the steps required to bring a document forward for changes. The framework and workplan are internal documents that are utilized by our Practice Subcommittee.

Practice Subcommittee is an innovative group of occupational therapists and appointed Council members from across the province that represent a range of practice settings and experience. This varied group of occupational therapists meet regularly with the College Practice team to provide "boots on the ground" awareness of the current practice environment. While Practice Subcommittee do not have decision making authority, they provide valuable insight into how COTO resources relate to practice environments.

For document review and updating, the following process is followed:

- **Standards of Practice are reviewed every 5 years, other documents as needed based on practice data / inquiries.**

- **Staff record in real time all the external inquiries that the College receives through the Practice Service. This data is analyzed monthly to identify key trends and any gaps in knowledge. Resources are developed and revised based on this intelligence. e.g., educational outreach, practice examples, questions and answers or revisions to existing documents.**
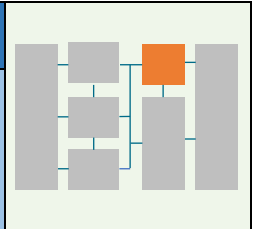
- **Policies all have review and updated dates indicated, and are brought forward for review based on relevance, priority and emerging trends requiring change. Many policies were reviewed and updated in 2020 to implement plain language.**

- **Standards are sent for registrant and stakeholder consultation with each revision. Opportunities to provide feedback are promoted via registrant newsletter, website posting and social media. Online survey tools are used to facilitate the process, with materials provided in French and English. Alternative methods for providing input are offered to ensure accessibility. As appropriate, consultations are also shared on both the Ontario Health Regulators 'Consultations' web page and via the Citizen Advisory Group newsletter to promote public input. Additional opportunities to participate in College decision-making through public input are noted on the College web page 'Public Input to College Decision-Making'. Consultation outcomes are shared on the College's dedicated 'Consultations' web page. All standards and expectations for practice are approved by Council.**

- **Standards revised in 2020: The Code of Ethics, Standards for Acupuncture, Standards for Assessment**

- **Other documents revised in 2020: Guide to Controlled Acts and Delegation.**

The College uses a document development process to identify and track revisions and the status of documents. These are operational tools, not publicly available.

Required Evidence	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College considered the following components: i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback.
College Response	The College fulfills this requirement: **Yes X** Partially No

For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) *OR* describe it in a few words.

Overview of the Typical Standard and Practice Document Review and Updating Process:

- **Practice Subcommittee (reporting to Council via the Executive Committee) or Patient Relations (reporting to Council) use a document framework and workplan to identify standards and documents that require revision. The Patient Relations Committee is responsible for revisions to the following: Professional Boundaries, Code of Ethics, Prevention of Sexual Abuse, and Conflict of Interest. Practice Subcommittee manage all other practice resources and documents on the website.**
- **Before review, the intent to review is approved by the Committee, Executive and / or Council.**
- **A Document Framework is used to guide the change process.**
- **The process typically involves an environmental scan of other Colleges' information, and internal scan of use of the existing document through website analytics, practice enquiries, quality assurance and complaints.**

- **The results of environmental scanning initiate the changes which are brought in draft form to Committee or Council. All Standards require stakeholder consultation that include the public.**
- **Final changes are then implemented and approved by Council.**
- **Documents are then translated into French and posted online.**
- **Changes are incorporated into any presentation materials.**
- **The update is communicated online and to registrants.**
- **The communications plan typically also includes targeted Case Studies in a Newsletter, or a webinar.**

Example 1: Standards for Assessment

Evidence and Data

Briefing note to Council includes a summary of the internal and external environmental scans conducted (p. 137):

External Scan – College staff completed an external scan of other regulatory bodies' documents pertaining to assessments. Despite variations in approaches to presenting Standards, staff found that the expectations outlined in the Standards for Assessments align with the expectations of other regulated health professionals. This finding dispelled some myths and perceptions that OTs were being held to a higher standard of practice.

Internal Scan – An internal scan involved the review of the Practice Program, and Quality Assurance Program data and a review of common ICRC pertaining to assessments. A review of the ICRC case data also identified similar themes interrelated with assessment.

Content & Format Review – Practice Subcommittee reviewed the content and format of the Standards for Assessments, Subcommittee recommended that significant changes were required to remove outdated references and reformat the Standards and change the title to align with the current publication formats.

Website Analytics – reviewed and "key words" were identified for how this document is searched.

Risk Posed to Patients / the Public

Public Interest: As stated in the Council Briefing Note: Assessments are an integral part of occupational therapy practice and serve as the foundation for clinical decisions, professional opinions, and recommendations. Occupational therapist assessments can negatively impact the public if not performed by a competent practitioner. Occupational therapists performing assessments are expected to comply with the Standards for Assessments. The Standards for Assessments outline minimum expectations to ensure the public is receiving safe, ethical, competent assessments from Ontario occupational therapists.

Current Practice Environment

Practice Subcommittee: In addition to the environmental scan and data analysis, the College also utilizes a non-statutory practice subcommittee whose members are registered OTs from across Ontario, and includes two council members, who provide valuable input into the development or revision of the Standards. Subcommittee identifies gaps and reflects the current practice environment ensuring that the Standards also reflect the public interest and meets the minimum expectations for consistent practice.

Alignment with other Colleges

Refer to criteria 1. External Scan: The external environmental scan supported that the Standards align with other regulatory Colleges expectations for practice with respect to accountability for the assessment components of their practice including having the competence, skills, knowledge, and judgment to perform the assessment activities safely and ethically.

Expectations of the Public

Inquiries to the Practice Service from the public, the use of Public Members on Council and Committee and complaints received through investigations and resolutions are used to look at common themes that emerge from the public lens. The public consultation was also used to garner any required document changes for public expectations for OT assessment.

Stakeholder Views and Feedback

Consultation: Our Document Framework outlines that Standards revisions require broader public and stakeholder consultation. This consultation was available on the Ontario Health Regulators website to obtain feedback from the public to identify any concerns to further examine.

Example 2: Discontinuing Service

Evidence and Data

In summer 2020 an environmental scan was conducted related to the document that outlines the expected processes for discontinuing occupational therapy service. The environmental scan includes data driven insights from both internal and external sources including:

Internal Data:

- Analysis of Inquiries to the Practice Resource Service
- Data from Investigations, Complaints and Resolutions Program
- Data from the Quality Assurance Program / Peer and Practice reviews with registrants
- Website analytics on views and download activity of the document

External Data:

Researched approaches by other health regulators related to discontinuing services to inform the revision and alignment of this document.

A summary of the data that formed the foundation of the revisions can be found in the briefing note that was provided to Council at: **Council Meeting Package – January 28, 2021 (p.234)**.

Risk Posed to Patients / the Public

Public Interest: As stated in the Council Briefing Note: Discontinuing services improperly can have detrimental impacts to clients. Revisions to this document furthers the College's mandate for public protection by ensuring professional standards and resources are up-to-date and reflect evolving practice so occupational therapists are practicing ethically, safely, and effectively.

Current Practice Environment

Practice Subcommittee: Practice Subcommittee contributed a great deal to this revision by informing key messages and providing practice examples. Council members, both occupational therapists and academic members, as well as public members, also provided valuable feedback and approval of the final document.

Alignment with other Colleges

Refer to criteria 1. External Scan
Expectations of the Public

Fall 2020 Public Stakeholders: Clients & Caregivers: Early consultation with the Citizen Advisory Group (CAG) resulted in a new client perspective to this resource (https://citizenadvisorygroup.org/). A tailored set of questions were asked to clients and caregivers in this focus group about ending occupational therapy service.

The CAG Report (Appendix C) describes the discussion questions and recommendations to the document. An insight that emerged from this consultation is the preferred "patient – provider partnership model" that includes transparent and collaborative decision making between client and therapist. This theme is woven throughout the revised version of this resource and resulted in the addition of a section entitled: The Client and Caregiver Perspective.

Following revisions from Subcommittee and the CAG, a plain language review was completed to improve the accessibility and readability of the document for the public.

Stakeholder Views and Feedback

Winter 2021 Public & Registrant Stakeholders: COTO's Council is made up of both public and professional members. This updated document was reviewed by Council early 2021 for stakeholder feedback prior to posting on public website and disseminating to all registrants. In March 2021 a webinar will be hosted to introduce the new resource and to help registrants apply this to their practice.

Overview of the Typical Policy Review and Updating Process

For the three main areas of the College that are not involved in the development of Standards of Practice for registrants; Registration, Quality Assurance and Investigations and Resolutions, each of these areas work with their respective committees to develop and review policies pertaining to their processes. The Registration Policies are developed mostly with the applicants in mind as the main users of the policies, and these inform and explain registration requirements. They are reviewed for plain language and posted on the website. These are normally reviewed and updated on a 3-year cycle or when required.

Much information is provided on the website about the Investigations and Resolutions process and this is aimed at both the public making a complaint and the OT who may be the subject of the complaint. This information is written in a way to promote clarity and readability. Internal policies used to describe processes are developed in conjunction with the committee affected, in this case: the Investigations Complaints and Reports, Discipline or Fitness to Practice Committees.

Similarly, there is a lot of information on the website about the Quality Assurance processes that is written to be understandable and clear. QA policies are determined with the QA committee and are reviewed when processes or policies change. These are communicated through the website to registrants and the public.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 10
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.

Measure	10.1 Applicants meet all College requirements before they can practice.
Required Evidence	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements *OR* describe in a few words the processes and checks that are carried out:

All applicants must apply and provide supporting documents to the College for review prior to being registered. This ensures they meet registration requirements. Examples of required documentation includes, but is not limited to, the following:

- **Transcripts to provide evidence of completion of education**
- **Regulatory history forms from other jurisdictions to provide evidence of good standing**
- **Letter of employment to provide evidence of currency to show recent practice and knowledge in the profession**
- **Vulnerable sector check for suitability to practice**
- **Evidence of work eligibility (citizenship, work permit, etc.)**
- **Evidence of successful completion of the National Occupational Therapy Certification Examination (NOTCE).**

Insert a link *OR* provide 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.):

Documents from third parties must be sent directly from the source to ensure authenticity.

Provisional registrants who have not passed the exam but are currently registered to write the next available sitting must practice under the supervision of a College approved supervisor until successful completion of the examination.

Internationally educated occupational therapists are required to complete the Substantially Equivalent Assessment System (SEAS) to ensure that their education is substantially equivalent to a Canadian program in occupational therapy.
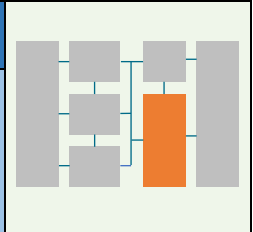
A labour mobility support agreement is in place to manage the policies around applicants who come to Ontario from other Canadian jurisdictions. These processes are reviewed nationally on a regular basis and common requirements and forms are in place to facilitate a fair and transparent process. Regular discussions with all national OT regulators occur and many requirements have been harmonized to facilitate national mobility.

Applicants who do not meet the currency requirement at the time of application must complete a refresher program which is determined based on how long they have been out of the profession.

[Clinical Re-Entry Program Information Package](#)

Any applicant who does not meet registration requirements as stated in the Ontario Regulation 226/96: General, under the *Occupational Therapy Act, 1991* is referred to the Registration Committee for review and decision.

Calendar 2020: January 1, 2020 to December 31, 2020

Cases Referred:

10 Cases referred to Registration Committee (RC) / 505 applications submitted
= 1.98% of applications were referred to RC in Calendar 2020

Refresher Programs Referred:

11 new refresher programs in 2020 / 505 applications submitted
= 2.17% of applications were referred to RC in Calendar 2020

Refresher Programs Completed:

6 refresher programs completed (including refresher programs started prior to 2020) / 11 refresher program ruling letters sent in
= 54.5% of refresher programs were completed in Calendar 2020

The following is the further breakdown of Committee decisions:

Approval of Certificate

a.   1 case resulted in Issue Certificate
b.   1 case resulted in Issue Certificate with Undertaking (suitability to practice)
c.   1 case resulted in Impose Terms, Conditions, Limitations

Further Education

d. **4 cases resulted in Issue Certificate After Training**	
Refuse Application	
e. **1 case was denied (additional exam attempt)**	
f. **2 cases had no decision, recommendation only**	

Additional comments for clarification (optional)
There are plans for the College to review the current refresher program with other Canadian OT Regulators to update this and confirm if the current model remains best-practice.

Required Evidence	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).
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon *OR* describe in a few words the process and checks that are carried out.

Registration policies are available on the College website.

All registration policies were reviewed and revised for plain language and design in 2020 and will be posted on the website in 2021. The stats below pertain to the old version of the policies and next year's reporting cycle will reflect revised policies in 2021.

Many of the registration requirements have been reviewed and harmonized across Canada for consistency. For example, when determining language requirements and processes, this has been decided by a national review and consensus. In addition, the requirements for currency have a national goal, with almost all provinces adjusting regulations to be consistent.

Many of the policies are used in daily operations of the College and therefore are relevant.

Provide the date when the criteria to assess registration requirements was last reviewed and updated:

Policy	Website Views (Unique)	Policy	Website Views (Unique)
Policy on the Approval of Supervisors and Other Agents of the College	111	**Examinations (8-60)**	19
Criminal Record Screening of Applicants and Members (8-71)	89	**Practising without Authority (8-140)**	21
Language Fluency – Requirement (8-81)	78	**Provisional Registration – Request for Deferral of Exam (8-150)**	15
Currency – Annual Renewal (8-50)	75	**Insufficient or Inadequate Documentation (8-110)**	13
Determining Suitability to Practise at Registration (8-72)	49	**Education and Fieldwork – Internationally Educated (8-21)**	11
Provisional Registration – Request for Second Provisional Certificate (8-160)	10	**Assessment of Qualifications (8-181)**	44

Currency – Initial Applicants (8-40)	42	**Language Fluency – Exemption Request (8-90)**	7
Access to Records (8-170)	29	**Legal Authorization to Work in Canada (8-100)**	7
Education & Fieldwork – Canadian Educated Applicants (8-10)	24	**Accommodation Requests in the Registration Process (8-190)**	20
Liability Insurance (8-120)	24		

Additional comments for clarification (optional)
Policies that are subject to the most change would be policies that involve third parties such as police services, education credentialing services and universities. For many, annual review is undertaken.

Measure	10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.
Required Evidence	a. Checks are carried out to ensure that currency[2] and other ongoing requirements are continually met (e.g., good character, etc.).
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon *OR* provide a brief overview:

Ontario Regulations 226/96: General

Occupational Therapy Act, 1991 **section 36(4) states the following:**

List the experts / stakeholders who were consulted on currency:

The following are conditions of a general practising certificate of registration

The member must,

- **Have completed at least 600 hours of service within the scope of practice of the profession in the previous three years, or**
- **Have successfully completed within the previous 18 months a refresher program accepted by the Registration Committee.**

Identify the date when currency requirements were last reviewed and updated:

The College monitors currency requirements through self-declaration during the annual renewal process annually. The registration team follows up with registrants who self-identify under one of the following:

- **incorrectly indicate they are new grads when they have been out of school for more than 18 months**
- **Incorrectly indicate that they have been registered for less than 3 years**

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

• **Incorrectly indicated that they have completed a re-entry program within the previous 18 months**	
• **Registrants who have selected that they require a review of their currency hours.**	

Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.

Registrants are asked suitability to practice questions each year at annual renewal and are required to self report any conditions that would affect their ability to practise safely and ethically.

Starting in 2017, the College requires all applicants to submit a valid vulnerable sector check when applying regardless of whether they have been previously registered.

Additional comments for clarification (optional)

The College is embarking on an initiative to request anyone registered prior to 2017 to submit a valid vulnerable sector check. The goal is to have a vulnerable sector check for all registrants by December 31, 2022. Once this project is complete, the College will determine how to further monitor/audit for vulnerable sector checks ongoing.

Measure	10.3 Registration practices are transparent, objective, impartial, and fair.
Required Evidence	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).
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to the most recent assessment report by the OFC **OR** provide summary of outcome assessment report:

The most recent assessment report of registration practices by the Office of the Fairness Commissioner (OFC) was received in 2018.

The OFC found that since its last assessment COTO has implemented measures to achieve more transparent, objective, impartial and fair practices. There were no further recommendations for the assessment period.

Where an action plan was issued, is it: Completed ☐   In Progress ☐   Not Started ☐ **No Action Plan Issued X**

Additional comments for clarification (if needed)

The College will continue to identify ways to achieve more transparent, objective, impartial and fair practices by identifying any potential procedural gaps for evaluating and monitoring third party assessment practices and plan to implement such procedures periodically.

Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Measure	11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.
Required Evidence	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).
College Response	The College fulfills this requirement: **Yes X** Partially No

Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:

Name of Standard: **Standards for Assessment**

Duration of period that support was provided: **6 months, ongoing.**

Activities undertaken to support registrants: **Public consultation, answering of practice questions and inquiries about changes and updates, information about updates in monthly newsletter, updated information included updates in speaking engagements, Quality Assurance peer assessment updated to align with new standard, launch of registrant webinar for March 2021.**

% of registrants reached/participated by each activity: **300 participated in online consultation, 13 practice calls received regarding the updated document in the first 30 day period, 1652 website views since document launched, all registrants (6400+) receive the newsletter, Webinar (to cover two document updates) will be in March 2021.**

Evaluation conducted on effectiveness of support provided: **Beyond practice calls / emails and general feedback, specific feedback about the document after it is posted is not obtained but feedback following a webinar is completed via survey.**

Does the College always provide this level of support: **Yes X** No ☐

Another activity completed to connect registrant competency to documents is the annual PREP (online mandatory education module) which pulls in multiple standards into one learning tool. For example, in 2020 our PREP was on Risk Management, and was required to be completed by all registrants with as resulting 98%+ participant compliance. Following the PREP there were 1600+ responses to the feedback survey which indicated that:
  - **94.47% strongly agreed or agreed that the PREP module was relevant to their practice.**
  - **88.94% strongly agreed or agreed that the PREP module raised issues present in their practice.**
  - **91.26% strongly agreed or agreed that the PREP module increased their knowledge on managing risk.**
  - **87.88% strongly agreed or agreed that the PREP module will positively impact their practice.**
  - **78.84% strongly agreed or agreed they will implement at least one change from the PREP module to their practice.**

If not, please provide a brief explanation: **NA**

Measure	11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].
Required Evidence	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified to ensure the most impact on the quality of a registrant's practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.

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

College Response	The College fulfills this requirement: Yes Partially **X** No

List the College's priority areas of focus for QA assessment and briefly describe how they have been identified *OR* link to website where this information can be found:

Since 2016 the College's Quality Assurance peer assessment program has been in redesign. In 2020, the selection step was finalized based on right-touch regulation and involves the categorization of registrants into risk areas. More registrants will be selected for QA participation from the higher risk areas identified. This was first piloted through the selection of registrants for a Peer Assessment in December 2020. All updates to the Quality Assurance Program, including Risk-Based Selection, are available here.

Is the process taken above for identifying priority areas codified in a policy: Yes ☐   **No X**

If yes, please insert link to policy

Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach *OR* describe right touch approach and evidence used:

A vendor was selected through RFP to design the selection step. Their research and the development of the risk-based selection step was completed over 2019-2020. The results of their expert analysis is proprietary, but the outcome of their work is posted online.

Provide the year the right touch approach was implemented *OR* when it was evaluated/updated (if applicable):

The right-touch selection step was implemented in 2020, with the first registrants selected to participate in December. The second stage of this process (screening from the selection step before the peer assessment) is currently in development with a targeted completion of October 2021.

If evaluated/updated, did the college engage the following stakeholders in the evaluation:

- *Public*   *Yes* **X**   *No* ☐ **Citizen Advisory Group, Planning Focus Group.**
- *Employers*   *Yes* **X**   *No* ☐ **Employer OTs on Committee / Council / Registrants**
- *Registrants*   *Yes* **X**   *No* ☐ **Survey with 1134 responses.**
- *other stakeholders*   *Yes* **X**   *No* ☐ **College of Physiotherapists, Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), HPRO**

Insert link to document that outlines criteria to inform remediation activities *OR* list criteria:

Quality Assurance Committee uses a decision criteria and risk analysis approach to make decisions about remediation activities required of a registrant following non-compliance with a Quality Assurance requirement, or after a Peer Assessment. Historical information is also considered, along with a registrant's response and demonstration of insight and change following the assessment.

In 2020, for Peer and Practice Assessments:
90% of outcomes were take no action and 10% were issued a specified continuing education or remediation program (SCERP).

For Non-Compliance with annual QA Tools for 2020 (n=17 registrants):
9 completed the tools late but before QAC committee meeting
5 completed the tools as directed by QAC

1 was directed to complete the tools but resigned
2 were referred for a Peer Assessment (1 of which resigned).

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

Additional comments for clarification (optional)

When the second step is developed and finalized one policy will be developed to outline the entire selection process.

The College has engaged a second vendor to design the middle step in the proposed three-step Quality Assurance process of participation in a Peer Assessment. While the first step is established based on risk, a middle step is required to further screen registrants to apply the right-touch principles of who may need more evaluation through a Peer Assessment. This work is underway, with a targeted pilot of June 2021.

Measure	11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.
Required Evidence	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to the College's process for monitoring whether registrant's complete remediation activities *OR* describe the process:

Registrants are provided with notice of the intent to issue a remediation activity. Sometimes this notice prevents the need for the activity, as the registrant responds showing that they have addressed the outlined concerns.

When remediation activities are required, the registrant is tracked internally for completion of the needed items. Missed deadlines or incomplete remediation participation by the registrant is brought back to committee.

Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation *OR* describe the process:

Depending on the remediation activity, registrants are either required to complete any outstanding tools and submit evidence of the same, write a reflection paper that is submitted and approved, participate in practice monitoring with a learning plan that is also submitted and approved, or have another peer and practice assessment after the remediation activities are completed to confirm that they now have demonstrated the knowledge, skills and judgement that were absent prior. 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 Quality Assurance Program.

Standard 12	
The complaints process is accessible and supportive.	
Measure	12.1 The College enables and supports anyone who raises a concern about a registrant.
Required Evidence	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).
College Response	The College fulfills this requirement: Yes **Partially X** No

Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:

1. **Concerns or Complaints About an Occupational Therapist**
2. **Complaints Investigation**
3. **Report Concerns or File a Complaint About an OT**
4. **Concerns About OTs: How the College Makes Decisions**
5. **Alternative Dispute Resolution**
6. **Information About Sexual Abuse**
7. **Application for Funding for Therapy, Counselling and Related Non-Therapeutic Expenses**
8. **Sexual Abuse Prevention**

Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: **Yes X**   No ☐

The College has a processes and procedures manual and checklists for investigations and resolutions staff to refer to at the various stages of the investigation to achieve this. One of the requirements of the process outlined 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 additional information or documentation should be requested. The College also has templates for emails and other written correspondence that provides information about the complaints process for complainants (including 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*. The College additionally has an internal policy, approved by the College's Council, that outlines the criteria that must be met for a complaint to be eligible for Alternative Dispute Resolution (ADR).

Does the College evaluate whether the information provided is clear and useful: Yes ☐   **Partially X**   No

The College periodically updates the information on its website about the complaints process to ensure they continue to be accurate and follow legislation and best practices. During the reporting period, an external legal audit of the ICRC's operations was conducted and by the end of the 2020 calendar year, the College implemented 92% of the improvements suggested. The College includes a feedback box on its Concerns About OTs: How the College Makes Decisions webpage asking if the information is helpful. All of the responses received during the reporting period answered in the affirmative and any comments provided confirmed the reader appreciated the information and found it helpful.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes X** *No* ☐	
Additional comments for clarification (optional)	

In January 2021, the College launched a complaint process feedback survey for complainants and registrants to anonymously complete once their matter is determined. Some of the questions asked specifically seek to evaluate whether the information provided about the College's complaints process was clear and useful. Additional materials, which underwent an external plain language review, explaining the complaints process were developed and launched in March 2021. These materials can be emailed to persons who make inquiries about the complaints process and are also enclosed with the complaint notice and acknowledgment letters mailed out to the parties to a complaint.

Required Evidence	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures)

During the reporting period, the College responded to 100% of the inquiries received from the public related to the complaints process within 5 business days.
During the reporting period, the College's investigations and resolutions program area responded to 97% of all inquiries received from the public within 5 business days.

Required Evidence	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.
College Response	The College fulfills this requirement: **Yes X** Partially No

List all the support available for public during complaints process:

Complaints and reports can be filed online, sent by fax, email, or mail.

The College's primary complaints process webpage highlights the College's willingness to accommodate individuals and accommodation processes are also set out in the notice and acknowledgment letters sent to complainants and registrants.

Investigations and Resolutions (I&R) staff undergo periodic accessibility training.

Accommodation is provided to requesting individuals at all stages of the complaints process. Examples of past accommodations include having an external third-party facilitator assist in the drafting of the complainant's complaint, College staff transcribing voice messages left by an intended complainant who experiences difficulty with writing and emailing the transcript to them to confirm their accuracy, and having a third-party facilitator help a complainant draft a reply to the registrant's response to their complaint.
French translation services are available.

Reasonable extensions are often provided to requesting complainants so that they may submit additional information or documentation.

If a complaint or report raises concerns that a person may have been sexually abused by an occupational therapist, if the person's name is known, College staff will contact the person to provide them with information about how they can access the Sexual Abuse Funding Program and offer a third-party support. The independent support person provided by the College is an expert in providing trauma informed support and specializes in trauma because of sexual abuse and has an in-depth knowledge of the College's complaints, reports, and discipline processes. This person is made available regardless of whether

the person who is alleged to have been sexually abused filed a complaint or not, and is available at all stages of the process from intake all the way up to the determination of any discipline hearing held into the allegations.

Most frequently provided supports in CY 2020:

- **Third-party facilitator retained to help an intended complainant write and submit their written complaint.**
- **French translation services.**
- **Only mailing correspondence and refraining from using telephone and email at the request of the complainant.**

Measure	12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.
Required Evidence	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process *OR* provide a brief description:

During all telephone and email contact, staff invite complainants to contact them if they have any questions or concerns about the information provided or the investigation process.

In compliance with the requirements of the *RHPA*, delay letters are sent out for complaints not resolved within 150 days.

All parties to complaints and reports are advised in writing when their matter is scheduled for review by ICRC. When an extension request is granted, communicate with other party where relevant that there will be a delay.

If a matter is referred to Discipline by the ICRC, a letter is sent to the complainant notifying them of the referral and the College's prosecution counsel advises them when a matter is set down for hearing if they are to be called as a witness.

Additional comments for clarification (optional)

To elevate the criteria further, in February 2021, a new process was implemented requiring College staff to contact the other party, to advise of any approved extension request if it will cause a processing delay.

Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Measure	13.1 The College addresses complaints in a right touch manner.
Required Evidence	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).

College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to guidance document *OR* briefly describe the framework and how it is being applied:

Investigations & Resolutions (I&R) Manager reviews all complaints and reports received, and assesses risk using a standard risk classification process, including any potential need for an interim order.

I&R Manager assigns cases to team members based on risk i.e. high and moderate risk cases are assigned to more experienced staff or increased supervision is provided if this is not possible.

If a complaint, I&R staff member investigating on behalf of the ICRC immediately reviews to ascertain if potentially frivolous & vexatious or ADR processes should be invoked.

I&R team conduct bi-weekly case reviews where the risk rating is reassessed as new evidence becomes available.

In accordance with right touch regulation principles, moderate and high-risk cases are prioritized.

When reviewing cases, the ICRC use two different types of risk assessment tools: a risk matrix to determine the level of risk and a decision tree that ensures consistent decision making based on risk.

Provide the year when it was implemented *OR* evaluated/updated (if applicable): **2020**

Standard 14
The College complaints process is coordinated and integrated.

Measure	14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).
Required Evidence	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.
College Response	The College fulfills this requirement: Yes **Partially X** No

Insert a link to policy *OR* briefly describe the policy:

When appropriate and in compliance with the requirements of s. 36 of the RHPA, the College will share information about investigations and decisions made by the ICRC, Discipline and Fitness to Practise Committees.

There are regulatory history forms/suitability to practise requests and letters of standing that I&R assists Registration with completing for those registrants applying in other jurisdictions or with other Ontario professional regulators.

If concerns are received which impact another regulator, e.g. an OT using "doctor", or any abbreviation of it, in their title or another registered professional holding out as an OT, staff share all known information about the concerns received with the applicable regulator.

Similarly, if during an investigation into an OT, information is learned which raises incompetence or misconduct concerns about another regulated health care professional, that information will be reported

to the relevant regulator. For instance, if investigating allegations of sexual abuse committed by an OT the College learns that another regulated healthcare professional knew of the abuse but did not file a mandatory report.

Information is also disclosed, in accordance with the *RHPA*, if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. The I&R team utilizes this principle when assessing whether information a registrant has disclosed needs to be reported to law enforcement for further action (i.e. wellness checks).

Any listed employer of an OT is informed if the OT's certificate of registration was suspended or revoked or had TCLs placed in it by the ICRC (through an interim order or undertaking with restrictions), Discipline Committee or the Fitness to Practise Committee.

Any other regulator we know an OT is registered with is informed of any suspensions, revocations or if the Discipline Committee makes a finding of professional misconduct and/or incompetence, or if a finding of incapacity was made by the Fitness to Practise Committee.

Following recommendations made in the To Zero Independent Report, information is never unilaterally reported to the police following receipt of a report or complaint alleging sexual abuse or sexual harassment. In these instances, the individual alleged to have been sexually abused is given the choice to decide if they wish to report to the police and investigations staff also offer to make a report on their behalf, if they consent to us doing so.

Cease and desist letters are sent to employers who have retained individuals illegally practicing occupational therapy or holding themselves out as OTs without being registered with the College. This can include former registrants who resigned while on a leave of absence with their employer and resumes work prior to being registered with the College.

Information may be shared with the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the national organization of occupational therapy regulators in Canada, about unauthorized practice situations and discipline findings.

Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home').

The College has shared information about a registrant's prior history and whether they are the subject of any ongoing investigations with other regulators in Canada that the registrant is applying for registration with.

The College has reported information to another regulator in Ontario during the reporting period when it received information that their member was calling themselves an occupational therapist without being registered with the College.

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

Additional comments for clarification (if needed)

The College will develop a written policy in 2021. Topics also pertaining to this policy are to include, when it might be appropriate to share information with government agencies which may designate OTs to perform certain healthcare activities such as the Assistive Devices Program or the capacity assessor list made under the *Substitute Decisions Act, 1992.*
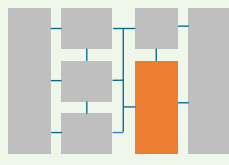
DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT	
Standard 15 **The College monitors, reports on, and improves its performance.**	

Measure	15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.
Required Evidence	a. Outline the College's KPI's, including a clear rationale for why each is important.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included *OR* list KPIs and rationale for selection:

The College has several KPI processes. These include:

The Quarterly Report for all program and committees is submitted to Council quarterly for review and approval. This was updated in 2020 to include important KPI's per program and committee, as decided by Executive, College Staff, and as to prevent significant overlap with this CPMF report and the published and publicly available annual report. The Quarterly report is available at: January 28, 2021 (p.27) and the process of developing this updated version is explained on p. 25.

In addition, the annual report supports all the quarterly reports where information about the College programs and relevant and useful regulatory and operational information regarding the previous year is compiled, approved by Council, and posted. The 2020 report is available online.

When developing the 2020-2023 strategic plan, the College Risk register was used to identify risk areas and how these are mitigated, controlled, or alleviated through the proposed strategic activities. The entire risk report is not provided to Council unless requested, but a report of the high / critical risks is reviewed by both Council and Executive at each meeting. These risks inform some of the Quarterly KPIs, some of the content in the Annual Report, and the Strategic Plan.

Additional comments for clarification (if needed)

The College is in the process of retaining a vendor for an Enterprise-Wide information system. The current platform does not allow for efficient collection and reporting of KPIs. The College's ability to better define KPIs, track, monitor and report on these will improve with a system (scheduled for 2021).

Required Evidence	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes:

The June Council meeting contains a report on the Strategic Outcomes and ongoing objectives. Each quarter, progress on strategic outcomes are reported to council via presentation. This is outlined on the agendas, outlined on these packages:

January 2020 (Risk Report: p. 22, Priority Report: p. 14)

March 2020 (Risk Report: p. 43, Priority Report: p. 35)

June 2020 (Risk Report: p. 58, Strategic Objectives: p. 38, Priority Report: p. 51)

October 2020 (Risk Report: p. 114, Priority Report in redevelopment during this meeting, reported in January 2021 as the new Quarterly Performance Report)

Measure	15.2 Council directs action in response to College performance on its KPIs and risk reviews.
Required Evidence	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to Council meeting materials where relevant changes were discussed and decided upon:

Tracking of high-risk activities and reporting on these are provided to Council at each meeting. In the risk report, Control Procedures, Action Plans and Monitoring, and any updates to improvement activities are available in the Council meeting materials, available here:

January 2020 (Risk Report: p. 22)

March 2020 (Risk Report: p. 43)

June 2020 (Risk Report: p. 58)

October 2020 (Risk Report: p. 114)

In one example of risk improvement activities, on the Quarterly Report the timeframes for ICRC case completion were identified as being too long. Over 2020, initiatives were made to address this risk, with the case completion times now within established benchmarks.

Measure	15.3 The College regularly reports publicly on its performance.
Required Evidence	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.
College Response	The College fulfills this requirement: **Yes X** Partially No

Insert a link to College's dashboard or relevant section of the College's website:

All Council materials are posted on publicly on the website, archived by date. In these, all information about strategic priorities and performance are posted for both Council and those that attend the meetings or wish to review the materials.

All outcomes are outlined on our Strategic Planning page, available for 2017-2020.

2020 – 2023 Leadership Outcomes available on our website.

Part 2: Context Measures

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended methodology (for all Context Measures)** College methodology

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

Context Measure (CM)

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

Type of QA/QI activity or assessment	#
i. **Peer and Practice Assessment**	**10 carried over from 2019** **18 new in 2020 (2 resigned)**
ii. **Self-Assessment (every other year requirement) due December 31, 2020**	**2534 (98.3% compliance)**
iii. **Professional Development Plan (annual requirement), 2020 exemption granted**	**NA**
iv. **Prescribed Regulatory Education Program (annual requirement) due December 31 2020**	**6172 (98.5% compliance)**

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

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

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 several ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).*

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.

Additional comments for clarification (if needed)

Currently, the QA Competency Assessment program is in redesign with a target outcome of being able to select and process more registrants through a risk-based approach and screening tool. The risk-based selection process was completed in 2020 and the pilot of this began in December. The screening tool (Step 2) is to be piloted in June 2021 with an anticipated full program roll-out by year end 2021. For 2020 the Professional Development Plan completion requirement for May 31 was waived due to the pandemic. Despite this, it was still completed by 20% of registrants.

Context Measure (CM)			
	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020 **Peer Assessments** **Self Assessment** **Prescribed Regulatory Education Program (PREP)** **Professional Development Plan**	**28** **2491/2534** **6080/6172** **NA**	**.4** **98.34** **98.51** **NA**	*What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.*
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. * ** NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*	**Non-Compliant** **n=8/17** **PPA** **n=1/10 (SCERP)**	**47%** **10%**	*The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.*

Additional comments for clarification (optional)

CM 2. The number of registrants change with new applications and resignations, so it is a moving target during the year. The Self-Assessment is only completed every other year, so not all registrants were required to complete this in 2020. The deadline for the Self Assessment and PREP was December 31, 2020, so any registrants who were non-compliant with these tools will be addressed in 2021.

CM 3. Only 10 assessments went to QAC in 2020, the other 16 are pending in 2021 as the selection was completed in December and assessment booked for January 2021. Selection of registrants for assessment was delayed due to the pandemic considering that the in-person process needed to be moved to virtual. For non-compliance with the required QA Program tools for 2020, 17 registrants were flagged and 8 were directed to complete the tools or undergo a Peer and Practice Assessment. Of these 8, two resigned.

The program has focused on non-compliance with the mandatory QA tools over the last several years as non-compliance and failure to engage in appropriate learning and reflection is related to risk of incompetence.

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	*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.*
Registrants who demonstrated required knowledge, skills, and judgment following remediation**	**7**	**100**	
Registrants still undertaking remediation (i.e. remediation in progress)	**0**	**0**	

Additional comments for clarification (if needed)

Only seven registrants required remediation in 2020. One was a SCERP following a Peer and Practice Assessment and this was completed. 5 were required to complete the PREP and Self Assessment, and 1 was required to undertake a Peer and Practice Assessment. The 2020 QA deadlines were moved to December 31, 2020 due to the pandemic, so remediation for registrants that were non-compliant will be in January 2021.
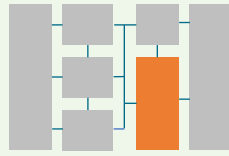
Of non-compliance cases, 14 (100%) of those directed to complete the outstanding QA tools, completed the self-directed learning activity. 2 resigned and 1 was directed to a Peer Assessment.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended X (for all Context Measures)** College methodology ☐

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

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		
Themes:	#	%	#	%	
Advertising	0	0	0	0	
Billing and Fees	0	0	NR	NR	*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.*
Communication	NR	NR	NR	NR	
Competence / Patient Care	6	60	NR	NR	
Fraud	0	0	NR	NR	
Professional Conduct & Behaviour	NR	NR	NR	NR	
Record keeping	NR	NR	NR	NR	

Sexual Abuse / Harassment / Boundary Violations	**0**	**0**	**0**	**0**
Unauthorized Practice	**0**	**0**	**0**	**0**
Other <please specify>	**NR**	**NR**	**13**	**72**
Total number of formal complaints and Registrar's Investigations**	**10**	**100%**	**18**	**100%**

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

    Registrar's Investigation: *Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*

ǂ   **NR** = *Non-reportable: results are not shown due to < 5 cases (for both # and %)*

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

Additional comments for clarification (if needed)

The complaints that did not fall into any of the noted themes and instead fell into the "Other" category related to concerns around interprofessional communication and incorrect addresses of the registrants which were provided to organizations that the registrants provided services to. The Registrar's Investigations that fell into the "Other" category related to concerns reported around non-record keeping related privacy breaches and failure to meet the College's professional liability insurance requirements. Based on our interpretation of the technical specifications relating to this context measure, excluded from the above analysis are matters which are not complaints, but information reported where an investigator is not appointed by the ICRC (e.g. matters where the Registrar decides not to seek ICRC approval to appoint an investigator pursuant to s. 75(1)(a) and instead initiates preliminary or health inquiries, takes administrative action, or closes a matter with no regulatory action, etc.) and a case where an investigator was appointed pursuant to s.75(1)(b) i.e. Quality Assurance Committee referral.

Context Measure (CM)

CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	**16***		
CM 7. Total number of ICRC matters brought forward because of a Registrars Investigation in CY 2020	**28***		
*Note to reader re CM6 and CM7: Complaints and registrar's investigations brought forward to the ICRC for consideration more than once during the reporting period were only counted once in the data reported.			*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.*
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	**19**		
CM 9. Of the formal complaints* received in CY 2020**:	**#**	**%**	
Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ǂ	**0**	**0**	
Formal complaints that were resolved through ADR	**0**	**0**	
Formal complaints that were disposed** of by ICRC	**20**		
Formal complaints that proceeded to ICRC and are still pending	**3**	**19**	

Formal complaints withdrawn by Registrar at the request of a complainant ∆	**NR**	**NR**
Formal complaints that are disposed of by the ICRC as frivolous and vexatious	**0**	**0**
Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	**0**	**0**

** *Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

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

ɟ *ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*

∆ *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.*

\# *May relate to Registrars Investigations that were brought to ICRC in the previous year.*

** *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.*

ɸ *Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*

NR *= Non-reportable: results are not shown due to < 5 cases (for both # and %)*

Context Measure (CM)

CM 10. Total number of ICRC decisions in 2020

Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisionsɟ						
Nature of issue	Take No Action	Provides Advice / Recommendations	Issues Oral Caution	Orders a Specified Continuing Education or Remediation Program	Agrees to Undertaking	Refers Specified Allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
Advertising	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Billing and Fees	**NR**	**0**	**0**	**NR**	**NR**	**0**	**0**
Communication	**NR**	**NR**	**0**	**NR**	**NR**	**0**	**NR**
Competence / Patient Care	**8**	**6**	**0**	**NR**	**NR**	**0**	**NR**
Fraud	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Professional Conduct & Behaviour	**7**	**NR**	**0**	**0**	**NR**	**0**	**NR**
Record keeping	**7**	**0**	**0**	**NR**	**6**	**0**	**8**
Sexual Abuse / Harassment / Boundary Violations	**NR**	**0**	**0**	**0**	**0**	**NR**	**0**
Unauthorized Practice	**NR**	**0**	**0**	**0**	**0**	**0**	**0**
Other *<please specify>*	**6**	**NR**	**0**	**0**	**NR**	**0**	**NR**

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.
ⱡ **NR** = Non-reportable: results are not shown due to < 5 cases.
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or findings.

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

Additional comments for clarification (if needed)

The themes that fall into the "Other" category relate to concerns reported around non-record keeping related privacy breaches, engaging in inappropriate sexual relations with someone other than a client, and failure to meet the College's professional liability insurance requirements.

Context Measure (CM)

CM 11. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
A formal complaint in working days in CY 2020	**332**	*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*
A Registrar's investigation in working days in CY 2020	**513**	*timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*

*Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).
*Disposal Registrar's Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

Additional comments for clarification (if needed)

While 332 days and 513 days were the respective 90th percentile disposal of complaints and registrar's investigations, 205 and 291 working days are the average disposal times for each type of case within the reporting period. Reducing case completion times is an ongoing priority for the College. Commencing June 2019, internal benchmarks and auditing processes were introduced to ensure both timely processing of complaints and registrar's investigations and staff compliance with the same. In accordance with these benchmarks, time frames are specified within which certain activities in the investigation process must be completed by. The College has noticed a reduction of *circa* 35% in the average case completion time for complaints subjected to the benchmarks (i.e. those opened on or after June 1, 2019).

Context Measure (CM)

CM 12. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. **
An uncontested^ discipline hearing in working days in CY 2020	**N/A**	*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*
A contested# discipline hearing in working days in CY 2020	**288**	*other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*

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

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

Additional comments for clarification (if needed)

There were no uncontested discipline hearings at the College in 2020.

There was 1 contested discipline hearing at the College during the reporting period. While the decision and reasons on finding/liability was released and sent to the parties in 2020, the decision and reasons on penalty is expected to be released in 2021.

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#	
Sexual abuse	NR	
Incompetence	0	
Fail to maintain Standard	0	
Improper use of a controlled act	0	
Conduct unbecoming	NR	***What does this information tell us?*** *This information facilitates transparency to the public, registrants, and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
Dishonourable, disgraceful, unprofessional	NR	
Offence conviction	0	
Contravene certificate restrictions	0	
Findings in another jurisdiction	0	
Breach of orders and/or undertaking	0	
Falsifying records	0	
False or misleading document	0	
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 = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

Note to reader: College staff were unclear on how to interpret the inclusion and exclusion criteria for CM13. For clarity's sake, the data reported relates to a matter referred to discipline before the commencement of the reporting period, but decided on during the reporting period.

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#	

Revocation[+]	**0**	***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.*
Suspension[$]	**0**	
Terms, Conditions and Limitations on a Certificate of Registration[**]	**0**	
Reprimand[^] and an Undertaking[#]	**0**	
Reprimand^	**0**	

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

+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.

$ A suspension of a registrant's certificate of registration occurs for a set period during which the registrant is not permitted to:

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

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

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

 # An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

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

Appendix

Appendix A: **The Registrar Limitations Policy entitled "Financial Condition and Activities" outlines the requirement to follow the guidelines for "Establishing and Maintaining Reserve Funds", was last revised in June 2019**

Appendix B: **The Registrar Limitations Policy titled "Financial Planning and Budgeting" outlines the requirements for the budget submitted to Council, and includes language related to planning for an appropriate balance between human and financial resources in meeting the organizations strategic objectives.**

Appendix C: **The Citizen Advisory Group Report describes the discussion questions and recommendations to the document. An insight that emerged from this consultation is the preferred "patient – provider partnership model" that includes transparent and collaborative decision making between client and therapist.**

APPENDIX A

College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

Policy Type:	Registrar Limitations
Policy Title:	Financial Condition and Activities
Reference:	RL5
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019
Date Reviewed:	June 2016

With respect to the actual, ongoing financial condition and activities, the Registrar will not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Council policies established in Ends policies.

Accordingly, the Registrar will not:

Expend more funds than have been received in the fiscal year to date, unless the debt guideline (below) is met or unless directed by Council.

Indebt the College in any amount, except as approved by Council.

Fail to maintain Sexual Abuse Therapy and Counselling and Hearings Funds for unexpected costs related to these matters.

Fail to follow the guidelines for Establishing and Maintaining Reserve Funds.

Fail to settle payroll and debts.

Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.

Fail to secure an additional executive signature for disbursements over $15,000.

Make a single commitment of greater than $50,000 that is outside the budget without prior approval of the Executive Committee and will not fail to notify Council on any such single commitment.

Make any financial or service commitment greater than 5 years, without prior approval from Council.

Debt Guidelines – Council Tolerance

Balanced budget minus 3%

Comply with any covenants stipulated by the bank.

Zero Tolerance to debt.

APPENDIX B

College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

Policy Type: Registrar Limitations

Policy Title: Financial Planning and Budgeting

Reference: RL4

Date Prepared: December 2009

Date Revised: March 2010, June 2019

Date Reviewed: June 2016,

Financial planning for any fiscal year or the remaining part of any fiscal year will not deviate materially from the Ends policies, risk fiscal jeopardy, or fail to be derived from a financial plan.

Accordingly, the Registrar will not allow financial planning that:

Contains too little information to enable credible projection of revenues and expenses, and contain separation of capital and operational items, cash flow, and disclosure of planning assumptions.

Fails to provide adequate cash flow to support operations throughout the year and to support reserves without Council approval.

Fails to allocate sufficient funds to satisfy operational requirements.

Fails to appropriately balance resources, both human and financial, between the budget and the Ends policies.

Fails to provide sufficient resources to support Council's ability to perform its leadership role.

Budgets a deficit greater than 3% of the revenue conservatively projected in any fiscal year, unless directed by Council.