

# College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

Introduction ..... 3

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

    The Proposed CPMF Reporting Tool ..... 7

Part 1: Measurement Domains..... 11

    Domain 1: Governance..... 11

    Domain 2: Resources..... 23

    Domain 3: System partner ..... 26

    Domain 4: Information management ..... 31

    Domain 5: Regulatory policies ..... 33

    Domain 6: Suitability to practice..... 35

    Domain 7: Measurement, reporting, and improvement ..... 49

Part 2: Context Measures ..... 51

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

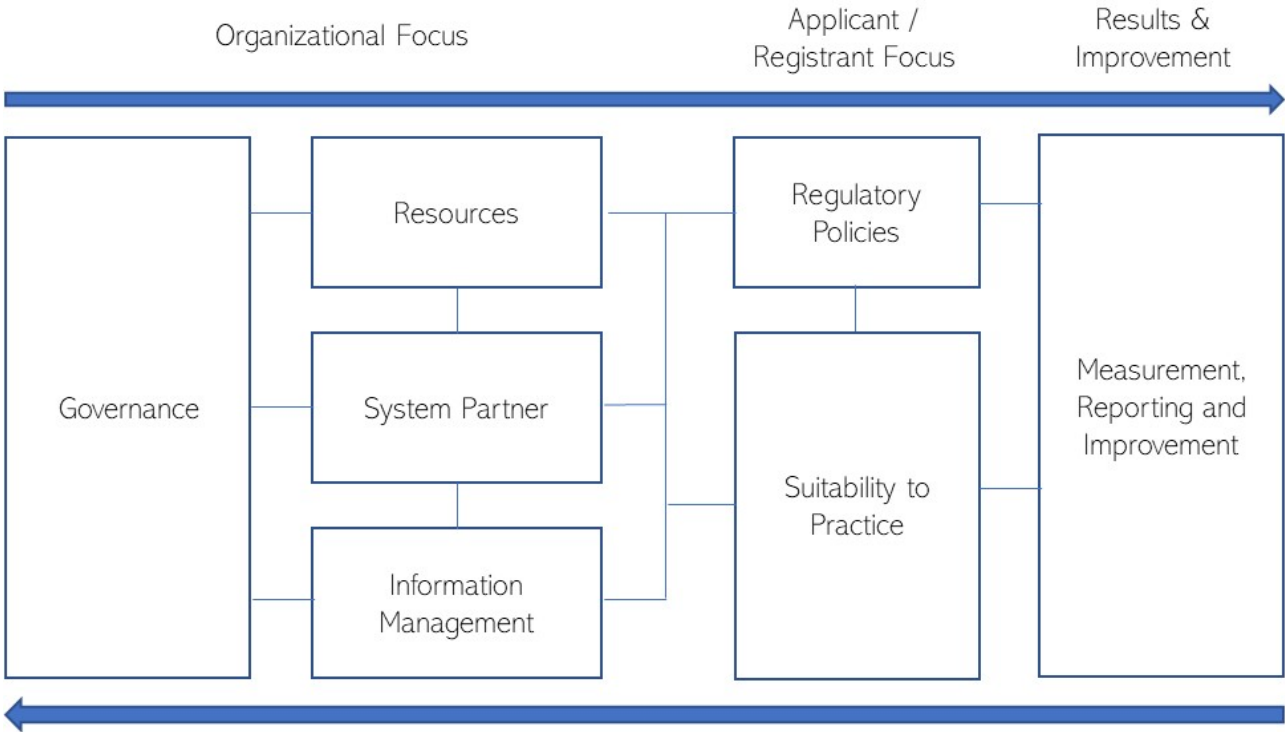
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

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

**Figure 1:** CPMF Model for measuring regulatory excellence



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

**Table 1:** Overview of what the Framework is measuring

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

c) Standards, Measures, Evidence, and Improvement:

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

*Example:*

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ol style="list-style-type: none"> <li>Meeting pre-defined competency / suitability criteria, and</li> <li>attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.</li> </ol>	<ul style="list-style-type: none"> <li>The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.</li> </ul>
		b. Statutory Committee candidates have: <ol style="list-style-type: none"> <li>met pre-defined competency / suitability criteria, and</li> <li>attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</li> </ol>	<ul style="list-style-type: none"> <li>The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.</li> </ul>
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ol style="list-style-type: none"> <li>Council meetings;</li> <li>Council</li> </ol>	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

## THE CPMF REPORTING TOOL

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

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

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

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

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

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

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

---

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



## Completing the CPMF Reporting Tool

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

Furthermore,

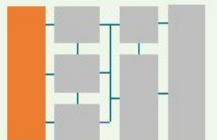
- where a College fulfills the “required evidence” it will have to:
  - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is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

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

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

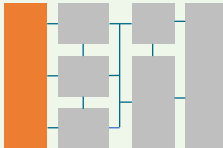
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:  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.	<div>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></div> <div><ul style="list-style-type: none"><li>The competency/suitability criteria are public:    Yes <input type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></li><li>Duration of orientation training:</li><li>Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li><li>Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</li></ul></div> <div><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i></div> <div><i>Additional comments for clarification (optional):</i></div>	

PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:  i. meeting pre-defined competency / suitability criteria, and  ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially R    No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>The competency/suitability criteria are public:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> <i>Section 10.05 of the College’s <a href="#">by-laws</a> establish the eligibility requirements for election to the Council.</i></li><li>Duration of orientation training:</li><li>Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li><li>Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</li></ul>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  The College is in the process of developing a competency framework for election/appointment to Council and Council Committees. This framework will identify the specific competencies necessary to be a Council member. It is also currently developing a comprehensive Volunteer program that will include the identified competencies to sit on Council and Committees but also an assessment process (boot camp) to evaluate	

		<p>whether an individual meets the competencies necessary. The process will include a post-training test to measure the skills of the individual.</p>
		<p><i>Additional comments for clarification (optional):</i></p> <p><i>Currently, the College does provide an orientation to Council members who have been elected by the profession or appointed by the Government.</i></p>
	<p>b. Statutory Committee candidates have:</p> <p>i. met pre-defined competency / suitability criteria, and</p> <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></p> <p>• The competency / suitability criteria are public:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p>The eligibility requirements for appointment to a Committee are set out in section 13.14 of the College’s <a href="#">by-laws</a>.</p> <p>• Duration of each Statutory Committee orientation training:</p> <p>Each new Committee member appointed is oriented to their roles and responsibilities by staff of the College at the time of their appointment and prior to attending their first meeting. The orientation is approximately ½ day.</p> <p>• Format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end):</p> <p>The orientation is provided by either teleconference or video conference. There is no knowledge test at the end of the orientation.</p> <p>• Insert link to website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee:</p> <p>The following topics are covered in Committee member orientation, with some modifications for each specific committee.</p> <p>Legal Briefing</p> <ul style="list-style-type: none"><li>• Role of the College and the functions of the Committee</li><li>• Professional/Self-Regulation</li><li>• Public Interest</li><li>• Fiduciary responsibilities</li><li>• Conflict of Interest</li><li>• Confidentiality</li><li>• Diligence</li><li>• Respect</li></ul>

		<div>Committee Meeting Processes<ul style="list-style-type: none"><li>• Notices of meetings &amp; Meeting Materials</li><li>• Minutes</li><li>• Per Diems and Expenses</li><li>• What to expect at a Meeting?</li><li>• Zoom/Video Meetings</li><li>• Program policies, legislation, by-laws</li><li>• Committee forms and documents</li><li>• Staff support</li></ul></div> <div>Other training<ul style="list-style-type: none"><li>• Unconscious bias training</li><li>• Human rights /AODA/anti-discrimination training</li><li>• Facilitative Chair training (for committee chairs only)</li><li>• HRPO basic/advanced discipline training (DC Chair only)</li><li>• DC – how to participate on a panel, rules of procedure</li></ul></div>
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>The development work for the new Volunteer Program will include a more detailed orientation for all volunteers, for Council, Committees, and other volunteer roles. The orientation will also cover operational aspects of volunteer work with the College and provide a volunteer handbook, evaluation, and feedback process.</div>
		<div>Additional comments for clarification (optional):</div>
	<div>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</div>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><div><ul style="list-style-type: none"><li>• Duration of orientation training:</li></ul></div><div>All new Council members (professional members elected and Public members appointed) are provided a ½ day orientation training that includes the Council Chair, the CEO and General Counsel to the College.</div><div><ul style="list-style-type: none"><li>• Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end):</li></ul></div><div>The training is provided online. There is no knowledge test at the completion of the training.</div><div><ul style="list-style-type: none"><li>• Insert link to website if training topics are public <b>OR</b> list orientation training topics:</li></ul></div></div>

		<p>The topics covered include:</p> <p>Legal Briefing</p> <ul style="list-style-type: none"><li>• Role of the Council</li><li>• Understanding &amp; protecting the public interest</li><li>• Professional/Self-Regulation</li><li>• Public Interest meaning</li><li>• Fiduciary responsibilities</li><li>• Conflict of Interest</li><li>• Confidentiality</li><li>• Diligence</li><li>• Respect</li><li>• The RHPA and Code</li><li>• The Naturopathy Act and Regulations</li></ul> <p>Governance Approach and Related Policies</p> <ul style="list-style-type: none"><li>• Overview of Governance Model</li><li>• ENDS Policies Review</li><li>• Review Governance Process Policies</li><li>• Review Executive Limitations Policies</li><li>• Review Council-Registrar Linkage Policies</li></ul> <p>Council Meeting Process</p> <ul style="list-style-type: none"><li>• Notices of meetings &amp; Meeting Materials</li><li>• Consent agenda</li><li>• Minutes</li><li>• Per Diems and Expenses</li><li>• What to expect at a Meeting?</li><li>• Current Council Initiatives</li><li>• Zoom/Video Meetings</li></ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College is presently developing a comprehensive approach to volunteers and appointments to ensure that those being elected or appointed have the necessary competencies to perform their roles. A robust assessment process will be implemented that will include a knowledge test of the assessment process and a more comprehensive training program will also be developed and implemented.</p>

		<i>Additional comments for clarification (optional):</i>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings;</li> <li>ii. Council</li> </ul>	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Year when Framework was developed <b>OR</b> last updated:</li> </ul> <p>Council meetings are evaluated at the conclusion of each Council meeting. The Council has a governance policy (<a href="#">GP16</a>) that requires the Council to conduct an evaluation of the Council overall every two years.</p> <ul style="list-style-type: none"> <li>Insert a link to Framework <b>OR</b> link to Council meeting materials where (updated) Framework is found and was approved: <i>&lt;insert link&gt;</i></li> <li>Evaluation and assessment results are discussed at public Council meeting: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></li> </ul> <p>Outcomes of the assessment are discussed by the Council at the July meeting after the evaluation has been undertaken.</p> <ul style="list-style-type: none"> <li>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</li> </ul> <p>The Council's last evaluation was conducted in May-June 2019. The evaluation outcomes were discussed at the July 2019 Council meeting and are reflected in the <a href="#">minutes of that meeting</a>.</p>
		<p>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>At the July 2020 meeting, the Council reviewed and approved the Report on its Governance Review. As part of this report, the Council identified that a new Council and Committee evaluation process would be developed that included an overall assessment of the Council, of each Committee, a self-assessment of each Council and Committee member, as well as a peer assessment of Council and Committee members. The process will be overseen by an external third party to ensure fairness, objectivity and open feedback.</p> <p>The new process will be presented to the Council at its March 2021 meeting and the GP16 policy updated shortly thereafter.</p>
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<ul style="list-style-type: none"> <li>A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often over the last five years? &lt;insert number&gt;</li> <li>Year of last third-party evaluation: &lt;insert year&gt;</li> </ul>
		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>As noted above, a 3<sup>rd</sup> party (Satori Consulting) has been retained to develop a new process and oversee the conducting of the evaluation process in each of the next three years. The evaluation process will be initiated in April and conclude at the July Council meeting hereafter.</p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <p>i. the outcome of relevant evaluation(s), and/or</p> <p>ii. the needs identified by Council members.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> <li>Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;</li> <li>Insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>Describe briefly how this has been done for the training provided <u>over the last year</u>.</li> </ul>
		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The new evaluation process identified above will be used to inform both individual Council and Committee member development needs as well as the training needs of the Council going forward. The independent 3<sup>rd</sup> party assessor will assemble an individual report for each Council and Committee member that compares their own self-assessment with their assessment by their peers. They will meet to discuss the report and identified individual training that might assist in the development.</p> <p>As an outcome of these reports, the 3<sup>rd</sup> party will identify where there is training needed for several Council and committee members and bring forward recommendations as part of its report to Council annually in July.</p>
	<p><i>Additional comments for clarification (optional):</i></p>	



Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	The College fulfills this requirement: Yes <input checked="" type="radio"/> R Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented <b>OR</b> last evaluated/updated:</li></ul> <p>The Council’s Code of Conduct policy was developed in 2011 by the then transitional Council of the College. It has been reviewed annually by the Council since that time. It was last reviewed by the Council on April 29, 2020 and the most recent revision was made in 2013.</p> <p>The Council’s Conflict of Interest policy was developed in 2013 and has been reviewed annually by the Council since that time. It was last reviewed by the Council on April 29, 2020.</p> <ul style="list-style-type: none"><li>Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved:</li></ul> <p><a href="#">GP03.02 – Council Code of Conduct</a> <a href="#">GP11.01 – Avoiding Conflict of Interest</a></p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods <sup>2</sup> .	The College fulfills this requirement: Yes <input checked="" type="radio"/> R No <input type="checkbox"/>

<sup>2</sup> Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<ul style="list-style-type: none"> <li>Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input checked="" type="checkbox"/> Competency/Suitability criteria <input checked="" type="checkbox"/> Other <i>&lt;please specify&gt;</i></li> <li>The year that the cooling off period policy was developed <b>OR</b> last evaluated/updated:</li> <li>How does the college define the cooling off period? <ul style="list-style-type: none"> <li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</li> <li>insert a link to Council meeting where cooling of period has been discussed and decided upon; <b>OR</b></li> <li>where not publicly available, please describe briefly cooling off policy:</li> </ul> </li> </ul> <p>Section 10.05 of the College <a href="#">by-laws</a> establishes the eligibility requirements for a Registrant seeking election to the Council. The section requires that a Registrant has not held any position such as director, owner, board member, officer or employee that the Registrant held with a professional association relating to naturopathy for a minimum of two years prior to seeking election. The By-laws also require that the Registrant has not held any position such as director, owner, board member, or officer that the Registrant holds with an educational institution relating to naturopathy for a minimum of two years prior to seeking election.</p> <p>Making a declaration on both matters is required as part of the nomination for election to Council process, it is evaluated by the Chief Executive Officer (CEO) who has the authority to refuse a nomination of a person who does not meet the eligibility requirements set out in the By-laws. The CEO's decisions are reviewed and approved by the Council's Governance Committee.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

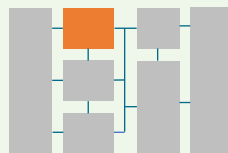


	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<ul style="list-style-type: none"><li>Describe how the College makes public interest rationale for Council decisions accessible for the public:</li></ul> <p>On all major issues and policies being brought before the Council, the Council is provided a briefing note. The briefing note includes a section where the public interest factors are discussed and a rationale for the public interest decision is provided.</p> <ul style="list-style-type: none"><li>Insert a link to meeting materials that include an example of how the College references a public interest rationale:</li></ul> <p>The public interest rationale will vary in length and detail depending on the matter being discussed by the Council.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p><b>Standard 3</b></p> <p><b>The College acts to foster public trust through transparency about decisions made and actions taken.</b></p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>3.1 Council decisions are transparent.</p>	<p>a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"><li>Insert link to webpage where Council minutes are posted:</li></ul> <p>Council minutes, once approved, are posted within one day of approval to the College’s website:</p> <p><a href="https://www.collegeofnaturopaths.on.ca/about-us/council/meetings-materials/">https://www.collegeofnaturopaths.on.ca/about-us/council/meetings-materials/</a></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (optional)</i></p> <p>Council minutes are posted to the College’s website as soon as they are approved at the next Council meeting. They remain on the website for the public to access. The College does not and will not be attaching a status update on decisions taken. It is generally assumed that decisions made will be implemented immediately. Since the Council speaks by way of policy, the policies are amended as soon as the Council makes its decision and updates posted to the website. Operational activities that are impacted by Council policy decisions are implemented immediately following the meeting or on the date prescribed in policy.</p> <p>The College would recommend that this element of the CPMF be reviewed as the concept of a list of decisions and status updates is more typical of operating boards rather than Boards that govern by way of policy, such as the health regulatory colleges.</p>
	<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Insert a link to webpage where Executive Committee minutes / meeting information are posted:</li> </ul> <p>The Executive Committee submits a report to the Council at each Council meeting and summarizes the meetings held and topics that have been discussed. (see Committee Reports within the Consent Agenda materials for all Council meetings.) Additionally, all Executive Committee decisions are submitted to the Council at the Council meeting immediately following the Executive Committee meeting for ratification (see Decisions to be ratified within the Consent Agenda materials for all Council meetings). All these materials are disclosed publicly as part of the Council materials posted to the website.  <a href="https://www.collegeofnaturopaths.on.ca/about-us/council/meetings-materials/">https://www.collegeofnaturopaths.on.ca/about-us/council/meetings-materials/</a></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <p>With the approval of the Council’s <a href="#">Governance Report</a>, the Council articulated a new approach for its Executive Committee. This approach will reduce the role of the Executive Committee to meeting only when urgent matters arise that cannot be addressed at the next Council meeting. In addition, the Council has altered its own meeting schedule to meet bi-monthly rather than quarterly to accommodate a need to address matters more expeditiously.</p> <p>Although it falls outside of the timeframe for this report, on January 27, 2021, the Council approved amendments to the Terms of Reference of the Executive Committee mandating that it only meets to conduct Council business when the matter is urgent and cannot wait to be addressed by the Council. If such an urgent meeting is held, the Terms of Reference mandate that the materials in support of the meeting are posted to the College’s website in advance of the meeting as well as public notice being provided that a meeting will be</p>

		held and why the matter cannot wait for a Council meeting. The amended Terms of Reference also require the disclosure of meeting materials on the College's website (unless section 7(2) of the Code applies) and that the minutes also be disclosed, once approved (again, unless section 7(2) of the Code applies).
		<i>Additional comments for clarification (optional)</i>
	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).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> R Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to the College's latest strategic plan and/or strategic objectives:</li> </ul> <p>The Council operates on a Policy Governance Model (a modified version of the Carver Model). As such, its strategic plan is articulated in its Ends Statements and Ends Priorities policies. These set out the broad objectives of and directions for the College upon which the Chief Executive Office must base their Operational Plan.</p> <p><a href="#">E01.05 - Ends Statements</a>  <a href="#">E02.05 - Ends Priorities</a></p>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
3.2 Information provided by the College is accessible and timely.		<i>Additional comments for clarification (optional)</i>
	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> R Partially <input type="checkbox"/> No <input type="checkbox"/>
		The Council maintains a list of dates of upcoming Council meetings on its website as well as posting a News item as the date. Council materials, including the agenda and supporting documents are posted on the <a href="#">website</a> a minimum of one week in advance of the meeting.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> R Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

		The College maintains a dedicated section for <a href="#">Discipline</a> on its website. It provides information about the discipline process and potential outcomes, it also has a page where the College posts <a href="#">all Decisions and Reasons</a> from panels of the Committee. A <a href="#">hearing schedule</a> is also maintained on a specific dedicated page and that schedule sets out the name of the Registrant, the date of the referral, the hearing date(s) as soon as they are set, the status (with a link to detailed information about what the status means) and details the allegations at issue in the hearing.
--	--	---

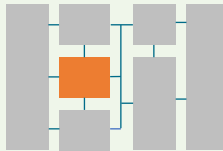
DOMAIN 2: RESOURCES			
Standard 4			
The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	College response	
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.  <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>Insert a link to Council meeting materials that include approved budget <b>OR</b> link to most recent approved budget: <a href="#">Council Meeting materials – January 28, 2020</a>.</li></ul> Operational Plan (please see page 231) Capital Budget (please see page 284) Operating Budget (please see page 280)	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
		<i>Additional comments for clarification (optional)</i>  The College has three layers of activity that, when taken together, demonstrate responsible stewardship of its human and financial resources for achieving its statutory objectives and mandate.  The first layer is the College Council’s Ends Policies (strategic objective) which include an Ends Statement and Ends Priorities. Together, these establish the strategic direction of the College and the resources that are to be devoted to those activities.  The second layer is the College’s Annual Operational Plan. This is developed by the Chief Executive Officer (CEO) and updated annually and presented to Council. The Operational Plan sets out all the regulatory, governance, corporate and project activities to be undertaken by the CEO and the staff in support of the	

		<p>Council's Ends Policies. In the past, this has been presented to the Council in January but since moving to bi-monthly (as opposed to quarterly) Council meetings, will now be presented in March annually.</p> <p>The third layer is the College's Annual Capital and Operating Budgets which are also presented to the Council in January (moving to March annually starting in 2021). These budgets set out the capital and operational funding requirements to fulfill the College's Operational Plan and move forward to fulfilling the Council's strategic objectives in its Ends policies.</p> <p>The Council and Chief Executive Officer have recently revised elements of the reporting process to ensure that the Council is well equipped to perform its College oversight role. It will now receive at each meeting an update on Regulatory Operations, and a semi-annual progress update on the work set out in the Operational Plan.</p>
	<p>b. The College:</p> <p>i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its "financial reserve policy".</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> <li>Insert a link to "financial reserve policy" <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved:</li> </ul> <p>The Council's Financial Reserve policy (<a href="#">EL17 – Reserve Funds</a>) is in the form of an Executive Limitations Policy in keeping with its policy governance approach.</p> <ul style="list-style-type: none"> <li>Insert most recent date when "financial reserve policy" has been developed <b>OR</b> reviewed/updated:</li> </ul> <p>The Restricted Reserve Funds policy was developed by the CEO and the Governance Policy Review Committee in 2020 and approved by the Council at its October 2020 meeting.</p> <ul style="list-style-type: none"> <li>Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> </ul> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>As the reserve policy is new, there has been no opportunity for it to be reviewed and validated by the auditor. The first opportunity for the Auditor to view this policy will be as part of the audit for the current fiscal year this spring. It is important to note that an auditor must remain independent of the organisation and cannot</p>



		be engaged to provide advice to Council thereby ruling out consultation with the auditor during the development of the policy.
	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).	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>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.</li></ul> <p>On January 28, 2020, the Council received and accepted the CEO’s Operational Plan, Capital Budget and Operating Budget. These documents set out the activities of the College and the costs of delivering them, including the costs related to human resources. Links to these documents are provided above.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Under the Council’s chosen governance model, it has only one employee, the Chief Executive Officer. All other employees are the responsibility of the CEO and all staff report to the CEO or to their delegate. The Council does perform an HR oversight role by putting in place certain limitations policies around how any staff hired by the CEO will be treated and they also oversee the activities of the CEO and hold them accountable for fulfilling the mandate of the College and the activities set out in the Operational Plan.</p> <p>EL04 - Treatment of Staff EL09 – Workplace Violence EL10 – Workplace Harassment EL11 – Administration of Statutory Committees and Panels EL14 – Support to Council EL15 – Program Administration</p> <p>Council’s accountability for the success and sustainability is accomplished directly through the CEO. Council does have within its policies processes for succession planning and replacing the CEO, either on a temporary or permanent basis.</p> <p>EL02 – Emergency CEO Replacement GP26 – Hiring the Permanent CEO Replacement</p>

--	--	--

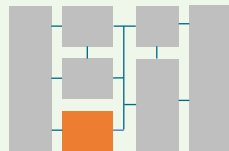
DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p><b>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</b></p> <ul style="list-style-type: none"> <li>• <b>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.</b></li> </ul>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li>• <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i></li> </ul> <ol style="list-style-type: none"> <li>1. Ontario Regulators for Access (ORAC)</li> </ol> <p>The College's relationship with ORAC one of a peer relationship with other Ontario regulators from a wide variety of environments (health, trades, professions) where we share registration policies and practices. The College polled ORAC members for information on criminal record screening of new applicants (i.e., which Colleges required vulnerable sector checks of its applicants for registration, which had not but were in progress of making those changes, and any feedback on the experience) for the purposes of providing the Registration Committee with information regarding potential policy changes. While a decision was made to temporarily waylay implementation of vulnerable sector checks, the College's ORAC relationship provided valuable information for aiding the Committee in making informed decisions regarding the College's criminal record screening requirements.</p> <ol style="list-style-type: none"> <li>2. Health Professions Regulators of Ontario (HPRO)</li> </ol> <p>The College's relationship is a peer relationship where we share health regulatory policies and practices and approaches to various emerging issues. Throughout 2020, HPRO met on a bi-weekly basis to discuss issues arising from the orders of the Chief Medical Officer of Health and the impact of COVID-19 on Ontarians and the professions. This information clarified the progress of the virus in Ontario and the intent/interpretation of the CMOH's and other Provincial orders. This allowed the College to guide the profession in terms of what services is could not and later could provide and how to approach re-opening. In addition, staff are involved in various HPRO committees that provide opportunities for information sharing and best practices. Recently this has included the sharing of compliance course currently used by the Colleges, discussions regarding funding amounts for the patient relations program and telepractice materials.</p> <ol style="list-style-type: none"> <li>3. Canadian Alliance of Naturopathic Regulatory Authorities (CANR)</li> </ol> <p>The College's relationship is a peer relationship where we share regulatory policies and practices and approaches to issues specific to naturopathic regulation and the profession. Although newly formed, the Alliance has already proven to be a highly valuable relationship for this College. Two important examples illustrate the</p>
---	--

	<p>benefit of this relationship. The first is the Re-opening Guidelines that the College was required to develop and issue to the profession on short notice when the Chief Medical Officer of Health reduced the practise restrictions in the original directive. While some information for these reopening guidelines came via HPRO, the substantive materials were shared with the College through CANRA from the College of Naturopathic Doctors of Alberta. The second example and an on-going support for the College is the information provided via CANRA’s standardized “letter of standing” which has highlighted situations where a new registrant in another Canadian jurisdiction who has never actually practised in that jurisdiction was using the Canada Free Trade Agreement (CFTA) to circumvent Ontario registration examinations and obtain registration in Ontario. In many of these situations, the applicant under the CFTA was a former Ontario entry-to-practise examination candidate who had been unsuccessful in their attempt.</p> <p>Using this information, these individuals have been referred to the RC and outcomes have typically required the completion of our examinations to demonstrate competence.</p> <p>4. Drug Information Resource Centre (DIRC)</p> <p>The College has engaged DIRC on two occasions as an expert resource for evaluating the use of drugs and substances in naturopathic practice. More recently, DIRC has also been a resource in evaluating the use of laboratory tests in naturopathic practice. In 2019, the College submitted proposed changes to the tables of drugs and substances authorized to NDs to the Ministry of Health. The College also recommended changes to the lists of lab tests authorized to naturopaths. These recommendations were based on the work and advice of DIRC to the Schedule Substances Review Committee (SSRC). Using the information from DIRC, the SSRC and Council have been able to consider hundreds of recommendations from stakeholders and the profession for new drugs and substances to be authorized to the profession and new laboratory tests to be made available and set priorities for those that will provide the greatest benefit to patients of NDs.</p> <p>5. Other Ontario health regulatory Colleges</p> <p>As peer health regulatory authorities in Ontario, the College maintains independent relationships with the other Colleges in addition to the relationship through HPRO. The relationship is one of peers, with shared goals and objectives, specifically, regulation of the professions in the public interest and benefiting public safety. The College has shared information with the other Colleges that we have found as part of our investigative work and has engaged other Colleges in joint investigations where appropriate. Using this information, the College was able to complete an investigation of a shared registrant in a situation where an external police force was also involved. The College also recently shared several of its templates and experiences with regards to a Request for Proposals it conducted as well as sharing information regarding holding virtual discipline hearings.</p>
--	--

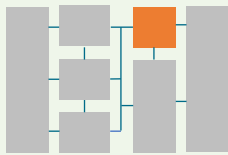
	<p><b>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</b></p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <p>The College is an active supporter of the Citizens Advisory Group (CAG) which is a group of Ontarians with no previous experience or knowledge of health regulation who provide input in our various programs. Our active support of this group also enables the College to see the discussions and outcomes on topics brought by other regulatory Colleges. This College has also engaged the CAG on specific consultations to help facilitate wider public engagement. Several examples are standards on infection control and telepractice, a patient’s rights document brought to the Council and the future design of the College’s public register.</p> <p>In the past year, the College’s by-laws have been amended to allow the College Council to appoint public representatives to the Council’s Committees and to-date, five individuals have been appointed. Moving forward, as the College develops its volunteer program, it anticipates that this will become another avenue for ensuring we are responsive to public expectations. Presently, the College is developing a competency-based framework for Council and Committee appointments and we intend to work collaboratively with the other Ontario regulatory Colleges and educational institutions to further refine and implement this framework.</p> <p>In the past year, the College has also worked with the Ontario Provincial Police on complex investigations with a higher risk of harm to the public/patients. This has been especially important when a Registrant refuses to cooperate with the College.</p> <p>The College provides clarifications and reviews concerns submitted by insurance companies and other bodies. For example, in February 2020, the College received information from Regulatory Operations and Enforcement Branch of Health Canada about an Ayurvedic practitioner, and provided clarifications about jurisdictions of the College, use of title etc.</p>	<p><b>Standard 7: The College responds in a timely and effective manner to changing public expectations.</b></p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <p>The challenge that every regulatory body faces about changing public expectations is that the public rarely speaks in unison or with one voice or with the same expectation. So, where would we look to learn about these expectations? This College will and does look to several sources to understand public expectations to determine if they are changing so that we can respond to those changes. A primary source is the media. Stories that are being run about regulation in general, health regulation in particular and even about specific Colleges demonstrate public expectations. We also look to research organisations as well as government.</p> <p>It is the view of this College that there have been several major areas where we can see that public expectations have changed: transparency, accountability, governance, and discipline outcomes. We also believe that we are on the precipice of even further change, in particular in response to systemic racism and equality.</p> <p>Transparency and accountability likely represented the first area of changing expectations of the public. The public believed and likely still does believe that the Colleges are an “old boys club” that protects its own members. In response to this, and partially driven by Government and legislative change, the Colleges responded. One example is the release of Council agenda and information items. While this would be eventually legislated, this College responded early to this demand and has always published these materials.</p> <p>Like many others, the College of Naturopaths of Ontario publishes information about decision-making processes, in particular in areas where transparency and accountability cannot be accomplished through open meetings such as the ICRC process. The College, like many, publishes its upcoming Discipline hearing schedule however, in support of broadening understanding, we also</p>
--	---	---

	<p>During investigations, the College has been able to collect all relevant information that the ICRC requires from external organizations, such as hospitals and social program agencies.</p> <p>The College has also worked with and clarified its standards for supplement companies that are employing naturopaths, e.g., VTMN Packs October 2020, And virtual health care services.</p>	<p>provide updates on where every matter stands within the disciplinary process and explanations on how that process unfolds.</p> <p>In a step that may be unique to this College, we have taken transparency and accountability in the complaints and investigations process to a new level by <a href="#">publishing anonymous complaint information</a> including the date it was opened, the issues or concerns included in the complaint or report and the stage of the ICRC process that the matter is presently at. For closed files, we also provide the outcome of each matter and the date the file was closed. This College and its Council believes that notwithstanding the confidentiality provisions in the Code, there are ways to improve transparency. We invite the public and the media to examine our ICRC outcomes and the timing of investigations and to hold us accountable for those.</p> <p>Of course, all Council meetings and Disciplinary hearings are open to the public, however, they are seldom attended. The Council will consider in October 2020 expanding transparency by streaming the Council meetings and making recordings of those meeting available online.</p> <p>Finally, the College has engaged in a project currently to further increase transparency and accountability. A major review and overhaul of the College’s website is underway with the goal of making information easier to find and providing the information in plain language.</p> <p>It bears pointing out that the College Performance Measure Framework itself is about transparency and accountability and being able to assess performance across all regulators. This is a huge endeavour by the Ministry and will require a tremendous effort on the part of the Colleges. Hopefully, this will be met with the openness and support that it deserves. While this College may have questions, it supports the need for this model and for disclosure of the results, in the same way that we support the disclosure of the audits by the Office of the Fairness Commissioner of Ontario as a means to accountability.</p> <p>Governance is a second area where public expectations have been changing for some time. The College undertook research in support of a Council Governance Review. This research demonstrated that many jurisdictions were working to learn what the public expected and making changes to reflect those</p>
--	--	---

		<p>expectations. The Council’s Governance Review concluded in July 2020 and the College is well along in the implementation of Governance changes set out in its report that reflect the changes the public expects to see moving forward. These include increased transparency though the elimination of the Executive Committee, equal public and professional representation on the Council, small College Councils and the right people on the Councils and committees.</p> <p>Moving into the future, this College acknowledges that it will have some work to do in response to public expectations around systemic racism and equality. The College has already implemented training for Council and all volunteers on important topics such as diversity and unconscious bias, human rights, and discrimination. This training is important and will continue, but work will be needed to understand the degree to which systemic racism has become embodied in our processes and important steps to being more inclusive, diverse and equality based.</p>
DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8		
Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
		The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

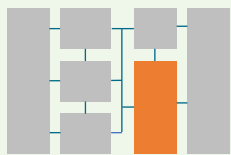
<p>8.1 The College demonstrates how it protects against unauthorized disclosure of information.</p>	<p>a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds</p>	<div><ul style="list-style-type: none"><li>Insert a link to policies and processes <b>OR</b> provide brief description of the respective policies and processes.</li></ul><p>The College has established a Privacy Code that adopts ten critical privacy principles. This policy was last updated on January 14, 2020 and is available on the College’s website. In establishing internal protocols for access to information, the College has restricted access to records on our server and in our database to those who need access to perform their duties. Requests for access are responded to by the CEO, Deputy CEO or Director of Operations.</p><p>Access to the College server is secured through a secure portal, particularly important this year while operating remotely and the College launched multi-factor authentication in early 2020 to further secure email, the database and the College’s server.</p><p>Finally, the College has a detailed records management and retention policy, developed with legal counsel, to set out the length of time records are retained, where they are stored, when and how they are destroyed.</p></div> <div><p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p></div> <div><p><i>Additional comments for clarification (optional)</i></p></div>
---	---	--



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	Required evidence	College response	
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).	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.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>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 <b>OR</b> 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).</li></ul> <p>The Council’s approved Terms of Reference for the Quality Assurance Committee (QAC) and Quality Assurance Program (QAP) Policies require that the College’s standards, guidelines, and policies be reviewed on a regular cycle. As a result, the QAC annually reviews all program policies and related procedures and report to the Council on the outcomes of the review and policies amendments. The QAC also reviews approximately 25% of the standards and guidelines on an annual basis. The outcomes of both reviews are reported on to Council where any amendments are presented for approval.</p> <p>In the case of standards and guidelines, the QAC will take the added step of initiating consultation of stakeholders (public, Registrants, other regulators) on any proposed amendments. All feedback is summarized and included in any changes brought forward to the Council for approval.</p> <p>The Inspection Committee (IC), which oversees the IVIT Program and standards within IVIT Premises, annually reviews the program policies and related procedures, and submits recommended amendments for Council approval. Similar to the QAC, the IC will undertake consultations with respect to the standards for IVIT Premises and fees paid by the Premises prior to making any recommendations to the Council.</p> <p>All standards and guidelines are posted to the <a href="#">College’s website</a>.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

		<i>Additional comments for clarification (optional)</i>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <p>i. evidence and data,</p> <p>ii. the risk posed to patients / the public,</p> <p>iii. the current practice environment,</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</p> <p>v. expectations of the public, and</p> <p>vi. stakeholder views and feedback.</p>	<p>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>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) <b>OR</b> describe it in a few words.</li> </ul> <p>The Quality Assurance Committee (QAC) undertook a review the Standard for Infection Control, Telepractice Guideline, Guideline for COVID-19 Re-opening, and the Core Competencies in 2020. These documents were reviewed, and proposed changes circulated for public consultation. Through the <a href="#">College's website</a>, the public and Registrants were provided with the opportunity to provide feedback. A summary of the process is provided so that those willing to participate in the process can understand the reasoning for why the College is seeking public consultation and a detailed summary of the changes and the document with track changes is provided for clarity.</p> <p>The Inspection Committee (IC) undertook a review of the Inspection Program requirements, fees, and policies in 2020. The review was based on the current practice environment as seen through the inspections of IVIT premises, NAPRA—<a href="#">Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations</a>, on <a href="#">USP General Chapter 797 Pharmaceutical Compounding—Sterile Preparations</a>, Provincial Infectious Diseases Advisory Committee (PIDAC)—<a href="#">Routine Practices and Additional Precautions</a>, <a href="#">PIDAC—Infection Prevention and Control for Clinical Office Practice</a>. Consultation on proposed amendments was initiated in 2020 and will conclude in 2021.</p> <p>When such reviews are undertaken by any of the Committees, staff of the College will conduct extensive research to determine where best practices may lie or where there is evidence to support current programming or programming changes. For example, the IC would look at the Type 1 and Type 2 Occurrence reports to determine whether the data suggests the program is meeting the public interest mandate or programmatic changes might be required. Staff will also review programming with other health regulatory Colleges in Ontario and naturopathic regulators across Canada.</p> <p>Following consultations, feedback from stakeholders, including other regulators (Ontario based and naturopathic), Registrants and the public is carefully reviewed, and staff will bring forward recommendations that support the public interest and public safety mandate of the College.</p>

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

<p>10.1 Applicants meet all College requirements before they are able to practice.</p>	<p>a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>3</sup>.</p>	<ul style="list-style-type: none"> <li>Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> describe in a few words the processes and checks that are carried out:</li> </ul> <p>Entry-to-practise policies set out the documentation required to support an assessment of whether an applicant has met the requirements for registration. For each document, specifics pertaining to “validity” (what must be completed and by when for it to be recognised as valid), format (e.g., whether original hardcopy is required), and the means for submission (e.g., which documents must be sent from the issuing body as opposed to those which may be provided by the applicant) are noted. This information is further defined in supporting materials (e.g., <a href="#">Application for Registration Handbook</a>).</p> <p>Each piece of documentation submitted to support an application for registration undergoes a tiered review (Coordinator, Sr. Coordinator and Director) and verification check, as applicants move through the 3-step application process, as detailed below.</p> <ul style="list-style-type: none"> <li>Insert a link <b>OR</b> 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.):</li> </ul> <p>Applications for registration are administered through a <a href="#">3-step process</a>, with specific information for the assessment of an applicant’s eligibility, being collected and verified at each given stage. Where deemed necessary, additional information or clarification is sought from third parties (e.g., other regulatory bodies where the applicant currently holds or has held registration; verification of documents provided by a clinic supervisor or mentor to support completion of mandated additional training etc.). Registration staff utilize an entry-to-practise checklist which aligns with the requirements set out in policy and in the Registration Regulation, for logging receipt of application documentation and assessing whether an applicant has met set eligibility criteria for issuance of a certificate of registration, or whether a referral to a panel of the Registration Committee is required. In approving an applicant for issuance of a certificate of registration, a minimum three- tiered review and verification process is also employed for steps 2 and 3 of the 3-step process. At any given point in this process, review and assessment of applicant documentation may also be conducted by the Chief Executive Officer.</p>
--	--	--

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

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	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).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>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 <b>OR</b> describe in a few words the process and checks that are carried out.</li> </ul> <p>Registration requirements are governed by the Registration Program Policies set by the Council. These policies are reviewed annually by staff and by the Registration Committee. They may also be reviewed based on a need identified by a third party, such as the Ontario Fairness Commissioner, the Canadian Alliance of Naturopathic Regulatory Authorities, other individual Canadian naturopathic regulatory authorities, or staff of the College. When proceeding to review materials, staff of the College will canvass other health regulatory Colleges in Ontario, as well as seek input from ORAC to determine best practices.</p> <ul style="list-style-type: none"> <li>Provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>The Registration Program policies were last reviewed in March 2020. The Language Proficiency Policy and Prior Learning Assessment and Recognition Policy were both reviewed by staff and the Registration Committee in the fall of 2020 with recommendations for changes brought forward to the Council in January 2021.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
	<i>Additional comments for clarification (optional)</i>	
		The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>

10.2Registrants continuously demonstrate they are competent and practice safely and ethically.	<p>a. Checks are carried out to ensure that currency<sup>4</sup> and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<ul style="list-style-type: none"><li>• 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 <b>OR</b> provide a brief overview:</li><li>• List the experts / stakeholders who were consulted on currency:</li><li>• Identify the date when currency requirements were last reviewed and updated:</li><li>• Describe how the College monitors that registrants meet currency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li></ul> <p>Registrants are required to provide self-declared information regarding currency (number of practise hours, breakdown allocation of activities related to practise of the profession) on an annual basis (registration renewal) and good character on a continual basis (annual declarations at renewal and reporting requirements within 30 days of receipt of notice of a finding or similar issue affecting good character as per 4(2) of the Registration Regulation).</p> <p>Audits of currency will be conducted annually, as part of a Registrant’s 3-year cycle in keeping with the requirements stipulated in the Registration Regulation (“practised the profession for at least 750 hours with the previous 3 years”). At year two, Registrants who, based on their currency reporting for the first two years of the cycle, are far below the currency requirement and at risk of not meeting the minimum by year three will be contacted in writing to advise of the difference in needed hours. At year 3, those who have not met currency requirements will be provided with the following options: a) elect to be referred to the Quality Assurance Committee for a peer &amp; practise assessment, b) move to the Inactive class of registration, c) enter into an Undertaking not to practise the profession, e.g., a non-clinical term, condition or limitation (TCL) applied to their certificate of registration or d) be referred to a panel of the Registration Committee for a determination of necessary additional training or education (i.e. “refresher program”) which must be completed by the Registrant.</p>
--	---	---

<sup>4</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p>In December 2020, the College moved to a new CRM system which provides currency auditing capabilities not available under the former system. The currency auditing process noted above is the intended process moving forward.</p>
	<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p> <p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p><i>Additional comments for clarification (optional)</i></p> <hr/> <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially R No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to the most recent assessment report by the OFC <b>OR</b> provide summary of outcome assessment report:  <a href="#">2018 OFC Assessment Report</a></li> <li>Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress R Not Started <input type="checkbox"/>            No Action Plan Issued <input type="checkbox"/></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p>At the time the 2018 Assessment Report was issued, the College met with the Office of the Fairness Commissioner to determine the timeframe for reviewing the recommendations and implementing changes. Based on those discussions, a three-year plan was developed to ensure that the College could implement recommended changes. Considerable effort and success has been achieved in moving the College forward, including a comprehensive review and streamlining of the Prior Learning Assessment and Recognition Program. The launch of the College’s new website in December 2020 has also moved the College forward in meeting many of these recommendations.</p>

		<p><i>Additional comments for clarification (if needed)</i></p> <p>The College met with the new Fairness Commissioner in 2020. Frank discussions indicated that the 2018 Assessment may not have adequately reflected the nature of the College. For example, the assessment was undertaken within a few years of proclamation of the <i>Naturopathy Act, 2007</i> and the College was somewhat limited by its size. The College has a small profession with a broad scope of practice and some programming that is relatively unique to a few Colleges.</p> <p>The College has reiterated its commitment to the principles of fair, objective, impartial and transparent assessment processes and to implement the OFC recommendations to the best ability of the College. We look forward to continuing to work with the OFC to ensure our registration practices meet the needs of Ontarians to ensure safe, competent, and ethical practitioners.</p>
<b>Standard 11</b> <b>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.</b>		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>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: <ul style="list-style-type: none"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> </ul> <p>In addition to COVID related guidelines and materials, in 2020 the College introduced a new Telepractice Guideline and made revisions to its Infection Control Standard of Practice. The College produced the following materials to support Registrants in implementing the materials:</p> <ul style="list-style-type: none"> <li><a href="#">August 2020 – Email Bulletin</a>: FAQ article on providing telepractice care to patients located outside of Ontario.</li> <li><a href="#">Fall 2020 – iNformed</a> – Article summarizing the Standard of Practice for Infection Control and relating it to the COVID-19 Reopening Guideline</li> </ul>



		<ul style="list-style-type: none"><li><a href="#">Fall 2020 – iNformed</a> – Telepractice Info Graphic.</li></ul> <p>Each News Bulletin also included links to the updated Standards and Guidelines for Registrants to access.</p> <p>The College’s Manager of Professional Practice provided specific information and responses to questions from Registrants related to the updated Standards and Guidelines. Specifically, the College received 77 questions regarding Telepractice (email: 57; phone: 20) and 170* questions regarding infection control (email: 152; phone: 18)</p> <p>*Many of these questions were co-related to infection control and COVID.</p> <ul style="list-style-type: none"><li>Does the College always provide this level of support:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></li></ul> <p><i>If not, please provide a brief explanation:</i></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i></p> <p>The Council of the College recently approved the terms of reference for a new Standards Committee, who will be tasked with reviewing, updating and drafting new standards, guidelines and policies. One of its roles will also be to consider how the College may improve the manner and amount of support it provides with regards to new or updated materials.</p> <p><i>Additional comments for clarification (optional)</i></p>
		The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>5</sup> .	<div>a. The College has processes and policies in place outlining:<div><div>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</div><div>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</div><div>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</div></div></div>	<div><div>• List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> link to website where this information can be found:</div><div>The Quality Assurance Program policy requires the QA Committee to annually select the standards, guidelines and policies that will be an area of focus for the Peer and Practice Assessment. In making its determination the QAC reviews the Complaint and Discipline data in the most recent Council report and annual data from the College’s Annual Report and statistical data from the Manager of Professional Practice related to areas of inquiry from the public and the profession to determine areas of concern to be proactively addressed.</div><div><div>• Is the process taken above for identifying priority areas codified in a policy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div><div><i>If yes, please insert link to policy</i></div><div><a href="https://www.collegeofnaturopaths.on.ca/resource-library/college-program-policies-quality-assurance/">https://www.collegeofnaturopaths.on.ca/resource-library/college-program-policies-quality-assurance/</a></div></div><div><div>• 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 <b>OR</b> describe right touch approach and evidence used:</div><div>The Quality Assurance Committee reviews Complaint and Discipline data as well as statistical data from the questions received by Manager, Professional Practice to identify issues, concerns or common areas that may need proactive education.</div><div><div>• Provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable): N/A</div><div><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></div><div><div><div>– Public</div><div>Yes <input type="checkbox"/> No <input type="checkbox"/></div></div><div><div>– Employers</div><div>Yes <input type="checkbox"/> No <input type="checkbox"/></div></div><div><div>– Registrants</div><div>Yes <input type="checkbox"/> No <input type="checkbox"/></div></div><div><div>– other stakeholders</div><div>Yes <input type="checkbox"/> No <input type="checkbox"/></div></div></div></div><div><div>• Insert link to document that outlines criteria to inform remediation activities <b>OR</b> list criteria:</div></div></div></div>
--	--	--

<sup>5</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p> <p><b>Areas of focus for Continuing Education and Professional Development:</b></p> <ul style="list-style-type: none"> <li>• Registrants that are in the General Class (Active) are required to participate in 30 hours of Category A (core activities) approved courses, including three approved Jurisprudence courses, six approved pharmacology courses (if the Registrant meets the Standard of Practice for Prescribing), and six additional IVIT approved courses (if the Registrant meets the Standard of Practice for IVIT). Registrants are also required to complete 40 Category B (self-directed activities) credits.</li> <li>• With COVID-19 the Quality Assurance Committee decided to reduce required number of credits for the 2020, 2021, and 2022 reporting groups to 2/3 of the requirements. This was to ensure that Registrants can meet the requirements of their Continuing Education and Professional Development reporting and stay compliant with the Quality Assurance Program.</li> <li>• The purpose of this assessment is to ensure that Registrants are participating in activities that support their practice competence, education in the professional and contribution to the profession.</li> <li>• When the College receives the Registrants Continuing Education and Professional Development log, College staff reviews the log and ensure that the courses listed are acceptable courses or activities.</li> <li>• The College has a list of <a href="#">approved Category A courses</a> on the website.</li> <li>• The College has a list of self-directed activities that Registrants can participate in for their <a href="#">Category B credits on the website</a> (Maximum Credit and Acceptable Proof)</li> </ul> <p><b>Areas of focus for peer and practice assessments include:</b></p> <ul style="list-style-type: none"> <li>• Record keeping related to patient records, and maintaining a Professional Portfolio for QA activities</li> <li>• Premises review – infection control procedures, emergency and safety measures in place, storage and privacy of patient files.</li> <li>• Clinical knowledge, skills, and judgment through a chart stimulated recall exercise.</li> <li>• Understanding and implementation of the standards of practice and guidelines for conflict of interest, informed consent, and delegation.</li> <li>• Standards of practice and guidelines are identified through issues arising in complaints, most common questions received by the Regulatory Education Specialist.</li> <li>• Registrants are chosen for a peer and practice assessment by stratified, random selection.</li> <li>• Assessors use a 1–4 scale to rate the Naturopath’s response to the peer and practice assessment components. QA Policies outline remediation depending on rating. Any rating of 3 or 4 is referred to the QAC. <i>(rating scale is attached to the Assessor’s Report – on the server: Q.03 – P and P Assess – Forms and Letters – Assessors – Fillable PDFs – Assessor’s Report Form) – It can also be found on the College’s</i></li> </ul>
--	--	--

		<p>website: <a href="https://www.collegeofnaturopaths.on.ca/members/quality-assurance/peer-practice-assessment/">https://www.collegeofnaturopaths.on.ca/members/quality-assurance/peer-practice-assessment/</a></p> <ul style="list-style-type: none"> <li>During the assessment, the Assessor discusses with the Registrant about their knowledge and understanding of the following Standards and Guidelines: Standard of Practice for Conflict of Interest, Conflict of Interest Guideline, Standard of Practice for Consent, Informed Consent Guideline and Standard of Practice for Delegation. These <a href="#">Standards and Guidelines</a> can be found on the College's website.</li> </ul>
11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> R Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to the College's process for monitoring whether registrant's complete remediation activities <b>OR</b> describe the process: <a href="#">Information regarding the CE reporting cycle</a></li> <li>Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> describe the process:</li> </ul> <p>Registrants who did not complete their requirement of submitting their Continuing Education and Professional Development by the September 30, 2020 deadline are brought to the Quality Assurance Committee who will decide the next steps. For the group reporting in 2020, the Quality Assurance Committee gave the Registrants that were outstanding an extension until February 28, 2021 to submit their logs and complete any discrepancies. Considering the circumstances brought on by COVID-19, the Quality Assurance Committee understands how difficult things have been for their Registrants and wanted to give them ample time to meet their requirements. The Quality Assurance Committee always does what they can to the best of their ability ensure that the Registrants stay compliant with the program.</p> <ul style="list-style-type: none"> <li>Registrants' logs are reviewed by College staff who determine whether they have met the requirements or not.</li> <li>Should Registrants not meet their requirements by February 28, 2021, they will go back to the Quality Assurance Committee who will provide them with their final steps. The Quality Assurance Committee can either grant the Registrants a further extension or deem them as non-compliant with the Quality Assurance Program and require them to undergo a Peer and Practice Assessment as outlined in Section 7.(2)(b) of the Quality Assurance Regulation made under the <i>Naturopathy Act, 2017</i>.</li> <li>No Registrants were required to complete remediation activities as a result of peer and practice assessments for 2020. The Rating Chart used by assessors would also be used to assess whether the Registrant has demonstrated the required knowledge, skill and judgement.</li> </ul>

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
<i>Additional comments for clarification (if needed)</i>		
Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"><li>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: <a href="https://www.collegeofnaturopaths.on.ca/public/complaints-investigations/">https://www.collegeofnaturopaths.on.ca/public/complaints-investigations/</a> <a href="https://www.collegeofnaturopaths.on.ca/public/patient-relations-sexual-abuse/">https://www.collegeofnaturopaths.on.ca/public/patient-relations-sexual-abuse/</a></li><li>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 <input checked="" type="checkbox"/> No <input type="checkbox"/></li><li>The ICRC maintains Program Policies and a detailed Procedures Manual that outline the information required for formal complaints and includes template letters and procedures for requesting additional information. As each complaint is different a panel of the ICRC reviews all materials received and determines if additional relevant information may be required.</li><li>Does the College evaluate whether the information provided is clear and useful: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li></ul> <p>In 2020 the College undertook a communications and plain language review of all its webpages and accessible materials to ensure that they are consistent, clear and easy to understand and use. This review encompassed review of content by program staff for accuracy, a review by an external communications firm (Media Profile) to provide content in plain language, a subsequent review by the College communications team for consistency across the site and final sign off for each page by the Senior Management Team of the College.</p>

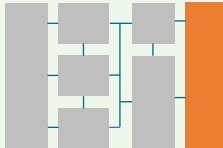
		<p>In redeveloping the site, the College also used a separate website development team (78 Digital) to remap the site to ensure its usability. Prior to launch, usability testing was undertaken by the public, College staff, and Registrants with excellent feedback on the new site structure.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>The College has an External Inquiry Tracker system which tracks the date from when someone received an inquiry to the date that the inquiry was acknowledged and resolved. Staff often follow up on the written correspondence with a phone call to ensure that parties involved understand the process and responds to any further inquiries within 3 business days.</p>
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> <li>Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)</li> </ul> <p>98%</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> <li>List all the support available for public during complaints process: <ul style="list-style-type: none"> <li>Online resources – Complaints process, fillable PDF form, statistics, available outcomes, summary of ongoing and closed investigations, complaints risk categories, ICRC decision making pathway, public register, summaries of complaints in iNformed.</li> <li>Resources available upon request – Complaint process pdf, complaint form, standards of practice.</li> <li>Dedicated Patient Relations &amp; Sexual Abuse webpage.</li> <li>Ongoing support from staff.</li> </ul> </li> <li>Most frequently provided supports in CY 2020:</li> </ul> <p>Responding to e-mail and phone inquiries about anonymous complaints.</p>	

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	<p>The College fulfills this requirement: Yes <input checked="" type="radio"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>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 <b>OR</b> provide a brief description: The <u>Complaints process</u> on the College website describes expected timeframes and communications to be sent by the College. Confirmation letters issued to complainants contain contact information for the College’s relevant staff. The College sends regular updates to the parties and HPARB as per s. 28 of the HPPC.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<b>Standard 13</b> <b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b>		
Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<p>The College fulfills this requirement: Yes <input checked="" type="radio"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to guidance document <b>OR</b> describe briefly the framework and how it is being applied: The College’s ICRC receives annual training from legal counsel ensuring that the committee is up to date and is aware of the most recent changes in legislation and case law. ICRC program policies were revised in July 2020. Risk categories are described on the <u>Complaints and Reports Outcomes webpage</u> <u>ICRC decision-making matrix</u> is available in the resource library on the website. ICRC Process flowchart, Complaint review plan and Decision analysis are included in the ICRC binder and are available upon request.</li> <li>Provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable):</li> </ul>

		<div>Content was last reviewed in the fall of 2020.</div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
<div>Standard 14</div> <div>The College complaints process is coordinated and integrated.</div>		
Measure	Required evidence	College response
14.1The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none"><li>Insert a link to policy <b>OR</b> describe briefly the policy:</li><li>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’).</li></ul><div>In 2020 the College has shared information in the following contexts:<ul style="list-style-type: none"><li>Other Ontario Regulators for the purposes of:<ul style="list-style-type: none"><li>joint investigations.</li><li>Providing information about registrants of other Colleges that came to our attention during an investigation.</li><li>Providing information about other regulated health providers holding out as naturopaths and copies of Cease and Desist Letters.</li><li>Providing information about registrants that may be holding out as other registered practitioners.</li></ul></li><li>Other Canadian Naturopathic Regulators:<ul style="list-style-type: none"><li>When a Registrant applies for registration in another jurisdiction, the College shares information about investigations, decisions and reasons and records of investigations where applicable to suitability to practice.</li></ul></li><li>Police services:<ul style="list-style-type: none"><li>Where contacted by police the College has provided records of investigations.</li></ul></li></ul></div></div>



		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (if needed)

Domain 7: Measurement, Reporting, and Improvement			
Standard 15			
The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>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 <b>OR</b> list KPIs and rationale for selection:</li></ul> <p>In January 2020, the Council was presented with the <a href="#">3-year Operational Plan</a> for the College. This plan is developed by the Chief Executive Officer (CEO) and Senior Management Team to reflect the operational activities that the College will undertake to move the College forward towards meeting the Ends Statements or objectives set by the Council.</p> <p>The plan sets out the broad areas of work, and specific activities that will be undertaken to support that area of work. For each activity, the performance indicators are provided to allow the Council to oversee the operational activities. By accepting the plan, the Council is accepting that the activities work towards its objectives and that the measures are the correct measures against which progress can be measured.</p> <p>In July annually, the Council evaluates the overall performance of the College and CEO for the prior year (April 1 to March 31). This assessment determines whether performance was below, at or above expectations. Under the policy model the Council has been using, College performance is equal to CEO</p>	

		<p>performance. As such, the remaining two portions of the review are not disclosed as they fall under the section 7(2) of the Code provisions dealing with personnel matters.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>
	<p>b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>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:</li> </ul> <p>At each Council meeting in 2020, the Council is presented with the CEO’s Report on Operations. This report provides an update on operational activities in each quarter in line with the Operational Plan. Council is assessing performance at each quarterly meeting. The <a href="#">Monitoring Report</a> can be found at page 114 of the Council package.</p> <p>The Council considers risk as a part of every briefing that they are provided upon which their decisions are based. Depending on the nature of the matter under discussion, a risk discussion may be incorporated into the “discussion” component of the briefing note, or it may be assessed under the “analysis” section of the briefing. As an example, please refer to page 152 of the Council materials provided at the link above.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p>The College is moving towards a more robust risk assessment process based on standardized Risk Management Principles and Practices. These changes are being implemented starting in January 2021 and may be seen on page 109 of the <a href="#">Council meeting materials for January 2021</a>. A supplementary document provided to the Council for the <a href="#">Capital and Operating Budgets for 2021-2022</a> provides a further example of how the risk assessment portion of the analysis is being augmented.</p> <p><i>Additional comments for clarification (if needed)</i></p>

15.2Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes <input checked="" type="radio"/> R Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</li></ul> Not available.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>  The Council contemplates risk as it makes decisions at every meeting. College performance is considered a) at each Council meeting and b) annually at the end of the program year. As a policy Board, the Council does not direct action, at least as that relates to operational activities. In order for Council to effect change in actions or activities, it would either change its Ends Statements or amend or add new Executive Limitations policies. Over the course of this past year, the Council has not made any such changes. It is reasonable to conclude that the Council is satisfied that the operational activities support the strategic directions they have established, and the activities chosen by the CEO are reasonable and did not require alteration.
15.3The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement: Yes <input checked="" type="radio"/> R Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to College’s dashboard or relevant section of the College’s website:</li></ul> The CEO’s Report on Operations is a public document that is tabled at each Council meeting and disclosed among the meeting materials. An example may be found at page 114 of the <a href="#">October Council meeting materials</a> .
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

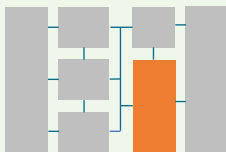
PART 2: CONTEXT MEASURES

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

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> 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*		<p><b>What does this information tell us?</b> Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>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.</p>
Type of QA/QI activity or assessment	#	
i. Continuing Education Reporting	449	
ii. Self-Assessment	1,573	
iii. Peer & Practice Assessment	19*	
<p>* 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.</p> <p><b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases</p>		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE	
-----------------------------------	---

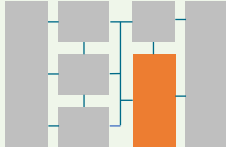
<b>Standard 11</b>			
<b>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care</b>			
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
<b>Context Measure (CM)</b>			
	#	%	<b>What does this information tell us?</b> 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.
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2020	2,041		
<b>CM 3.</b> 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. *	Matters referred to ICRC – 2 Ordered Peer & Practice Assessments - 4	0.3%	
<i>Additional comments for clarification (optional)</i>			
Total number of Registrants that participated in the Continuing Education & Professional Development Reporting:449. Total number of Registrants that participated in the Peer and Practice Assessment: 19. Total number of Registrants that participated in the Self-Assessment: 1,573			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

<b>Standard 11</b>			
<b>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.</b>			
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
<b>Context Measure (CM)</b>			
<b>CM 4.</b> Outcome of remedial activities in CY 2020*:	#	%	<b>What does this information tell us?</b> This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)	6	0.3	
Additional comments for clarification (if needed)			
2 Registrants referred to ICRC. 1 Matter referred to Discipline; 1 Matter currently under investigation.			
4 Registrants required to undergo Peer & Practice Assessments (1 Registrant currently suspended) – remaining 3 scheduled			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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†		<p><b>What does this information tell us?</b> This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</p>
Themes:	#	%	#	%	
I. Advertising	3	17.6	19	57.9	
II. Billing and Fees	3	17.6	1	1.8	
III. Communication	1	5.9	0	0	
IV. Competence / Patient Care	2	11.7	1	1.8	
V. Fraud	1	5.9	0	0	
VI. Professional Conduct & Behaviour	3	17.6	9	15.8	
VII. Record keeping	0	0	1	1.8	
VIII. Sexual Abuse / Harassment / Boundary Violations	1	5.9	0	0	
IX. Unauthorized Practice	3	17.6	16	28.1	
X. Other <please specify>	0	0	10	17.5	
Total number of formal complaints and Registrar’s Investigations**	9	100%	23	100%	

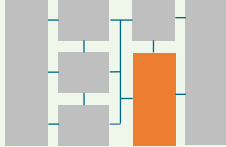


<p>* <b>Formal Complaint:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p><b>Registrar’s Investigation:</b> Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ <b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>9 formal complaints were received. Many complaints have multiple allegations. Total number of allegations were 17 from formal complaints</p> <p>23 Registrar’s Investigations initiated. Many have multiple allegations. Total number of allegations were 57 from Registrar’s Investigations.</p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	9	
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	23	
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	23	
CM 9. Of the formal complaints* received in CY 2020**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0	0
II. Formal complaints that were resolved through ADR	0 <sup>1</sup>	0
III. Formal complaints that were disposed** of by ICRC	5	55.5
IV. Formal complaints that proceeded to ICRC and are still pending	4	44.4
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	0	0
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	2	22.2

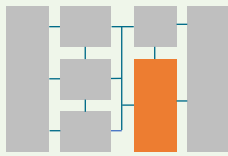
\*\* Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

\* 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.

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

What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.

<p>△ <i>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.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at 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.</i></p> <p>φ <b>Registrar’s Investigation:</b> <i>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.</i></p> <p><b>NR</b> = Non-reportable; results are not shown due to &lt; 5 cases (for both # and %)</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p><sup>1</sup>The College does not have an Alternative Dispute Resolution program during this reporting period. One is being developed for Council’s consideration in 2021.</p>	

DOMAIN 6: SUITABILITY TO PRACTICE								
Standard 13								
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.								
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology								
If College methodology, please specify rationale for reporting according to College methodology:								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2020								
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.	
I. Advertising	0	8	5	1	0	3	0	
II. Billing and Fees	1	4	1	1	0	0	0	
III. Communication	3	2	2	2	0	0	0	
IV. Competence / Patient Care	2	1	2	2	0	0	0	
V. Fraud	0	0	0	0	0	0	0	
VI. Professional Conduct & Behaviour	1	2	2	2	0	3	0	
VII. Record keeping	0	1	1	1	0	0	0	
VIII. Sexual Abuse / Harassment / Boundary Violations	0	1	1	1	0	5	0	
IX. Unauthorized Practice	1	4	3	1	0	2	0	
X. Other <please specify>	1	1	0	0	0	0	0	
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.								
† NR = Non-reportable: results are not shown due to < 5 cases.								

++

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

What does this information tell us?

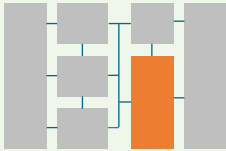
This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



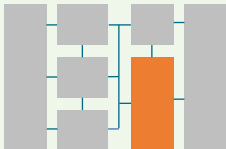
Statistical data collected in accordance with recommended methodology or College own methodology:

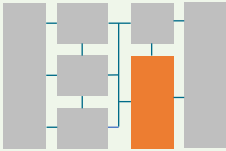
☒ Recommended

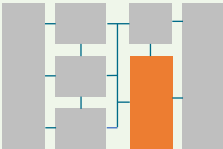
☐ College methodology

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

Context Measure (CM)		
CM 11. 90 <sup>th</sup> Percentile disposal* of:	Days	<div>What does this information tell us?</div> <div>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.</div>
I. A formal complaint in working days in CY 2020	193	<div>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</div>
II. A Registrar’s investigation in working days in CY 2020	259	
<div>* 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).</div> <div>* 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).</div>		
<div>Additional comments for clarification (if needed)</div>		

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 12. 90th Percentile disposal* of:	Days	<b>What does this information tell us?</b> This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *  The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested^ discipline hearing in working days in CY 2020	352		
II. A contested# discipline hearing in working days in CY 2020	0		
<p>* <b>Disposal:</b> 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).</p> <p>^ <b>Uncontested Discipline Hearing:</b> 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.</p> <p># <b>Contested Discipline Hearing:</b> In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.</p>			
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<p><b>What does this information tell us?</b> 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.</p>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	2	
IV. Improper use of a controlled act	1	
V. Conduct unbecoming	2	
VI. Dishonourable, disgraceful, unprofessional	3	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	1	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	2	
XI. Falsifying records	1	
XII. False or misleading document	2	
XIII. Contravene relevant Acts	1	
<p>* 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.</p> <p><b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases.</p> <p>Additional comments for clarification (if needed)</p>		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<b>What does this information tell us?</b> This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
Type	#	
I. Revocation <sup>+</sup>	0	
II. Suspension <sup>\$</sup>	4	
III. Terms, Conditions and Limitations on a Certificate of Registration <sup>**</sup>	4	
IV. Reprimand <sup>^</sup> and an Undertaking <sup>#</sup>	0	
V. Reprimand <sup>^</sup>	4	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.</p> <p>+ 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.</p> <p>\$ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"><li>• Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),</li><li>• Practice the profession in Ontario, or</li><li>• Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.</li></ul> <p>** 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.</p> <p>^ 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</p> <p># 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.</p> <p><b>NR = Non-reportable: results are not shown due to &lt; 5 cases</b></p>		
Additional comments for clarification (if needed)		



**For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:**

Regulatory Oversight and Performance Unit  
Health Workforce Regulatory Oversight Branch  
Strategic Policy, Planning & French Language Services Division  
Ministry of Health  
438 University Avenue, 10th floor  
Toronto, ON M5G 2K8

E-mail: [RegulatoryProjects@Ontario.ca](mailto:RegulatoryProjects@Ontario.ca)

## Appendix A: Public Interest

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

# PUBLIC INTEREST

## in the context of the College Performance Measurement Framework

