ORGANIZATION AND REGISTRAR PERFORMANCE EVALUATION
2019-2020

Organizational Self-Assessment and Executive Committee Assessment

Part 1 of 3

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INTRODUCTION

This document is the first of three documents that together create the Registrar & CEO's performance review. This particular document sets out the operational activities to be undertaken by the College for which the Registrar & CEO maintains overall responsibility. In accordance with the Governance policies, the organization's performance against the measures is equivalent to the performance of the Registrar & CEO.

THE OPERATIONAL PLAN FOR 2019-2020

The Operational Plan for 2019-2020 focuses on excellence in regulation, ensuring the College fulfills its core mandate to protect the public and oversee the practice of naturopathy. Operations focus on ensuring clearly defined goals and evaluating the progress and success in achieving them.

Measures

The following rating scale will be used by both the staff in conducting the organization's "self-assessment" and the Executive Committee in making a performance recommendation to Council.

Rating	Rating Explanation
Below expectations	Some but not all operating activities were undertaken.
Met expectations	The operating activity was undertaken as expected.
Above expectations	The operating activity was undertaken, and additional related activities completed.

Data relating to all performance indicators and outcomes is set out in Appendix 1. For each indicator, the page reference is provided for the location of the data in the appendix.

I. Regulate the Profession

Activity	Performance Indicators

Activity	Performance Indicators

1. Entry to Practise (ETP)

- Receive, review and process applications for registration, approve those who qualify and refer others to the Registration Committee (RC) for review and a determination.

- Step 1 applications for registration are
  - Acknowledged within 2 business days.
  - Reviewed and triaged within 1 business day of online receipt.
- Step 2 and 3 applications are
  - Acknowledged by e-mail on the day of receipt of documentation and fees.
- Notice of Referrals for Applicants being referred to the Registration Committee (RC) are sent on average within 7 business days of receipt of their full application (i.e. online application form, application fee, criminal records check and copy of CPR).
- Applicants being referred to the Registration Committee due to subsections 5(2) and 5(4)(a) are contacted by phone by the Exams/ETP staff upon receipt of their Application for Preregistration to provide information about the process, and anticipated timelines for review and decision by the Registration Committee (RC).
- Applicants whose applications for registration are referred to the Registration Committee (RC) are contacted by phone on average within 1 business day of the scheduled Committee meeting date and are provided with a verbal report of the outcome, unless the matter requires formal reasons and decisions to be prepared and sent to the applicant. Applications not requiring review by the RC are processed on average within 10 business days.

- Receive, review and process applications for determination of substantial equivalency under the Prior Learning Assessment and Recognition Program (PLAR).

- PLAR applications will be received and process in the same manner as other applications for registration.

- Support the Registration Committee (RC) in consideration of applicants referred to it and implement the decisions provided by the Committee.

- The RC will receive information in support of its meetings on average 7 days prior to the meeting and draft minutes within 14 days of the meeting, on average.

Activity	Performance Indicators

• Support the Registration Committee (RC) in appeals made by applicants to the Health Professions Appeal Review Board (HPARB).
 	
• Maintain current information on the College's website about the application process and the Prior Learning Assessment and Recognition Program.
	• Decisions made by the Registration Committee will be implemented by the Director of Registration and Examinations, including:
	    ○ Drafting of the Decision and Reasons (D&R) on average within 21 days of the decision; and
	    ○ Notification of the applicant on average within 3 days of the approval of the D&R.
	• Appropriate inclusion of information on the Register on average within 3 business days of the approval of the D&R.
	• Files will be provided to HPARB on average within 3 days of receipt of an appeal.
	• Staff will attend the hearings in support of the RC decisions.
	• The College's website will be reviewed on a quarterly basis and updated as needed.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p1)	❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

2. Examinations

Activity	Performance Indicators
• Deliver three Clinical Examinations for new applicants to the profession.	• 3 sittings of the Clinical (Practical) Examination will be delivered in this program year.

Activity	Performance Indicators
- Deliver two written Clinical Sciences examinations in each year and, beginning in 2020, two written Biomedical examinations (once developed). - Deliver two IVIT examinations in each year for those Members who wish to meet the Standard of Practice. - Deliver two Therapeutic Prescribing Examinations in each year for those Members who wish to meet the Standard of Practice.	2 sittings of the written Clinical Sciences Examination will be delivered in this program year. 2 sittings of the IVIT Examination will be delivered in this program year. 2 sittings of the Therapeutic Prescribing Examination will be held in this program year.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p1)	❑ Above expectations

Why? (factors effecting performance):

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Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

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3. Membership/Registration

Activity	Performance Indicators
Conduct an annual renewal process that includes enabling Members to pay their annual fees in each year and update their Information Return with the College.	- Forms and process for the annual renewal will be completed by Dec 4, 2019. - Annual renewal campaign will be launched no later than Feb 14, 2020. - Member calls and e-mails will be responded to within 2 days, on average. - An annual renewal rate (receipt of fees and information return) will be at a minimum of 95% by midnight March 31, 2020
Receive, review and process applications for change of class, approving those who qualify and referring the remainder to the Registration Committee (RC) for review and determination.	- Applications under 2 years are completed on average within 10 business days. - Decision and Reasons to advise applicants of the Registration Committee's decision are issued on average within 21 days

Activity	Performance Indicators

from the date the Committee approves the Decision & Reasons.

- • Annual review/revision of all forms and materials will be completed by September 4, 2019.

- • Manage (adding, modifying and auditing records) the public register of Members for use by the public as required in the *Regulated Health Professions Act, 1991* and the College by-laws.

- • Any changes to Members' information are reflected on the public register on average within 3 business days.

- • Submit the annual reporting data to HealthForceOntario as required under the Code.

- • The annual HealthForceOntario submission will be made by May 30, 2019, and any corrections submitted by September 30, 2019.

- • Receive, review and process applications for certificates of authorization for professional corporations.

- • Applications for certificates will be acknowledged within 3 days on average.
- • Applications will be reviewed, and decisions made within 7 days on average of receipt of an application.
- • New corporations will be added to the Corporations Register within 3 days on average of decisions to approve applications.

- • Conduct annual renewals of Certificates of Authorization for professional corporations.

- • Renewal notice letters are e-mailed to Members on average 6 weeks prior to the Certificate of Authorization expiry date.
- • Complete renewal applications are processed within 3 business days on average.
- • Certificate of Authorization will be revoked on average within 5 days from the date of the deadline for fixing any errors given to the corporation in the revocation notice.

Organization's "self-assessment"

☐ Below expectations	☑ Met Expectations (p2-3)	☐ Above expectations

Why? (factors effecting performance):

- • The outbreak of the COVID-19 pandemic impacted the timing of the renewals by limiting the ability for all normal follow up activities to be undertaken.

Executive Committee Assessment (recommendation to Council)

Activity	Performance Indicators

❑ Below expectations	❑ Met Expectations	❑ Above expectations

4. Patient Relations Program

- The College will operate a Patient Relations Program as set out in the *Regulated Health Professions Act, 1991*.

- Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.

- The College will maintain information on its website and in handbooks about the Patient Relations Program generally and funding for patients who believe they have been sexually abuse.
- A minimum of 3 Committee meetings will be held, provided the Chair authorizes the convening of the meeting.

- Applications for funding will be reviewed and a decision rendered within 30 days of receipt on average.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p2)	❑ Above expectations

Why? (factors effecting performance):
- No applications for funding were received to be processed.
- Drafted, consulted, and produced a customizable Patient Rights document for Members to use in their practice.

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

5. Quality Assurance Program

- The College will operate a Quality Assurance (QA) Program as set out in the *Regulated Health Professions Act, 1991* and the Quality Assurance Regulation made under the *Naturopathy Act, 2007*.

- QA staff will follow up within 5 business days on average with those Members who declared <u>no</u> on their Self-Assessment.
- Group III Reporting reminders will be sent electronically 6 months before September 30 deadline.
- QA staff will confirm receipt of all CE Logs within 3 business days on average.

Activity	Performance Indicators
	• E-mail reminders will be sent on the day the CE Logs are due to those Members who have not submitted the logs. • Members who fail to submit their logs will be notified on average within 5 business days. • Call for Assessors will be posted in the winter issue of *iNformeD*. • Assessor training will take place in the spring. • The Quality Assurance Committee (QAC) will randomly select 50 Members to undergo a Peer and Practice Assessment (PPA). QA staff will notify Members and send Pre-Assessment Questionnaire and Declaration of Conflict of Interest forms. • QAC will review all CE Applications with 60 days on average of applications being submitted. • The decision of the QAC will be sent electronically to all CE organizers within one week on average of the decision. • Approved courses will be uploaded on the website within 3 business days on average of QAC Meeting/approval. • All inquiries related to QA are responded to within 3 business days on average.
• The Quality Assurance Committee (QAC) will be supported by the College and will be provided with information in a timely fashion.	• Up to 10 meetings of the Committee will be held at the discretion of the Chair. • Meeting packages will be prepared and provided to QAC electronically on average 7 days prior to the meeting. • QAC meeting minutes will be completed and circulated to Committee members within 14 days on average following the Meeting.
• Twenty-five percent (25%) of Standards and Guidelines will be reviewed by the QA Committee to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.	• A minimum of 7 (of 29) Standards of Practice and 2 (of 10) Guidelines will be reviewed by the Committee to determine whether amendments are warranted. • Where amendments are deemed warranted, changes will be developed by the Committee, circulated for consultation and considered by the QAC.

Activity	Performance Indicators

| | • Proposed changes will be brought forward to the Council for consideration. |

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p2)	❑ Above expectations

Why? (factors effecting performance):

• A new focused Self-Assessment on Advertising was developed and implemented during the reporting period.

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

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6. Inquiries, Complaints and Reports

• The College will receive information and complaints about Members of the profession and fulfil its obligations to investigate the matters in accordance with the *Regulated Health Professions Act, 1991* through the Inquiries, Complaints and Reports Committee (ICRC).	• Receipt of Complaints/Reports is acknowledged within 3 days on average and Members are notified within 14 days on average. • Potential professional misconduct and grounds for a Registrar's Investigation (RI) are reported to the Registrar within 7 days of receipt of information. • Investigator appointments and clarifying documents are sent to the investigative team within 14 days of the investigator approval. Staff supports investigators on as needed basis. • Experts are identified, recruited, oriented and trained. At least one teleconference with legal counsel is held for each matter. • Complaints are resolved within 150 days as required by the Code, or if a complaint is not resolved within 150 days, the parties involved and HPARB are notified every 30 days following the 150 days deadline. • Expenses related to each matter are tracked. Expense summaries are maintained on the server and are made available within 24 hours.

Activity	Performance Indicators
	• Complaints/Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decisions is reported to the Deputy Registrar within 3 days.
• The ICRC will be supported by the College through the timely provision of information, assistance in preparing Decisions and Reasons and through the provision of expert and legal advice and assistance when needed.	• Up to 11 meetings of the Committee will be held at the discretion of the Chair. • Meeting packages are prepared and provided electronically on average 6 days prior to the meeting. • Meeting minutes are prepared and circulated on average within 14 days following the meeting. • R&D and report templates are developed and regularly updated by staff. • Inquiries from ICRC Members are responded to, required information is provided to Members within 3 business days. • Training is conducted if a new member is appointed. • Decision and Reasons are drafted by ICRC/staff, reviewed by legal counsel, reviewed and approved by the Panel and provided to the parties involved within 21 days of the Panel's approval of the Decision & Reasons. • Panel appointments are drafted for the Chair's approval upon receipt of a new matter. Database of appointments is maintained. Conflicts are tracked and recorded in meeting minutes.
• Staff will develop a database of prior decisions and legal opinions to assist the ICRC. • Cease and Desist (C&D) letters will be issued to unauthorized practitioners and the Register will be managed in accordance with Council policy.	• Database of Members' prior history with the College/BDDT-N is maintained. • C&D letters are drafted and sent to a Process Server within 14 days. • Practitioners' names are posted on the website within 3 days of receipt of the affidavit of service. • Staff follows up on the performance of signed confirmations every 6 months. • Information regarding practitioners who have violated the confirmation is provided to the Deputy Registrar within 7 days.

Activity	Performance Indicators

• The Appeals process will be supported through the timely provision of information to the Health Professions Appeal Review Board and participation in HPARB hearings.	• Information about practitioners who failed to sign a confirmation is provided to the Deputy Registrar within 7 days of the deadline indicated in the C&D. • Decisions on whether the College will seek an injunction from the Ontario Superior Court of Justice are made within 60 days. • Documents are provided to HPARB within 3 business days of the request, case conferences and reviews are attended as required.

Organization's "self-assessment"

❑ Below expectations	❑ Met Expectations	☑ Above expectations (p3)

Why? (factors effecting performance):

- Despite a very high volume and new activities resulting from COVID-19 pandemic issues, this area remains a high performing and highly functional area.

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

7. Discipline/Fitness to Practise

• The College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies by providing annual training as necessary and by supporting the selection of panels by the Chair.	• Full Committee meetings will be facilitated by the staff as directed by the Chair. • Training will be scheduled and delivered as directed by the Chair, on advice of Independent Legal Counsel (ILC). • The Rules of Procedure will be review by the staff and suggestions for amendments forward to ILC on behalf of the Committee. • Staff facilitates scheduling of hearings, provides information to panel members, and supports ILC as required.

Activity	Performance Indicators
• Independent Legal Counsel will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee.	• Upon the direction of the Chair, a Request for Proposals will be developed by the staff, approved by the Chair and released to interested legal firms. • Proposals will be received, collated and presented to the Committee for consideration. • A Professional Services Agreement or Letter of Appointment will be prepared and signed on behalf of the Committees.
• The Registrar & CEO, with the support of the Deputy Registrar, Manager of Professional Conduct and with the advice of Legal Counsel, will oversee the prosecution of matters referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee.	• Each matter referred will be reviewed and a determination made on which allegations will be prosecuted and the appropriate penalties. • The Registrar will determine which matters can proceed uncontested if there is sufficient agreement between the Member and the Registrar. • Contested matters will be represented by the Registrar and General Counsel to the College before panels of the Discipline or Fitness to Practise Committees. • Expenses related to each matter are tracked. Expense summaries are maintained on the server and are made available within 24 hours.
• Referrals by the Inquiries, Complaints and Reports Committee to the Discipline Committee (DC) or the Fitness to Practise Committee will be managed in accordance with the Code and the rules of procedure.	• Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated within 24 hours of a change. • The Member is notified of the ICRC decision and is provided with a copy of allegations referred to DC on average within 7 days of the referral. • Information for disclosure is provided to the Registrar/legal counsel within 7 days of the referral. • Performance of discipline orders/undertakings is monitored on an ongoing basis. Any deviation is reported to the Registrar within 3 days.

Activity	Performance Indicators
• Staff monitor and enforce the Members' compliance with orders of the Discipline/FTP panels.	• Staff drafts and provides a summary to Director – Communications on average within 30 days of the date the Decision & Reasons is approved by the Panel. • Orders of panels will be monitored on an ongoing basis to ensure the Member is in compliance. Any deviation from an order is reported to the Registrar within 3 days.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p3)	❑ Above expectations

Why? (factors effecting performance):

• Delays in moving forward on hearings have resulted from defence counsel availability and activities.

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

8. Inspections

• The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the *Naturopathy Act, 2007* to regulate premises in which IVIT procedures are performed.	• The College will manage the Premises Registry on its website. • Premises which have had an initial inspection will have a subsequent inspection within 5 years of the date of the initial inspection, or earlier upon agreement between the College and the Premises. • Fees will be levied for inspections and payments made within 60 days of the issuances of invoices.
• The Inspections Committee (IC) will be supported by the College.	• Up to 10 meetings of the Committee will be held at the discretion of the Chair. • Meeting packages are prepared and provided electronically on average 7 days prior to the meeting. • Meeting minutes are prepared and circulated on average within 14 days following the meeting.
• Inspectors will be recruited and trained in support of the program as needed.	• A pool of 10 qualified and trained inspectors will be established and maintained.

Activity	Performance Indicators

- New premises will be inspected within 180 days of becoming registered with the College.

- New inspectors will be recruited and trained as needed to maintain the pool.
- Part 1 of the New Premises inspection, which will allow the premises to begin operations, will be completed within 180 days of becoming registered with the College.
- Part 2 of the New Premises inspection, which includes direct observation of the performance of procedures, will be completed within 60 days of the start of operations by the premises.

- The College will manage the Premises Registry on its website.

- Addition of new premises will be made within 5 days of receipt of complete registration materials.
- Changes to information relating to existing premises will be made on average within 3 days of receipt of the information.

- A process for premises reporting both Type 1 and Type 2 data will be implemented, and statistical data reported annually.

- Information will be provided to the premises about the procedures and forms.
- Forms will be collected, analyzed, reported on to the Committee and Council and retained.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p 4)	❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

9. Scheduled Substance Review Committee

- The College will operate a process to review the tables to the General Regulation outlining the drugs and substances authorized for use by the profession and review the specimens

- Scheduled Substance Review Committee (SSRC) will develop criteria to identify priority substances and laboratory tests.

Activity	Performance Indicators

and tests that can be taken, performed or ordered by the profession.

- The Scheduled Substances Review Committee (SSRC) will be supported by the College through the timely provision of information for meetings.

- Up to 3 meetings of the Committee will be held at the discretion of the Chair.
- Meeting packages are prepared and provided electronically on average 7 days prior to the meeting.
- Meeting minutes are prepared and circulated on average within 14 days following the meeting.

- In 2019-2020, the SSRC will review and consider making recommendations to Council for additional considerations to the schedules of drugs, substances and Lab tests.

- During this program year, the SSRC will issue a new Call for Submissions to stakeholders seeking any additions or modifications to the schedules of drugs, substances and laboratory tests.
- All submissions will be acknowledged within 3 days of receipt on average.
- Submissions will be review by the Committee with the intention of bringing priority recommendations to the Council.

- In 2019-2020, necessary research will be conducted in support of additional considerations as established by the Council.

- Research from the Drug Information Research Centre on proposed changes to the schedules of drugs and substances will be obtained and included in any briefing from the Committee to Council recommending changes.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p4)	❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

Activity	Performance Indicators

10. Regulatory Education

- The Regulatory Education Specialist will respond to Members' questions and provide information, whenever possible, and guide the profession to the resources available to it.
- The College will use *iNformeD*, the website and other communications channels to ensure that the profession is aware of the regulations, standards and guidelines for the profession.

- The College will respond to inquiries from the public, Members and stakeholders by telephone or through written communication as required.
- All standards, guidelines and policies will be maintained on the College's website.

- E-mail and telephone inquiries will be responded to within 3 business days on average.

- Each issue of *iNformeD* will include a regulatory guidance article, complaints scenario and discipline summary.
- News Bulletins will include links to various practice resources including new blogs, standards, guidelines etc.
- Three postings related to the regulations, standards and guidelines will be made in the Registrar's Corner (blog).
- E-mail and telephone inquiries will be responded to within 3 business days on average.

- Standards, guidelines and policies will be maintained on the website.
- New standards, guidelines and policies will be added to the website within 5 business days.

Organization's "self-assessment"		
❑ Below expectations	❑ Met Expectations	☑ Above expectations (p.5)

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)		
❑ Below expectations	❑ Met Expectations	❑ Above expectations

II. Governance of the College

The College will ensure that it is properly governed by a Council and an Executive Committee as required under the *Regulated Health Professions Act, 1991* and that these governing bodies fulfill their roles and responsibilities under the Act, and are properly constituted as set out in the *Naturopathy Act, 2007* and the College by-laws. As such, the following operational activities will be undertaken.

Activity	Performance Indicators

Activity	Performance Indicators

1. Good Governance

1.1   Ensuring Council is Properly Constituted

Activity	Performance Indicators
• Council elections will be conducted annually as required by the by-laws.	• Calls for Nominations will be issued in early November 2019, 30 days earlier than previously done, to encourage broader interest. • Nominations will be acknowledged within 3 days on average. • Nominations and candidacy materials will be provided to the Nominations and Elections Committee for review. • Where nominations are received, elections will be completed by the first week of March 2020 and where none are received, in accordance with the Supplemental Election process.
• Executive Committee elections will be initiated immediately following the completion of the Council elections and will be held at the first meeting of the Council following the Council elections.	• Election information will be provided to all existing and incoming Council members about the Executive Committee positions and elections. • Elections will be conducted in accordance with Council's policies at the meeting in April 2020.
• The Registrar will monitor the appointments of public members to the Council to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the needs to appointment and re-appointment as necessary.	• All public appointments will be tracked. • Appointments that will expire will be provided materials to seek reappointment within 4 months prior to the appointment expirations. • An Operating policy that codifies the Registrar's current practice of supporting reappointments will be developed and tabled for the information of the Council. • Letters of support will be provided by the Registrar for reappointments in accordance with the current practice and operating policy.
• The College will work with and respond to all external oversight agencies to ensure that it is meeting all of the legislative requirements.	• Requests for information from oversight agencies will be responded to within the timeframe established by the agencies.

1.2   Council Orientation

Activity	Performance Indicators
• The Registrar will work with the Executive Committee, the President and Legal Counsel to provide a program of annual orientation for existing and newly elected/appointed Councillors. • Members of the Council will be oriented to the governance model and their fiduciary responsibilities annually.	• A program for orientation of existing Council members will be developed, implemented and reported on to the Council. • New Council members will be fully oriented to the College, their Council, their responsibilities and the governance processes of the College. • Through the orientation processes and through on-going discussions at the Council meetings, Council members will be made aware of their responsibilities and the governance model.

1.3   Reporting to Council

Activity	Performance Indicators
• The Registrar will submit quarterly reports to the Council detailing operational activities, based on the ENDS policy, as well as his performance with respect to his statutory responsibilities. These reports will be made public.	• A quarterly report will be submitted at least 12 days prior to each Council meeting.
• The Registrar will provide trending information to the Council relating to the nature of complaints/investigations, discipline referrals, performance of groups of candidates on examinations, and issues identified by the public and Members.	• The Registrar's Report to Council will include trending information.
• Council will be fully briefed on all major issues and policy matters to be brought before it and Council will receive its materials for meetings in a timely manner.	• Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process at least 12 day prior to each Council meeting.

1.4   Assessing Performance

Activity	Performance Indicators
• The Council will undertake an annual organizational performance review measuring the College's activities against the Operating Plan and Operating Budget. • The Council will undertake a performance review of the Registrar on an annual basis in accordance with its policies.	• A draft of the performance indicators for evaluation purposes for the 2019-2020 will be presented to the Executive Committee in September 2019. • The performance review process will be initiated in April with the completion of necessary evaluation materials for the

Activity	Performance Indicators
	consideration of the Executive Committee provided in June 2019. • Review materials will be presented to the Council in July 2019.
• The Council will undertake a bi-annual (2018, 2020) assessment of its own performance over the course of the prior two years.	• The Council will receive and review the assessment information for 2018-2019 at the July Council meeting.

1.5 Identification and Mitigation of Risk	
• The Registrar, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organization, including Directors and Officer's liability insurance, Commercial General liability insurance and Property insurance.	• Insurance policies will be reviewed and renewed annually.

• The College will undertake an organization-wide risk assessment, including but not limited to:
  o identifying potential bias in assessment methods or procedures;
  o developing and recording mitigating strategies to address potential risks in guidelines for assessors and decision-makers; and
  o establishing a means to ensure corrective actions are implemented in a timely manner.
	• The risk assessment will be undertaken by the Registrar & CEO or their delegate.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p. 5-6)	❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

Activity	Performance Indicators

2. Support to Committees

2.1   Composition, Recruitment and Appointment

• Recruitment of non-Council Members for Committees and operational roles in the College will be undertaken annually and will include a robust screening process. • The Council will be asked annually to appoint Members of Council and non-Council Members to the Committees.	• Calls for volunteers will be delivered to the Members at least once annually. • Committee appointments are made at the April Council meeting.

2.2   Committee Training and Guidance

• The College will provide training to the Committees on issues relating to conflict of interest, bias, and human rights, as well as on how Committees operate within the College and the specific role of each Committee.
 	
• The College will develop guidelines, policies or other similar documents for Committee members about the potential for bias or risk to impartiality in the assessment process. These documents should include content on:
   o characteristics or types of bias and/or situations that may compromise the impartiality of assessment decisions;
   o procedures to follow where there is a potential for bias; and
   o actions to prevent discriminatory assessment practices.
	• All volunteers will have initial training on bias, diversity, human rights and conflict of interest and refresher training on a regular schedule thereafter.
	• A tracking process to monitor on-going training will be put in place.
	• Bias and anti-discrimination policies will be developed for the Council (as an Executive Limitations policy).
	• Operating policies to support an anti-bias program will be developed and implemented by the College.

2.3   Committee meetings

• Council Committees will meet on an "as-needed" basis ensuring effective use of financial and human resources. Wherever possible, and with the consent of the Chair, meetings will be conducted electronically. • The College will monitor Committee attendance to ensure that quorum requirements have been met.	• Council Committees meet at the call of the Chair. Staff liaisons will alert the Chair when there is not sufficient information to warrant a full, in-person meeting. • Committee attendance will be monitored, reported through the minutes and unnecessary absences will be reported by staff to the Chair.

Activity	Performance Indicators

- Committees will receive their information for meetings in a timely manner.

- All Committees will receive their meeting materials on average 7 days prior to the meeting.
- All draft minutes will be circulated to the Committees on average 14 days following the meeting.

Organization's "self-assessment"

☐ Below expectations	☑ Met Expectations (p 6-8)	☐ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

☐ Below expectations	☐ Met Expectations	☐ Above expectations

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3. Transparency

3.1   Reporting

• The qualitative Annual Report format, initiated in 2017-18, will be continued and augmented to provide information to the public and stakeholders about Council processes and decisions.	• The Annual Report will be developed by staff and published in Q3.
• Audited financial statements and the Auditor's Report will be reviewed by Council, approved and publicly released.	• The audited financial statements and auditor's report will be presented to the Council in July by the Auditor and a report from the Audit Committee.

3.2   Decision-making

• A decision-making matrix/tree for the Council and each of its Committees will be developed, reviewed and adopted by Council and published.	• All Committees will be asked to consider whether such a matrix or tree is warranted for their work. • For those Committees that believe it is warranted, it will be developed and reviewed annually, provided to the Council in the consent agenda and published on the website.
• The Council adopts an "open by default" policy and directs that all activities that can be so legally, be made open.	• The Council will be asked to deliberate on what this policy means and the appropriate means of establishing it.

Activity	Performance Indicators

- Council meetings, agenda and materials will continue to be posted publicly.

- All Council meeting materials that are not privileged or contain personal information, will be posted to the College's website on average 7 days prior to the meeting.

3.3   Regulatory Processes and Public Interest

- The College will maintain a summary table of active and resolved complaints and inquiries.
- Previously, the College has publicly disclosed anonymized information about complaints in process and those that have had a determination made by the ICRC. The College will, in the coming year, begin releasing summary/anonymized decisions and reasons for each matter where there is an outcome.

- The College will develop and implement a process for alerting the public to discipline hearings and outcomes.

- In addition to Notices of Hearing and Decisions and Reasons of Discipline Panels, the College will ask the DC to consider providing access to Joint Submissions on Penalty (JSP) and Costs and Agreed Statements of Facts (ASF).

- A summary table of active and resolved complaints and inquiries is maintained and updated monthly.
- Information about complaints in progress and those resolved will continue to be published on the website.
- Staff will work with the ICRC to develop the appropriate means of published summary or anonymized decisions and reasons.
- The process of publishing upcoming hearing dates on the website and in the News Section will be continued and maintained.
- ASF and JSPs, as exhibits to hearings, will be posted to the College's website on average within 7 days of the hearing date.
- Decisions and Reasons will be posted to the website on average within 3 days of its receipt from ILC.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p7)	❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

4. Governance Review

4.1   Undertaking a Review

Activity	Performance Indicators

- The Council will undertake a review of its governance structure, using available research and the work of the Ontario College of Teachers (OCT), the College of Nurses of Ontario (CNO) and other regulatory bodies.
- As part of the review, the Council will consider questions such as whether it can and should appoint members of the public not appointed by Order-in-Council to its Committees, whether Committees should include members of Council, the size and composition of Council and Committees, the election/appointment of Council members using a competency-based approach and other relevant considerations.

- Presentations by CNO, OCT and CPSO will be arranged and delivered at Council meetings.
- A discussion paper articulating the issues for discussion will be developed for approval of the Executive Committee and provided to Council in December 2019 for review.
- A facilitator as identified by the Executive Committee will be retained.
- A one and one-half day facilitated discussion will be held in January 2020.

Organization's "self-assessment"

❑ Below expectations	❑ Met Expectations	☑ Above expectations (p7)

Why? (factors effecting performance):

- Although this was intended to be led primarily by an external consultant, considerable work internal to the College was required to provide the necessary support to this initiative.

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

III. Corporate Activities	

1. Human Resources

The College recognizes that its human resources are a key asset. It also recognizes that while a major part of its work is conducted by its staff, it also relies on volunteers to fill important roles on Statutory, Council and Operational Committees, as well as in the delivery of operational programs.

1.1 Comparative Job Analysis

• The comparative job analysis conducted by external consultants in 2018-2019 to better align current positions	A job analysis was completed and adopted where appropriate.

Activity	Performance Indicators
against benchmarked positions will be reviewed and adopted where appropriate. • The position descriptions within the College will be amended as needed based on recommendations.	• Position descriptions will be maintained, and updates reviewed by the Management Team prior to initiating recruitment processes.
1.2 Compensation Review	
• The comparative analysis conducted by external consultants comparing compensation within the College and against other similar health regulatory Colleges will be reviewed and a plan developed for implementation, where necessary. • A revised set of salary ranges that reflect current market value will be established based on this analysis and updated annually based on cost of living.	• Plan will be developed and implemented. • A salary range for each position shall be maintained and updated by the Director of Operations using the Consumer Price Index for November Ontario All-Items published in December. • Directors will be informed of changes in the salary ranges. • Compensation for new hires will be based on the salary ranges.
1.3 Performance Management and Compensation Process	
• A comprehensive policy for performance management and compensation changes will be developed and implemented. • Performance reviews will be conducted on all staff annually by the College.	• The policies will be developed and tabled as part of the Council's consent agenda. • Performance reviews for all staff will be completed no later than June 15, 2019. • Changes in compensation will be in accordance with the rates set by the Management Team or as approved by the Registrar. • All staff will be paid within the salary range for the position.
1.4 Meeting Staffing Requirements	
• The final three vacant positions on the College's Organizational Chart will be filled in the coming fiscal year. Those positions include the Director of Operations, Administrative Assistant –	• The vacant positions will be advertised and filled in a timely manner.

Activity	Performance Indicators

Registration and Examinations, and Administrative Assist – Operations.

- Any staff vacancies that occur will be filled in a timely manner to ensure continuity of service to the public and the profession.

- Vacancies will be advertised within on average 14 days of the vacancy.

Organization's "self-assessment"		
☐ Below expectations	☐ Met Expectations	☑ Above expectations (p8)

Why? (factors effecting performance):
• Despite an anonymous complaint received by the College about senior management, the human resource development activities were completed. The report, which noted that the allegations in the complaint could not be supported, included several environmental initiatives as recommendations, all of which have been fully implemented by the Senior Management Team.

Executive Committee Assessment (recommendation to Council)		
☐ Below expectations	☐ Met Expectations	☐ Above expectations

2. Financial Management

The following activities relating to the financial management of the College apply in each of the next three fiscal years.

2.1 Budget Development

- The Registrar, through the Director of Operations, will develop a budget for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan.

- The draft budget, which includes the Capital Budget and the Operating Budget will be presented to the Council for consideration as part of the January 2020 meeting.

- The budget development process will include a consultation process with the Council Committees and with the Executive Committee in order to ensure that the needs of the Council and the Committees have been adequately addressed.

- The drafting process shall include discussions with the Committees or the Committee Chairs.
- The draft budget will be presented to the Executive Committee for feedback as part of its December 2019 meeting.

2.2 Financial Reporting

Activity	Performance Indicators
• The Registrar, through the Director of Operations, will provide Council with Quarterly Unaudited Financial Statements and a variance report explaining expenditures against budgeted amounts. • Quarterly Unaudited Financial Statements will be presented to the Executive Committee for review and acceptance.	• Unaudited Financial Statements and the variance report will be e-mailed to the Council within 60 days of the completion of the quarter. • Unaudited Financial Statements and the variance report will be presented to the Executive Committee for review as part of their meeting materials.

2.3 Annual Audit	
• The Registrar, through the Director of Operations, will support the annual audit of the College's finances by the external auditor selected by the Council and in concert with the Council's Audit Committee. • The Registrar will address any concerns surrounding the management of the College's finances, as set out by the Auditor or the Audit Committee at the time the Auditor and Audit Committee present their findings to the Council.	• The Audit will be supported by the staff through the provision of information requested by the auditor. • The Audit Committee will meet at least once to review the Auditor's findings. • The Auditor's report and audited financial statements will be presented to the Council in July and released publicly once approved. • Any concerns identified by the Auditor with respect to financial management practices will be addressed by the Registrar within 30 days of the report being accepted by the Council.

Organization's "self-assessment"

❑ Below expectations   ❑ Met Expectations   ☑ Above expectations (p 9)

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations   ❑ Met Expectations   ❑ Above expectations

3. French Language Services

3.1   Translation of materials

Activity	Performance Indicators
• In each of the next two fiscal years, content material for key College programs, including but not limited to, discipline, complaints, patient relations, PLAR, examinations, applications for entry-to-practise, among others, will be systematically reviewed and translated into French and made available by the College. • On a go forward basis, all materials developed by the College, including but not necessarily limited to the Annual Report, Standards of Practise and Practise Guidelines, will be translated once approved and posted to the website. • The College will translate all Decisions and Reasons of the Discipline Committee into French.	• Discipline, complaints, patient relations, PLAR, examinations and applications for entry-to-practise will be translated into French. • Once approved and submitted to be translated, the translation will be completed and posted on the College website within 30 days. • The Annual Report, Standards of Practise and Practise Guidelines will be translated into French. • Once approved and submitted to be translated, the translation will be completed and posted on the College website within30 days. • Once approved and submitted to be translated, the translation will be completed and posted on the College website within 30 days.
3.2 French speaking personnel	
• As the College will move to a complement of 17 full-time staff, a total of two staff must be fully bilingual. This will be maintained as a minimum through the on-going recruitment process. • The College will undertake training of existing French-speaking personnel and any non-French speaking personnel who desire additional learning to encourage the development and maintenance of French language capabilities. • The College will encourage existing French-speaking personnel and those learning to use French in the office environment.	• A minimum of 15% of all personnel will be fluently bilingual. • All bilingual staff will be oriented to College activities to be able to respond to inquiries. • Bilingual staff who are interested will be supported through on-going French-language training. • Non-bilingual staff who are interested will be supported through formal French-language training opportunities. • The College will provide opportunities for French-language personnel to speak with one another in French.

Organization's "self-assessment"

☐ Below expectations	☑ Met Expectations (p 9)	☐ Above expectations

Why? (factors effecting performance):

Activity	Performance Indicators

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

4. Operating Policies & Procedures

The College has developed and implemented many operating policies since proclamation. These will be reviewed to ensure that they reflect current practices and the most efficient means of operating. While procedures have been established, few are fully documented. Finally, there are areas where no written policies or procedures are in place.

4.1 Review of Existing Operating Policies

Activity	Performance Indicators
• A review will be undertaken of existing operating procedures to ensure that they reflect good practices and are consistent with the objects of the College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias, in the following program areas: Complaints; Discipline; Prosecutions; Hearings; Membership; Volunteer Recruitment and Retention; and Financial Reporting.	• Reviewed policies will be posted for staff review. • A list of all reviewed policies and procedures will be provided to the Council as part of the Annual Organizational Performance Review.

4.2 Development of New Operating Policies

Activity	Performance Indicators
• New operating policies will be developed based on needs identified by the senior management team or based on Council directions.	• New operating policies will be developed on an as-needed basis. • A list of all new policies developed will be provided to the Council as part of the Annual Organizational Performance Review.

4.3 Review of Existing Procedures

Activity	Performance Indicators
• A review will be undertaken of existing operating procedures to ensure that they reflect good practices and are consistent with the objects of the College and procedural fairness, and that they are fair, objective, impartial and transparent and free	• Reviewed procedures will be posted for staff review. • A list of all reviewed procedures will be provided to the Council as part of the Annual Organizational Performance Review.

Activity	Performance Indicators

of bias, in the following program areas: Complaints; Discipline; Prosecutions; Hearings; Membership; Volunteer Recruitment and Retention; and Financial Reporting.

4.4	Development of New Operating Procedures
• New operating procedures will be developed to support any new operating policies developed by the College.	• New operating procedures will be developed on an as-needed basis. • A list of all new procedures developed will be provided to the Council as part of the Annual Organizational Performance Review.

Organization's "self-assessment"

☐ Below expectations	☑ Met Expectations (p 9-10)	☐ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

☐ Below expectations	☐ Met Expectations	☐ Above expectations

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5. Records Management and Retention

5.1	Records Management Audit
• The College will conduct an audit of its records management and retention practices to ensure that practices are in keeping with the Records Management and Retention policies. The review will focus on the following program areas: R-Registration; P-Public Relations; H-Human Resources.	• Records will be adjusted in the identified areas to ensure that they are retained in accordance with the policy, and protocols will be established for an ongoing review of the records system. • A list of all audits conducted will be provided to the Council as part of the Annual Organizational Performance Review.

Organization's "self-assessment"

☑ Below expectations	☐ Met Expectations	☐ Above expectations

Why? (factors effecting performance):

Activity	Performance Indicators

- Due to unforeseen and unanticipated issues, such as the anonymous complaint, data issues identified in early January 2020 and COVID-19, these activities could not be undertaken.

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

6. Corporate Communications

Activity	Performance Indicators
6.1 Communications Objectives	
- Communications objectives will be developed to guide efforts and activities and to serve as one of the means against which communications effectiveness can be measured.	- Objectives are developed and approved.
6.2 Communications Return on Investment	
- The College will monitor its communications vehicles (*iNformeD*, *News Bulletin*, website) to determine overall utilization and a means of gauging its return on investment, as well as opportunities to solicit audience feedback.	- Analytics for each of the College's primary communications channels (website, newsletter) will be collected and analyzed quarterly to increase overall readership and return on the College's investment in these materials. - Readership surveys will be conducted on a regular basis of key College materials.
6.3 Communications Planning and Management	
- Continue with a proactive issues management program to ensure the College is as prepared as possible for media interest in upcoming Discipline hearings and other matters, including those that may solicit negative feedback from Members and other stakeholders. - Provide ongoing marketing communications counsel, planning and development of materials to all College departments as needed.	- The College's communications department will work with the program areas to provide advice and guidance on improving overall readability and ensuring optimal understanding of materials by users.
6.4 The College Website	
- The College's current website will be essentially maintained; however, a review of the site to reduce or eliminate	- The site will be updated on a quarterly basis and a summary of updates will be provided to Council as part of the annual organizational performance review.

Activity	Performance Indicators
unnecessary duplication and improve user experience will be undertaken. • Mission critical components of the site will be made available in French.	• Analytics will be analyzed quarterly to demonstrate the value of the site and to guide management of site content and user experience.

Organization's "self-assessment"		
❑ Below expectations	❑ Met Expectations	☑ Above expectations (p10)

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)		
❑ Below expectations	❑ Met Expectations	❑ Above expectations

IV. Program Development

In addition to the continued delivery of its existing examinations, the College will focus on the development and launch of the new written Entry-to-Practise and Biomedical exams. Demonstration-based Objectively Structured Clinical Examinations (OSCEs), initially envisioned for PLAR, will be developed to replace the College's current clinical examinations in the future.

1. Written Clinical Examination

1.1 Clinical Examination Implementation	
2019-2020	
• The College's new written Clinical Examination will be ready to be implemented in April 2019.	• A minimum of 2 sittings of the Clinical Examination will be held.

1.2 Clinical Examination Maintenance	
• In each of these three fiscal years, the College will undertake activities with its Examination Development Committee and Yardstick, to maintain the new examination through the on-going development, review and implementation of new examination questions for the pool of questions and retirement of old questions.	• A minimum of 30 new examination questions will be developed in concert with item writers, item reviewers and the Examination Steering Committee.

Organization's "self-assessment"

Activity	Performance Indicators

❑ Below expectations	☑ Met Expectations (p11)	❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

2. Written Biomedical Examination	

2.1 BME Development	

• The College will continue the development of the written Biomedical Entry-to-Practise Examination.	• Sufficient examination questions will be prepared and reviewed by the Exam Development Committee. • The exam blueprint will be refined. • Beta testing of the examination will be conducted.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p11)	❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

3. Objectively Structured Clinical Examination (OSCE)	
The OSCEs, which were originally to form part of the Prior Learning Assessment and Recognition (PLAR) program, will be diverted away from PLAR and into a demonstration-based Entry-to-Practise Examination and will, once development is completed, replace the College's current Clinical Examinations.	

Activity	Performance Indicators

3.1 OSCE Development		
• Three OSCE's cases will be developed and piloted for use as part of the PLAR program to ensure full program readiness.	• 3 OSCE cases will be piloted and finalized for use as part of the PLAR process.	
Organization's "self-assessment"		
☑ Below expectations	❑ Met Expectations (p11-12)	❑ Above expectations
Why? (factors effecting performance):		
• Due to ongoing PLAR project report revisions and COVID-19, final beta testing of the developed PLAR OSCEs could not be undertaken.		
Executive Committee Assessment (recommendation to Council)		
❑ Below expectations	❑ Met Expectations	❑ Above expectations

4. Prior Learning Assessment and Recognition Program (PLAR)
The College will engage external experts who, in concert with College staff, Committees and Council, will conduct a review of the PLAR program, redevelop it as necessary and fully operationalize the program. As such, the following operational activities will be undertaken.
4.1 PLAR Review Objectives
• Ensure that it is consistent with any new research and best practices in assessment.   • Eliminate any unnecessary steps in the process to streamline it as much as possible.   • Evaluate the competencies being assessed at each step in the revised PLAR process to eliminate, where possible, any duplicate assessments and unnecessary barriers.
4.2 PLAR Redevelopment and Operationalization
• The PLAR Program and related policies will be refined based on the findings of the review set out in 4.1.

Activity	Performance Indicators

- Assessment materials in support of the PLAR, such as refining the Document of Education and Experience (DEE) and case studies for the demonstration component, will be fully developed, tested and implemented.
- Training and reference materials (guidelines) will be developed for the PLAR components, including:
  - Additional information and materials are required to facilitate on-going training of DEE assessors, including recommendations from the OFC with respect to bias and related training; and
  - Demonstration-based assessors (assuming the case studies and interview questions remain a part of PLAR).
- The College will ensure that information for applicants regarding the criteria, policies and process for the PLAR is clear, accurate and complete and includes information on:
  - the criteria against which prior learning during the demonstration-based assessment components of the PLAR process is measured;
  - the linkage between the criteria used in the assessment and each of the requirements of the PLAR process; and
  - the procedures followed by the College to provide applicants in the PLAR process with special arrangements as needed.
- The College will establish and provide timelines for each stage of the PLAR process in registration materials and information for applicants, including timelines for:
  - assessing qualifications;
  - communicating results to applicants; and
  - providing written reasons to applicants that were unsuccessful in the process.
- The College will develop procedures to follow and monitor adherence to timelines, and to inform applicants about

Activity	Performance Indicators

potential delays and estimated decision dates when delays are unavoidable.

- The College will develop and implement formal training plans for assessors and decision-makers that cover topics on the following, as they relate to assessment and registration practices:
  - o anti-discrimination;
  - o cultural diversity; and
  - o the objectives of the fair-access law; and objective and impartial decision-making and what it means in the context of the registration process.

Organization's "self-assessment"

☑ Below expectations (p 12)	❑ Met Expectations	❑ Above expectations

Why? (factors effecting performance):

- All of the activities set out were dependent on the receipt of a report from external consultants retained. Delays in receiving that report, as well as inaccuracies and inconsistencies resulted in the report not being completed in sufficient time to complete anticipated work.

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

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5. Registration Practices

The College will align its registration practices with the fair registration practices as set out in the Office of the Fairness Commissioner's audit and report.

5.1   Information for Applicants

- Align information on translation requirements for applicants whose supporting documentation is not in English or French in information for applicants and the related policy document.
- Revise the flowchart for PLAR Stages to better align with the steps in the registration process as provided in web content and the application for registration handbook.

Activity	Performance Indicators

- Provide information on an applicant's right to an internal review of an assessment decision in online information for applicants. Information should include content on:
    - applicants' rights to review assessment decisions;
    - applicants' rights to make submissions;
    - the format in which submissions must be made by an applicant;
    - the statutory grounds for referring their application for a review; and
    - the specific steps and sequence that an applicant needs to follow to complete the review.
- Provide information on an applicant's right to an appeal of a registration decision with the HPARB in online information for applicants. Information should specify whether there are any limitations to an applicant's right to an appeal.
- Develop an application checklist to assist applicants applying for registration that undergo the PLAR process. Review the checklist for clarity, accuracy and completeness and provide access to this resource on the College's website.
- Include a statement on the website directing applicants to contact the College for more information about alternative documentation that may be acceptable if an applicant is unable to obtain required documents for reasons beyond their control.
- Clearly state in information for applicants on the PLAR process any limitations or conditions on the availability of administrative reconsiderations and the reasons why they are necessary. Review these statements for clarity and plain language.
- Implement a formal and structured process to seek feedback from applicants and Members on their experiences with the registration process. Incorporate feedback where appropriate in discussions about registration policy and practices.

Activity	Performance Indicators

- Organize information about fees for all registration steps in one section of information for applicants. Include costs associated with the PLAR stages and make reference to related costs, such as those for translations and third-party assessments, that an applicant may incur.
- Develop and implement a work plan to document formal guidelines explaining the decision-making steps and procedures to consistently and accurately apply registration requirement criteria

5.2   Policies, Procedures & Guidelines

• Document procedures for considering applicants' requests for access to their records and communicate the process in information for applicants. Procedures should include details on:
   ○ how records are made available to applicants;
   ○ what documents are included in an application record;
   ○ who may access the records;
   ○ how long records are kept; and
   ○ what limitations, if any, there are to access an application record.
	• The College will develop guidelines for making registration policy decisions that include steps to identify and address any internal and/or external factors that may improperly influence decisions.

• Develop formal procedures to inform decision-makers of any changes to registration criteria, policies and procedures to ensure that they are given information that is current and relevant in a timely manner.	• Develop formal procedures to inform decision-makers of any changes to registration criteria, policies and procedures to ensure that they are given information that is current and relevant in a timely manner. • Develop and implement procedures for a scheduled review of registration requirements to verify that these requirements remain relevant and necessary to practice in the profession. • The College will develop a guideline document for staff, Committee members and other decision makers on the protocol to follow when a situation of bias is identified.

Activity	Performance Indicators
	• The College will develop a Code of Conduct for assessors, examiners and other decision makers to adhere to bias and discrimination-free registration and assessment practises.
• Develop guidelines for making registration policy decisions that include steps to identify and address any internal and/or external factors that may improperly influence decisions. • Develop and implement procedures for a scheduled review of registration requirements to verify that these requirements remain relevant and necessary to practice in the profession.	
5.3 Registration Audit	

• Develop and implement an annual audit to monitor, verify and improve the consistency and accuracy of registration decisions. Develop an internal audit process that will:
  o identify registration decisions that are in compliance and non-compliance with established registration criteria, policies and procedures;
  o identify the potential causes of non-compliance; and
  o provide guidelines for implementing corrective actions, as needed.
	• Will be developed and reported on to Council.

• Identify and implement measures to verify whether third-parties' assessment practices are transparent, impartial, objective and fair. The measures should include procedures to:
  o evaluate and monitor third-parties' assessment practices; and
  o identify potential issues and, if any issues are identified, take actions to address them
	• Will be developed and reported on to Council.

• Conduct a regular analysis of fees payable to the College for registration, including fees related to the PLAR process, to ensure that they remain reasonable for applicants. Once the analysis is complete, provide a rationale for the amount of the fees in information for applicants.	• Will be developed and reported on to Council.
Organization's "self-assessment"	

Activity	Performance Indicators

Below expectations	☑ Met Expectations	☐ Above expectations

Why? (factors effecting performance):		
• Although many of these activities remain on-going, the plan includes completion by the end of March 2021.		

Executive Committee Assessment (recommendation to Council)		
☐ Below expectations	☐ Met Expectations	☐ Above expectations

6. Program Regulations and Policies	
Entering our fourth year since proclamation, it is timely that all Regulations and Program policies be reviewed and that an ongoing process be established for such reviews in the future. As such, the following operational activities will be undertaken.	
6.1 Committee Terms of Reference	
• The College will receive recommendations from the Committees about changes to the Terms of Reference for all Committees and will make a recommendation to the Council in April 2019.	• Terms of Reference will be presented to the Council for consideration.
6.2 Review of Regulations and Program Policies	
• The College will review Regulations and Program Policies and recommend any required policy changes for the following programs: Patient Relations program, Quality Assurance (QA program, continuing education).	• The relevant sections of the Regulations and the Program policies for the Patient Relations and Quality Assurance programs will be reviewed.

Organization's "self-assessment"		
☐ Below expectations	☑ Met Expectations (p12)	☐ Above expectations

Why? (factors effecting performance):		

Executive Committee Assessment (recommendation to Council)		

Activity	Performance Indicators

❑ Below expectations	❑ Met Expectations	❑ Above expectations

7. Patient Relations Program	
7.1 Clinic/Member Brochures	
• Program materials will be reviewed and updated to ensure consistency with the amendments made to the *Regulated Health Professions Act, 1991* (RHPA) through the *Protecting Patients Act, 2017*.	• The Patient Relations Committee (PRC) will review all program materials to ensure consistency with the amendments to the RHPA.
• Downloadable documents for in office/clinic use will be developed and made available to Members.	• Committee approved documents will be finalized and made available for Members to download via the College's website.
7.2 Boundaries Course	
• An online boundaries course/module will be developed and made available to Members.	• An online boundaries course will be developed, approved by the Committee, and made available for use by College Committees in respect of mandated education for Members.
• Where the Patient Relations Committee has considered and determined that new regulations are necessary, these will be drafted by staff.	• Any new regulations required by the Committee will be drafted, circulated for comment and presented to the Council for approval. They will subsequently be submitted to the Ministry of Health for review and approval.

Organization's "self-assessment"		
❑ Below expectations	☑ Met Expectations (p. 12)	❑ Above expectations

Why? (factors effecting performance):
• An online boundaries module was deemed to be unnecessary as there currently exists a number of well-made boundary courses available to Members. Staff of the College began the development of a record keeping and advertising course.

Executive Committee Assessment (recommendation to Council)		
❑ Below expectations	❑ Met Expectations	❑ Above expectations

8. Volunteer Program Redevelopment	
Activity	Performance Indicators

Activity	Performance Indicators

8.1 Program Development	
• The College will develop a competency-based approach to the recruitment process for non-Council Committee members and volunteers. • A new process for the recruitment of non-Council Committee members and volunteers based on the competencies necessary to fill the roles will be developed and implemented. • A new process for welcoming and training non-Council Committee members and volunteers will be developed and implemented with consideration to the "boot-camp" approach being developed by other Colleges.	• Competencies will be developed and reviewed by Council and Committees • Planning for the new process will be undertaken.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p. 12)	❑ Above expectations

Why? (factors effecting performance):

• Although many of these activities remain on-going, the plan includes completion by the end of March 2021.

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

9. Public Registry Redevelopment	
9.1 By-laws and Operating Policies	
• An Operating policy governing the public registry will be developed, in compliance with the College by-laws in preparation for re-programming of the Registry.	• Proposed by-law changes will be developed, circulated and presented to the Council with feedback in July 2019. • An operating policy will be developed and tabled with the Council for information through the consent agenda.
9.2 Registry Programming and Launch	

Activity	Performance Indicators

• The College's existing registry will be programmed to deliver new elements required due to legislative change, to Ontarians.	• The existing Registry will be changed to include the necessary information as mandated by changes to the RHPA.

Organization's "self-assessment"

☐ Below expectations	☑ Met Expectations (p12)	☐ Above expectations

Why? (factors effecting performance):

• Although many of these activities remain on-going, the plan includes completion by the end of March 2021.

Executive Committee Assessment (recommendation to Council)

☐ Below expectations	☐ Met Expectations	☐ Above expectations

10. Inspection Program Review

10.1	Inspection Timing

• No activities will be undertaken in this fiscal year.	• No activities are planned.

10.2	Inspection Fees

• No activities will be undertaken in this fiscal year.	• No activities are planned.

11. College Data Management System Redevelopment

11.1	Request for Proposals

• A Request for Proposals (RFP) for a data management system will be developed and issued by the College, with the support of an external expert consultant retained in the prior fiscal year. • The RFP will set out the College's requirements for its data management system, as well as those features that would be seen as beneficial but not necessarily a requirement. • Responses to the RFP will be evaluated and demonstrations held to evaluate the proposals and a contract awarded.	• An RFP will be developed that sets out the College's needs and preferences in a new data management system. • The RFP will be issued, and submission evaluated. • A new provider will be contracted.

Organization's "self-assessment"

Activity	Performance Indicators

❑ Below expectations	☑ Met Expectations (pg13)	❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

12. Communications

12.1. Public Education

• The Communications department will continue to support the work of the FHRCO Communications Committee where appropriate and particularly with respect to campaigns that raise public awareness of Ontario health regulatory Colleges, such as ontariohealthregulators.ca and related ad and publicity activities.	• Communications staff will be involved in activities of FHRCO and will attend 50% of all meetings.

Organization's "self-assessment"

❑ Below expectations	☑ Met Expectations (p13)	❑ Above expectations

Why? (factors effecting performance):

•

Executive Committee Assessment (recommendation to Council)

❑ Below expectations	❑ Met Expectations	❑ Above expectations

13. Public and Stakeholder Engagement

13.1   Public and Stakeholder Engagement Strategy

• A stakeholder engagement strategy will be developed with SMART objectives (specific, measurable, achievable, relevant	• The strategy will be developed and implemented.

Activity	Performance Indicators
and timely) that support the overarching communications goals of the College. This strategy will identify the most effective and efficient means for the College to engage stakeholders in its work, including strategies that will provide the greatest return on investment.	
13.2 Regular Stakeholder Meetings	
The following initiatives will be implemented in each of the three years of this plan. • The College President and Registrar will meet a minimum of twice with the Ontario Association of Naturopathic Doctors and the Canadian College of Naturopathic Medicine (CCNM). • The College President and Registrar will meet with the Ministry of Health and Long-Term Care and the Canadian Association of Naturopathic Doctors on an "as needed" basis. • The Registrar will participate in the Federation of Health Regulatory Colleges (FHRCO) and the Director of Communications will participate in the Communications Conference and in the broader Regulatory Communicators Network of all Ontario regulatory colleges. • The Deputy Registrar, Director of Registration and Examinations and Managers will participate in working groups of FHRCO as they are made available. • The College will continue to support the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) in its development through the hosting of teleconferences and one in-person meeting, as well as through the provision of staff support as required. • The College President and Registrar will participate in CANRA meetings and provide leadership to the Alliance through facilitation of learning and issue management.	• Meetings will be held and reported on to the Council. • CANRA will be supported by the College.

Activity	Performance Indicators
- The College will participate in the Annual Conference of the Ontario Association of Naturopathic Doctors through a booth in the trade show. - The College will participate in the Citizens Advisory Group (CAG) as a mechanism for public engagement on key consultations undertaken by the College. - The Director of Registration and Examinations will meet at least once with CCNM students about the registration process and, as warranted, about the introduction of the new ETP exam(s).	

Organization's "self-assessment"

❑ Below expectations ☑ Met Expectations (p13) ❑ Above expectations

Why? (factors effecting performance):

Executive Committee Assessment (recommendation to Council)

❑ Below expectations ❑ Met Expectations ❑ Above expectations

Appendix 1
Organizational Performance Review Data Report

I. Regulate the Profession

1. Entry-to-Practice
   - Applications received: 84
   - Certificates issued: 107
     - One certificate of registration could not be issued as the applicant did not satisfy the requirements set out by a panel of the Registration Committee (RC).
   - Referrals to RC: 15[1]
     - 5 – approved
     - 2 – approved with TCLs
     - 5 – approved with more education or training
     - 7 – approved with additional exams
     - 0 – declined
   - PLAR Document of Education and Experience (DEE) Received: 1
   - HPARB appeals: 2
     - 1 – Decision upheld
     - 0 – Matter returned for reconsideration.

2. Examinations
   - CPE sessions held: 3 (131 candidates)
   - CSE sessions held: 3 (163 candidates)
   - BME sessions held: 0
   - IVIT Ex sittings: 2 (63 candidates)
   - TPE sittings: 2 (137 candidates)

3. Membership/Registration
   - Renewal for the 2020-21 registration year launched February 14, 2020[2]
     - 755 Members completed their renewal requirements
     - 896 Members have one or more component of the renewal process to complete
   - Suspensions: 34
   - Revocations: 13
   - Resignations: 36
   - Reinstatements: 26
   - Total Members:
     - General Class: 1,516
       - In good standing: 1,494
       - Suspended: 22

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[1] Includes applicants who were mandated to complete more than one requirement (e.g.., exams and additional education) prior to issuance of a certificate.
[2] Due to COVID-19, the renewal fee deadline was extended to May 31, 2020 (and later to September 30, 2020).

- Inactive Class: 169
  - In good standing: 157
  - Suspended: 12
  - Life Members: 19
- Class Change applications:
  - GC to IN: 45
  - IN to GC (under 2 years): 21
  - IN to GC (2 years or more): 0
- Life Member applications to date: 4
  - Approved: 4
  - Denied: 0
- Information on the Public Register was updated as needed, based on changes to Member status and Standards of Practice (IVIT and Prescribing).
- HFO reporting data submission for the 2018 reporting year made on May 2, 2019.
- New PC applications to date: 9
  - Approved 9
  - Denied: 0
- PC renewal applications to date: 66[3]
  - Approved: 66
  - Denied: 0
- Total PCs: 73
- Membership undertook the first Public Register photo update since proclamation with 400 Members being sent notice to submit a new photo.
  - # of Members who submitted a new photo by the deadline: 362
  - # of Members who were sent a notice of intent to suspend for non-compliance: 38
  - Of the 38 sent a notice, 30 submitted a new photo and 8 were suspended for non-compliance.

4. Patient Relations Program
   - The College operates a Patient Relations Program under the guidance of the Patient Relations Committee (PRC).
   - Total of PRC meetings: 2
   - Funding applications: 0
   - A new customizable Patient Rights Document was drafted, consulted on, and made available to Members for use in their practice.
   - The PRC undertook a review of the Member and patient guide on sexual abuse.

5. Quality Assurance Program
   - The College operates a Quality Assurance Program under the guidance of the Quality Assurance Committee (QAC).
   - QAC meetings: 10
   - All 2019-2020 Peer and Practice Assessments were conducted for a total of 65 Members.
   - The QAC is supported by the Deputy Registrar, the Manager, Professional Practice, and the Administrative Assistant, Professional Practice.

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[3] Includes 2 new PCs that submitted their renewal documents ahead of the expiration date.

- The QAC amended its program policies including an amendment to the review schedule for standards and guidelines.
- A new focused Self-Assessment on Advertising was developed and implemented in the reporting period.

6. Inquiries, Complaints and Reports (ICRC)
   - Complaints/reports: 39
     - 16 Registrar's Investigations
     - 23 complaints
   - Ongoing complaints/reports: 26
     - 2015 (BDDT-N) – 1[3]
     - 2016/17 – 3[4]
     - 2018/19 – 2
     - 2019/20 – 20
   - Disposed of to date: 35
     - Letter of Counsel: 17
     - SCERP: 1
     - SCERP/Oral Caution: 2
     - Referral to Discipline Committee: 6
     - Undertaking: 1
     - No further action: 5
     - Frivolous & Vexatious: 1
   - Health Inquiries disposed of: 1
     - The Member signed an Undertaking with respect to appropriate treatment and practice limitations.
   - A database of prior decisions and legal opinions to assist the ICRC has been developed and is maintained by staff.
   - Cease & Desist Letters issued by the College has issued
     - 17 Cease and Desist letters to individuals holding out as naturopaths.
       - One injunction has been sought and granted.
     - 3 to Members for providing IVIT at a premises not registered with the College.
   - Applications for review of the ICRC's decision submitted to HPARB since April 1, 2019: 4
     - 1 Decision not to proceed with the review issued by HPARB.

7. Discipline/Fitness to Practice
   - The Discipline and Fitness to Practise Committees are supported by the Registrar, Deputy Registrar, Manager, and Administrative Assistant, Professional Conduct.
   - Discipline Committee (DC) meetings were fully supported by Independent Legal Counsel (ILC) during the reporting period. The DC declined to issue an RFP in this fiscal year.
     - Pre-Hearing Conferences (PHC's) Completed: 2
   - Hearings held: 4 (all uncontested)
     - Ali – April 30, 2019
     - Yarish – July 25, 2019

[3 & 4] The 4 matters are related and were on hold pending a criminal investigation.

- o Yores – Aug 22, 2019
- o Elizalde – Nov 6, 2019
- Ongoing referrals: 6
  - o From 2018/19 – 2
  - o From 2019/20 – 4
- Currently, 6 Members of the College are working toward meeting the requirements set by the Discipline Panels.

8. Inspections
   - The College operates an Inspection Program under the guidance of the Inspection Committee (IC).
   - Inspections:
     - o New premises (Part I & II): 49
     - o Regular inspections: 0
   - The Inspection Committee (IC) is supported by the Manager of Professional Practice, the Deputy Registrar, and Legal Counsel.
     - o IC meetings: 7
   - New inspectors have not been recruited. No inspector training has been conducted
   - New premises registered: 25
   - New premises inspected:
     - o Part I: 25
     - o Part II: 24
   - All Part I inspections were completed within 180 days of being registered.
   - The IVIT Premises Register was updated regularly.
   - 64 Inspection Committee Reports were posted which included:
     - o 49 pass outcomes
     - o 15 pass with conditions outcomes
   - Type 1 Occurrence Reports: 13[5]
     - o 1 – death of a patient within 5 days following an IVIT procedure;
     - o 9 – referrals of a patient to emergency services within 5 days of an IVIT procedure;
     - o 1 – referral of a patient to emergency services within 5 days of an IVIT procedures and death of a patient that occurs within 5 days following the performance of an IVIT procedure;
     - o 1 – procedure performed on the wrong patient at the premises; and
     - o 1 – administration of an emergency drug to a patient immediately after a procedure was performed.
   - Type 2 Occurrence Reports: 146 (annual submission due May 1/19).

9. Scheduled Substances Review Committee
   - The College has an approved process to review the tables to the General Regulation and the laboratory tests available to NDs, which is guided by the Scheduled Substances Review Committee (SSRC).
   - SSRC meetings – 1 (a second meeting was cancelled as it was not needed).
   - The SSRC is supported by the Deputy Registrar.

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[5] All type 1 occurrence reports were reviewed by the Inspection Committee and no further action was required based on any of the reports received.

- The submission to government for the amended General Regulation and recommendations for amendments to the *Laboratory Specimen Collection Centre Licensing Act* were finalised and submitted to the MOHLTC for consideration.
- The SSRC has submitted draft amendments to its Terms of Reference for consideration by the Council to support its review of the current processes.

10. Regulatory Education
- 1,037 inquiries were responded to. Members are regularly guided to where they can find the relevant regulation, standard of practice or guideline on the College's website.
    - 449 telephone inquiries and
    - 578 e-mails.
- The most common inquiries related to:
    - Advertising
    - COVID-19 & essential services
    - Discharging a patient
    - Fees and billing
    - Inspection Program
    - Laboratory testing
    - Patient visits
    - Prescribing
    - Record keeping
    - Scope of practice
    - Telepractice
- Articles published in the regulatory guidance section of *iNformeD:* 4
    - *What NDs Need to Know about Lab Tests* (Summer 2019).
    - The *Accessibility of Ontarians with Disabilities Act and Naturopaths in Ontario* (Fall 2019).
    - *10 Tips – Ownership and Transfer of Patient Files* (Winter 2019/20).
    - *Insights from Peer and Practice Assessments* (Spring 2020).
- All standards, guidelines, policies are maintained on the College's website. All are available in French and English.

II. Governance of the College

1. Good Governance
- The Call for Nominations was issued in Q3 to Members in Districts 7 and 8. As only one nomination was received in each district, the parties were elected by acclamation.
    - Dr. George Tardik, ND was elected by acclamation for District 7 (East).
    - Dr. Jordan Sokoloski, ND for District 8 (North).
- Executive Committee elections were last completed at the April 2019 Council meeting. The upcoming elections will be in April 2020.
- Several discussions were held with the public appointment's unit of the Ministry of Health to seek out new appointments and address other matters.
    - Lisa Fenton was appointed on May 16, 2019.

- o Scott Sawler resigned his position in June 2019.
  - o Dean Catherwood of Toronto was appointed effective January 31, 2020.
  - o R. Gail Goodman did not wish to be reappointed to the Council. As a result, the Order-in-Council for R. Gail Goodman expired on March 27, 2020. The Minister sent a letter thanking her for her service. Her appointment ended March 27, 2020.
- The Deputy Registrar attends daily update meetings with the Ministry's Emergency Operations Centre re COVID-19 and legislative updates have been provided to Members.
- 1 application to the Human Rights Tribunal of Ontario (HRTO) was received by the College pertaining to an ICRC matter.
- Newly elected and appointed members were oriented on July 3, 2019.
- As a full education session was completed in April 2018, no session was needed in 2019.
- Council was advised of a program to enable them to observe other Council meetings.
- Four quarterly reports have been submitted.
- Quarterly reports include trending information about complaints and investigations, discipline and matters raised with the Regulatory Education Specialist.
- Briefings to date:
  - o Committee terms of reference
  - o Clinical Sciences Examination
  - o CPSO CAM policy
  - o Patient rights document from Patient Relations
  - o Proposed by-law changes
  - o SSRC Regulation submission
  - o Potential topics for stakeholder presentations
  - o Reviewing quarterly variance reports
  - o Proposed changes to IVIT policy
- The Annual Organizational and Registrar Performance Review was finalised in July 2019.
- The Executive Committee passed a motion in December 2019 to support the Executive Committee and Council for the Registrar & CEO Performance Review process starting in Q4.
- The Council's own performance review survey was conducted in April 2019. The results were discussed at the July Council meeting.
- Insurance was renewed in March 2020 for one year.
- First draft of an organizational risk assessment is in progress.

2. Support to Committee
- Launched a specific campaign seeking French-speaking Examinations volunteers: 6 new volunteers recruited.
- Recruitment began for bilingual examiners & PLAR assessors, along with all other identified needs.
- Volunteer recruitment was updated on the website, promoted in *News Bulletin* & *iNformeD*, in the CCNM alumni e-news, at the OAND convention and to the Citizen Advisory Group.
- Volunteer framework under development to include volunteer recruitment and incentives.
- The Council appointed College Committees for the 2019-2020 year at its April 2019 meeting.

- A total of 107 staff/volunteers have been signed up to take the online unconscious bias training course since its inception. To date, 75 staff and volunteers in total have completed it. Reminder notices were sent to those who had not completed it.
- Council met three times and 51 committee meetings were held, including:
  - Audit: 2 (by teleconf)
  - Executive: 6
  - ICRC: 12 (4 by teleconf)
  - Inspection: 7 (6 by teleconf)
  - Nominations & Elections: 1 (by teleconf)
  - PRC: 2 (by teleconf)
  - QAC: 10
  - Registration: 11 (10 by teleconf)
  - SSRC: 1 (teleconf)
- Attendance numbers are provided in the minutes for each Committee meeting. A new tracking system for Committee meetings was set up to monitor attendance and meeting materials presentation.
- 54 meetings of Council and Committees were convened:
  - Meeting materials were sent out 9 days in advance of the meeting, on average. The benchmark is 7 days in advance.
  - Minutes were circulated 7.5 days following the meeting, on average. The benchmark is within 14 days.

3. Transparency
- Published 2018/19 Annual Report in French and English (231 website views).
- Created new 1-page infographic of key facts & stats (414 website views).
- Both were distributed November 5, 2019 and added to website.
- Audited financial statements for fiscal year ending March 31, 2019 were presented to Council in July 2019.
- The Audited Financial Statements were distributed & added to the website on November 5, 2019 (33 views).
- A decision-making tree is maintained for QA, ICRC, SSRC, RC and EAC. These were provided to the Council in July 2019 for information.
- The Council has not yet discussed the topic of Open by Default further.
- April materials were posted 10 business days before the meeting.
- July materials were posted 12 business days before the meeting.
- October materials were posted 8 business days before the meeting.
- January materials were posted 5 business days before the meeting.
- A summary table of active and resolved complaints is available on the website and is updated monthly.
- Releasing summary/anonymized decisions and reasons in complaint matters may violate the RHPA. No further activity will be undertaken.
- Discipline Hearing notices are posted online in NEWS and News & Announcements.
- 4 notices included: Yarish, Yores, another which was cancelled, and Ee.

4. Governance Review
- The Executive Committee launched a governance review.
- A draft discussion paper was developed and approved by the Executive Committee.
- CNO presented about its governance review to Council in April, OCT presented in July, and CPSO presented in October.
- A consultation package was created for approval by the Executive Committee.
- A facilitated meeting was held Nov. 18 with senior leadership from the CAND, CCNM and OAND to obtain their views on the topics discussed in *Regulatory Governance – Key Concepts & Questions.*
- An online consultation ran from Nov. 18–Dec. 6 and was promoted to stakeholders, Members and the public.
- 15 members of the CAG were recruited to participate in the online consultation.
- A summary consultation results was finalised.
- *Regulatory Governance – Key Concepts & Questions* was updated to include the information about the BC Government's discussion paper and consultation about reforms to health profession regulation in that province.

III. Corporate Activities

1. Human Resources
   - All internal positions were filled at the end of Q4 in the old organisational chart except for an Administrative Assistant that the Registration and Examinations department deferred.
   - A revised organisational chart was presented to Council in Q3.
   - The comparative job analysis has been incorporated and amendments made to the staff compensation ranges.
   - New job descriptions created to support revised organisational chart in Q3: 3
     - Administrative Assistant - Regulatory Programs
     - Practice Advisor
     - Content Writer
     - Decision Writer
   - Work completed and wages of positions are aligned with proposed benchmarks.
   - Salary ranges were reviewed and updated effective April 1, 2019.
   - Performance management framework is in first draft.
   - Probationary performance appraisals completed to date: 5
   - Director of Operations, AA Operations, AA Communications, AA Professional Practice, AA Professional Conduct, Entry-to-Practise Coordinator, Examination Coordinators (2), Practice Advisor, Decisions and Reasons Writer positions have been filled. AA, Registration and Examinations position was shifted to become an Examinations Coordinator position.
   - All College positions filled in accordance with new organisational chart with the exception of AA, Regulatory Programs in this fiscal year.

2. Financial Management

- Capital and Operational budgets for 2020-2021 were presented and accepted by Council on January 29, 2020.
- Capital and Operational budget for 2020-2021 was presented to Executive Committee in December for discussion and feedback.
- Unaudited financial statements and variance reports for Q1 and Q2 were presented to Council.
- Unaudited financial statements and variance report for Q1 and Q2 were approved by the Executive Committee.
- The auditor presented the Financial Statements for fiscal year 2018-2019 to Council at the July 2019 meeting, at which they were approved.
- No concerns were raised by the Council at its July 2019 meeting pending presentation of the Auditor's report.

3. French Language Services
   - The following documents have been translated and added to the website where applicable:
     - Patient Rights infosheet (1)
     - Revised Standards of Practice (6)
     - Revised Guideline (1)
     - Position posting (1)
     - *Non-Medical (Recreational Cannabis) Guidelines* (1)
     - By-laws revisions (1)
     - Applicant documents (1)
     - Decision & Reasons (3) – Ali, Yarish, Yores, Elizalde
     - Other misc. documents (5)
     - Applicant documents (1)
     - Volunteer application form (1)
     - PLAR webpage (1)
     - Application for registration (1)
     - Issuance of a certificate of Registration (1)
     - Pre-registration application (1)
   - Work is ongoing so that all materials developed by the College, including but not necessarily limited to the Annual Report, Standards of Practice and Practice Guidelines, will be translated once approved and posted to the website.
   - Bilingual AA, Communications hired June 20.
   - The College now has 3 bilingual staff.
   - No training was undertaking during this period.

4. Operating Policies and Procedures
   - Review of Discipline, Volunteer Recruitment and Retention, and Financial Reporting was initiated and is ongoing.
   - The following Human Resource policy has been developed:
     - Off-boarding Staff
   - The following Finance policies have been developed and approved:
     - Refund
     - Corporate Credit Card

- o Accounts Receivable
- o Financial Penalties
- o Budget Development
- o Collections
- o Insurance
- The following Registration operating policies have been approved:
  - o Membership and Fees
  - o Class Changes
  - o Name Changes
  - o Resignation of a Certificate of Registration
  - o Notification of a Death of a Member
  - o Revocation of a Certificate of Registration
  - o Accommodations for Members
  - o Applicant File Access
- The following Administration procedures have been updated and approved:
  - o Evacuation
  - o Health and Safety Workplace Harassment and Violence

5. Records Management and Retention
   - Review of the Registration program area is ongoing.

6. Corporate Communications
   - Objectives have been developed.
   - Monitoring is ongoing based on the results from our quarterly Communications analytics dashboards.
     - o Total unique website visits to the Home Page range from 30,000 to 38,000 per quarter depending on the time of year.
     - o The number of visits increases with the distribution of Communications items and deadlines such as exam registration and renewal.
     - o The Public Register is the most frequently visited page overall.
     - o The readership of *iNformeD* has increased by 9% overall since reducing the total number of pages from 27–30 to 14–20 pages in Q2.
     - o *News Bulletin* rates continue to be on par with previous quarters with a 5-point decrease for the December issue, likely due to the time of year.
     - o Blog posts continue to attract readers (1,232 unique views for Q1–Q4) but no engagement/comments.
     - o The 2018/19 Annual Report saw double the readership from the previous year and the new infographic had high readership and received many positive comments.
   - Increased social media posts and journalist coverage of ND usage of unauthorized terms/titles resulted in an all-Member e-mail from the Registrar on July 18 about what is allowed, as well as alternatives to using words like 'medical' or 'physician'. It asked NDs to ensure their advertising and website are compliant. A summary was also published in the August *News Bulletin*.
   - Media materials about advertising and use of title were updated in light of increased social influencer coverage of these topics. A FAQ was also created.

- Media Statement posted re A. Vollmer as unauthorized practitioner.
- Public Notice posted re false advertising and COVID-19.
- Wrote, designed and distributed:
    - 4 *iNformeD* issues (Summer, Fall, Winter, Spring) – 43% average click rate.
    - 9 *News Bulletins* (Mar., Apr., May, Aug., Oct., Nov., Dec, Jan., Feb., Mar.) – 74% average open rate, consistent with previous issues.
    - 13 blog topics written/edited & posted – 835 average unique pageviews for all posts.
    - 7 All-Member e-mails (6 re COVID-19 & 1 re Advertising – 82% average open rate.
    - The Regulatory Guidance section of the website was amended to include a dedicated page related to COVID-19.
    - Edited and posted COVID-19 FAQ.
    - Conducted plain language edit of Sexual Abuse Information for the Public.
- Supported operational leadership team re COVID-19 communications.
- Artwork created for "Public Interest" Council Chamber signs.
- Organised Staff Workshop on Grammar & Spelling followed by 5 weekly grammar tips. Created 10 Tips for Grammar & Spelling infographic.
- Communications planning and support have been provided for the Governance Review, including consultant liaison and creating, managing & reporting on the consultative process with stakeholders, public and Members.
- Supported Membership with Registration Renewal Communications Plan, including development of messaging, e-mail distribution and website content.
- Provide ongoing support, including writing and promotion, for volunteer program.
- Website Redesign RFP process completed, and 78 Digital chosen as winning firm.
- Contract awarded Dec. 17.
- Previous work completed by Communications on web enhancements provided foundational information.
- New/updated documents are added on an ongoing basis.

IV. Program Development

1. Written Clinical Examination
- Three sessions of the new CSE have been administered since implementation in June 2019, with 162 candidates having sat the exam.
- In total, 90 new question items have been conditionally approved for use by the Committee, with performance of questions being reviewed on an ongoing basis following administration of each exam form, and 50 new experimental items have been developed [pending review and approval by the Exam Committee (ETP)].

2. Written Biomedical Examination
- Pilot testing of Biomedical content was conducted on May 27, May 28, September 6, November 24, November 28 and December 20, 2019.
- Standard setting of the first Biomedical exam form, to be implemented in 2020, was completed on January 21, 2020.
- Exam Steering Committee's work on the Exam Development project for the creation of new

College examinations to replace the NPLEX series in Ontario was completed on January 21, 2020.

3. OSCE
- This activity remains ongoing. The College is presently in the process of finalising beta testing needs to launch the beta testing which will include College participation on a working group to discuss the outcomes from the beta testing to make final amendments and revisions to the OSCE cases.

4. PLAR
- This activity remains ongoing based on the final PLAR consultant report.
- Draft revisions completed to the PLAR DEE and DEE content area descriptions.
- 16 new sets of interview questions created related to new case studies.
- Training materials for PLAR assessors have been drafted and revised.
- 8 new case studies obtained.

5. Registration Practices
- Most of these activities remain on-gong.
- A Survey Monkey survey for applicants, to collect feedback on the application process, will continue to be offered on an ongoing basis. Since implementation, 56 new Members have been sent the survey, and 6 survey responses have been received.
- Research for 'best practices' via other regulatory Colleges who have implemented OFC-recommended policies for applicant access to their records was conducted during this reporting period. Creation and approval of the Applicant File Access policy and integration of this information in the *Application for Registration Handbook* was completed in this reporting period.
- No registration audits were conducted during this reporting period.

6. Program Regulations and Policies
- Amendments to the committee terms of reference were approved by Council in April 2019
- The Quality Assurance Committee reviewed and made amendments to their Program Policies.

7. Patient Relations Program
- Designed, ND tested, promoted and posted a Patient Rights handout that includes 3 different versions that can be downloaded and customized. (Also available in French.)
- It was determined that the development of a College boundaries course is not necessary as it currently has access to a number of different boundary courses including both online and in-person programs.
- A Cessation of Funding Regulation proposed by the Patient Relations Committee has been approved and finalised.

8. Volunteer Program Redevelopment
- Overarching Volunteer Management Program written and approved by senior management team.

- New volunteer application form created and posted on website.

9. Public Registry Redevelopment
- By-law changes were approved by Council at its July meeting.

10. Inspection Program Review
- No activities were planned for this planning year.

11. College Data Management System Redevelopment
- RFP was issued in Q3 with deadline for responses.
- A vendor and platform were chosen and work is underway on this project.

V. Communication

12. Public Education
- The Director, Communications attended the Regulatory Communicators Network quarterly meetings of all Ontario regulatory organisations.

13. Public and Stakeholder Engagement
- Stakeholder strategy completed.
- The Deputy Registrar attended a Ministry consultation on proposed amendment to PHIPA.
- The Registrar & CEO attended the July and October meetings but was unavailable to attend the April and December Board meetings of FHRCO. Director, Communications attended the March meeting.
- The Director, Communications attended the Regulatory Communicators Network quarterly meetings of all Ontario regulatory organisations.
- Director of Operations participated in a FHRCO working group.
- College staff planned and delivered 3 CANRA meetings in Toronto (May, September & February).
- College participants in CANRA meetings included May 10 (President & Deputy Registrar), Sept. 27 (President & Registrar) and February 10 & 11 (President & Registrar).
- Participated in the 2019 Convention with about 60 visitors to the College booth. Multiple resource documents were handed out and volunteering with CONO was heavily promoted.
- Submitted 2 articles for CAG members' newsletter.
- The Director of Communications participated in the annual CAG meeting of College partners to review results and program structure.
- Information updates provided regularly to CAG members via the secretariat, including how we act on CAG feedback, e.g., Patient Rights.
- Led and completed collaborative consultation with the CAG about advertising in partnership with CASLPO, CPSO and the College of Optometrists. Included an online survey completed by CAG members and preparation for and attending the Nov. 2 in-person meeting to glean additional public input about regulated health professionals and advertising.

VI. Activities Outside of the Operating Plan

Patient Safety Campaign

- Communications provided an extended briefing to Media Profile and led the development of a marketing-communications strategy for a Patient Safety Campaign in response to a request by Council. The goal of the Campaign is to raise awareness of the College and the importance of working with a regulated naturopath, including the ways we protect the public and support patient safety.

Data Breach
- In January 2019, the College learned that a data breach with respect to two e-mails had been occurring for an underdetermined amount of time.
- Working with the College's insurance company, a team of experts were retained to investigate the cause and scope of the breach.
- The project remained an active investigation through to the end of this reporting period.

COVID-19

- The COVID-19 pandemic has required the College to refocus a number of its resources and activities to provide support and guidance during the period of physical distancing.
- In early March 2020, as the numbers of infections in Canada began to grow, the College began the process of implementing its emergency operations. By March 18, 2020, the College had transitioned to complete remote operations by sending College equipment (laptops, computers, screens) home with staff and having the computers set up for secure remote access to e-mail and the server. Staff have remained in constant contact through a variety of means, including e-mail, Microsoft Teams (instant messaging) and video conferencing. All operations of the College continue to operate fully due to the commitment and effort of every single member of staff. A small group of staff visit the office once each over a two-week period to collect mail and courier materials and to scan and send them to the appropriate departments.
- After the Executive Committee meeting on March 4, 2020, all subsequent Committee meetings have been held by teleconference and this will remain in place for some time to come.
- The College has issued six updates to Members from March 16, 2020 to March 31, 2020 and updated the COVID-19 webpages for Members and the public numerous times. Most controversial among these was transmitting a Directive issued by the Chief Medical Officer of Health that all non-essential services by regulated health professions cease, regardless of whether those were delivered in person or by a virtual means. The College has supported initial registration by NDs with the Ministry of Health as part of the health human resource planning and the College continues to do so by encouraging Members to register with the Government to meet areas of need in various parts of the health care sector. In one of the College's early announcements, the Registrar & CEO deferred the deadline for payment of annual fees from the original March 31, 2020 deadline to May 31, 2020. The on-going nature of this crisis may require further consideration of this timeframe before the end of May 2020. Another important step taken by the College was to allow individuals who CPR certificate was about to expire an extension of the time needed to obtain a new certificate.

- The College has also dedicated a page for the public to update them on COVID-19 issues as they relate to naturopathic services. Specific cautions were made about any persons making claims about treating or preventing COVID-19. The public has been encouraged to obtain their information from official public health and Ministry of Health sources. This was done in part due to activities of a person who is not a Member of the College and who was spreading information about COVID-19 as being a hoax and also in part due to several Members to whom the College was required to issue Cease & Desist letters relating to their comments and social media posts about COVID-19.
- The Deputy Registrar has attended the daily COVID-19 updates from the Chief Medical Officer of Health and the Ontario Ministry of Health since February of this year and has missed perhaps one or two due to conflicts. This commitment included attending these meetings during his vacation in Quebec. The Registrar has attended five teleconferences held by the Health Professions Regulators of Ontario (HPRO—formerly the Federation of Health Regulatory Colleges of Ontario) with the Ministry of Health, Health Human Resources Planning division.
- All of the staff have been and remain COVID-19 free. Three staff had travelled abroad and were quarantined upon their return to Canada. While at least one of these individuals did become ill, it is believed with confidence that the illness was seasonal flu as opposed to COVID-19. Other staff have experienced minor illnesses, stomach illness and a cold but again, there are no reports of COVID-19 at this time.