# College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

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# Introduction

## The College Performance Measurement Framework (CPMF)

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

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

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

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

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

## CPMF Model

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

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

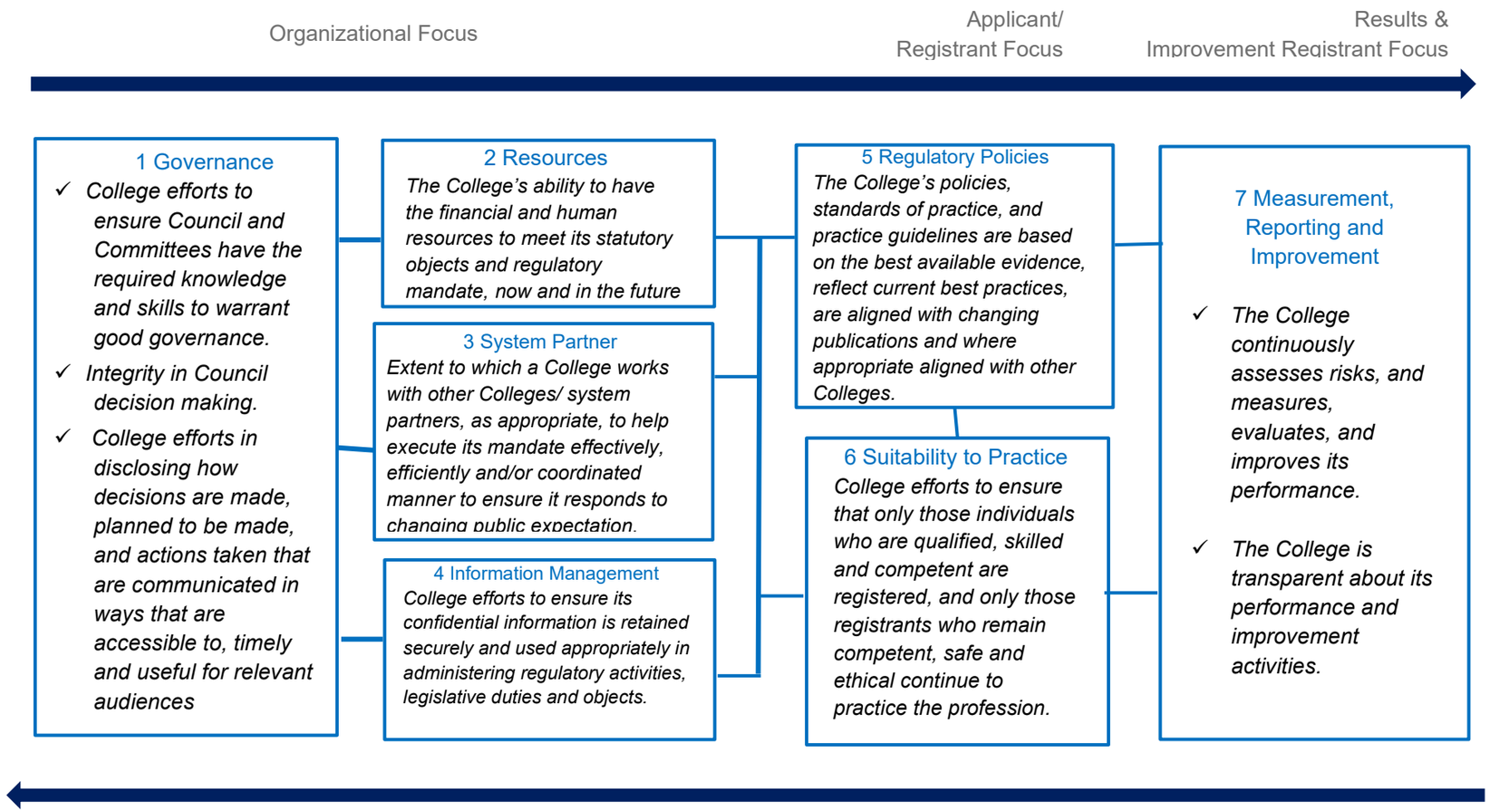

**Figure 2:** CPMF Domains and Standards

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

## The CPMF Reporting Tool

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

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:
In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and
In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.[1]

## Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

### What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.

- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

[1] Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

# Part 1: Measurement Domains

| | | |
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| | **Measure**<br>**1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.** | |
| DOMAIN 1: GOVERNANCE | STANDARD 1 | |

| Required Evidence | College Response | |
|---|---|---|
| a. Professional members are eligible to stand for election to Council only after:<br>i. meeting pre-defined competency and suitability criteria; and | The College fulfills this requirement: | Yes |
| | • The competency and suitability criteria are public: Yes<br>*If yes, please insert a link to where they can be found, if not please list criteria.*<br>In order for professional members to stand for election, they must meet the eligibility requirements set out in section 10.05 of the College's by-laws. The Nomination Process, which is conducted on-line through the following forms, collects all of the necessary information about a potential nominee to ensure they meet these requirements:<br>i. Nomination and Consent Form.<br>ii. Confirmation of Eligibility Form<br>iii. Election Undertaking<br>iv. Conflict of Interest Questionnaire<br>v. Fiduciary Duties Acknowledgement and Undertaking<br>vi. Agreement and Undertaking regarding Duties of Council members | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | *Additional comments for clarification (optional):* | |

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| | | ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. | The College fulfills this requirement: | Yes |
| | | | • Duration of orientation training.<br>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).<br>• Please insert a link to the website if training topics are public ***OR*** list orientation training topics.<br>As set out in GP31 - Qualifying Program, all potential nominees for election must have attended an orientation session held by the Chief Executive Officer of the College. This session runs approximately two to three hours depending on the questions raised by participants. It is held via video call and covers the following topics:<br>• Qualifications to run for election.<br>• The skill set that you will need to sit on Council (see below).<br>• The role and mandate of the College.<br>• The vision of the Council for the future of the College.<br>• The role of the Council and the role of the CEO/staff.<br>• The duties and responsibilities of Council members.<br>• On-going support from Council and staff.<br>• The time and other commitments implicit in seeking to be on the Council. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional):* | |
| | | b. Statutory Committee candidates have:<br>i. Met pre-defined competency and suitability criteria; and | The College fulfills this requirement: | Yes |
| | | | • The competency and suitability criteria are public: Choose an item<br>• *If yes, please insert a link to where they can be found, if not please list criteria.*<br>Candidates for all Council committees, both statutory and non-statutory, must meet the same initial criteria as set out in the Qualifying Program. They are required to complete all the same components, including the competency self-assessment, interview with the panel of the Governance Committee, orientation etc. These criteria are published on the College's website as noted above.<br><br>The Governance Committee has canvassed all Committees to determine what, if any, additional competencies are required from individuals seeking to be appointed. The College has posted to the Volunteer section of its website all of the competency requirements as well as the additional requirements for certain committees. | |

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| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional):* | |
| | | ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. | The College fulfills this requirement: | Yes |
| | | | • Duration of each Statutory Committee orientation training.<br>• Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).<br>• Please insert a link to the website if training topics are public ***OR*** list orientation training topics for Statutory Committee.<br>As noted above, the College requires all potential volunteers, whether those seeking election to Council or seeking an appointment to a Committee to attend an orientation session and to undergo the entire Qualifying Program.<br><br>As noted in 1.1 a ii, the orientation session is approximately 3 hours in duration and covers key topics, including but not necessarily limited to, the qualifications to seek election or appointment, mandate of the College, role of Council and staff, duties and responsibilities for Council and committee members, time commitments, compensation provided, training and evaluation requirements, on-going support from Council, Committees and staff and the processes for election/appointment. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional):* | |

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| | | c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities. | The College fulfills this requirement: | Yes |
| | | | • Duration of orientation training.<br>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).<br>• Please insert a link to the website if training topics are public ***OR*** list orientation training topics.<br><br>Provided there is sufficient time between the date of the appointment or when the College is advised and the first meeting of the Council, public representatives are provided either an orientation to the role or, more ideally t the Council's Training Program, which includes topics covered in the orientation, orients new public members to the governance model used by Council as well as those policies and processes specific to the role<br><br>On advice of Legal Counsel, the College and its Council cannot prevent a public appointee from assuming their responsibilities given that the Orders in Council are effective the date that they are signed, and the College is advised subsequently of the appointment. None the less, the Council's Training Program does require that all public appointees complete the training at the first available opportunity. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | No |
| | | | *Additional comments for clarification (optional):*<br>No further improvements are possible unless the Public Appointments Secretariat were to advise the College of the pending appointments to allow for an orientation ahead of the actual date of the appointment. | |

| Measure<br>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. | |
|---|---|
| **Required Evidence** | **College Response** |
| a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:<br>i. Council meetings; and<br>ii. Council. | The College fulfills this requirement: Yes |
| | • Please provide the year when Framework was developed ***OR*** last updated.<br>• Please insert a link to Framework ***OR*** link to Council meeting materials where (updated) Framework is found and was approved.<br>• Evaluation and assessment results are discussed at public Council meeting: Yes<br>• *If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.*<br><br>The Council of the College meets six times per year. At the conclusion of each meeting, Council members are provided a link to an on-line meeting evaluation. Responses are tabulated from the previous meeting and the results are provided to the Council at its next meeting as part of its Consent Agenda. An example can be found at page 61-62 of the January 26, 2022, Meeting materials<br><br>It is important to note that not only do we provide the individual meeting evaluation but the ratings for all prior meetings held in the cycle to allow Council to see any trends. In 2021-2022, over the six meeting cycle a definite trend to improved meetings can be seen.<br>.<br><br>With respect to the Council itself, at the end of the Council year (April/May) the Council and Committee evaluation process is initiated. This process is described in the Council's governance policy GP16 - Governance Evaluation whereby the Council evaluates itself as an entity, and each Council member evaluates themselves and their peers.<br><br>Annually in July, the Council is presented with an evaluation report from an independent consultant supporting the process which sets out the findings regarding Council and Committee effectiveness, based on interviews and rating exercises conducted with Council and Committee members. Following Council review, the consultant meets with each Committee to review their overall committee assessment |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item |
| | *Additional comments for clarification (optional)* |

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| | | b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years. | The College fulfills this requirement: | Yes |
| | | | • A third party has been engaged by the College for evaluation of Council effectiveness: Choose an item<br>• *If yes, how often over the last five years?*<br>• Year of last third-party evaluation.<br><br>Presently, the Council effectiveness process, or Governance Evaluation, is conducted annually by the Council and the Committees. The Council is currently using an independent consultant, Sandi Verrecchia of Satori Consulting to assist in the delivery of this evaluation.<br><br>Information about this requirement can be found on the College website and is enshrined in the Council's governance policy GP16 - Governance Evaluation.<br><br>The most recent Governance Evaluation was completed at the end of July 2021. Council and Committee evaluations are available publicly on the College's website. The next cycle will be initiated in April of 2022. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |

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| | | c. Ongoing training provided to Council and Committee members has been informed by:<br>i. the outcome of relevant evaluation(s);<br>ii. the needs identified by Council and Committee members; and/or | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.<br>• Please insert a link to Council meeting materials where this information is found ***OR***<br>• Please briefly describe how this has been done for the training provided over the last year.<br><br>At the completion of the Council and Committees evaluation process in July 2021, a Council planning survey was undertaken in response to in the evaluation report to allow Council members to provide feedback on proposed solutions for addressing identified needs<br><br>One need identified by the Council was the desire for some time for them to get to know one another on a more personal level and network, something that has been lost since moving to an on-line video platform. Within the survey, Council members were provided with a time allocation option and, as a result, a 30-minute pre-meeting networking opportunity was implemented and continues today.<br><br>The survey also listed several education and training priorities that had been identified either in the evaluation report or from discussions of that report in the Council meeting. From among those priorities, Council has had education and training in the following areas:<br>• Program briefing on complaints, reports and the ICRC process.<br>• Program briefing on the discipline process and hearings.<br>• Program briefing on patient relations and funding for sexual abuse.<br>• Program briefing on Quality Assurance.<br>• Program briefing on Standards and standards setting processes.<br>• Program briefing on the Inspection program and Committee.<br>• Program briefing on the Registration program and Committee.<br>• Training on the Council Policy Governance Framework, conducted by the Chair of the Governance Policy Review Committee.<br>• Training on Enterprise Risk Management conducted by Richard Steinecke of Steinecke Maciura LeBlanc | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional):* | |

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| | | iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.<br><br>Further clarification:<br><br>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.<br><br>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate. | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training.<br>• Please insert a link to Council meeting materials where this information is found ***OR***<br>• Please briefly describe how this has been done for the training provided over the last year.<br><br>During the pandemic, public expectations surrounding discrimination and bias against non-white communities came to the forefront. In discussion with other Colleges and in conjunction with HPRO, the College made this a priority. At the same time, the College heard from several Registrants that equity and diversity were important issues to them and received offers to work with the College in this area.<br><br>In May 2021, the Council approved terms of reference for the creation of an Equity, Diversity and Inclusion Committee. The College then promoted the creation of this committee to seek volunteers from the public and the profession. We are pleased to say that a committee of ten individuals, two of whom are public representatives has been established and is working on plans for how to approach this important topic.<br><br>At the same time, the CEO appointed an Equity, Diversity and Inclusion Officer, at the Director level, to assist the Committee and liaise with HPRO on important initiatives that they have been working on.<br><br>With respect to risk management, the Council recognized the importance of this to the public and good governance in January 2020 at which time it authorized the CEO and Deputy CEO to complete a university level course from McMaster University. Upon completion of the course, the College's briefing process was augmented to improve the risk assessment process for key issues (this can be seen on page 123 of the Council meeting package from September 2021). In addition to the briefing materials, as part of each meeting's consent agenda, the Council is provided with an overview of risk management concepts for their use in decision making (page 55-56 of the Council meeting materials of September 2021). | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional):* | |

| DOMAIN 1: GOVERNANCE | STANDARD 2 | Measure<br>**2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.** | |
|---|---|---|---|
| | | **Required Evidence** | **College Response** |
| | | a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is:<br>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and<br><br><u>Further clarification:</u><br><br>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession. | The College fulfills this requirement: **Yes**<br><br>• Please provide the year when Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated.<br>• Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the review.<br><br>The Council of the College has a robust set of Governance Policies that establish how it will govern the College. These include policies in four areas:<br>1. Ends Policies, which include an Ends Statement (the strategic objectives set by the Council) and the Ends Priorities (the prioritization of the objectives for operationalization by the CEO).<br>2. Governance Process Policies, of which there are 32 policies, that establish how the Council will govern itself. These policies include both a Council Code of Conduct and an Avoiding Conflict of Interest policy.<br>3. Executive Limitations Policies, of which there are 17, which limit the means by which the CEO can achieve the strategic objectives, such that the CEO can use any means within the limitations set by the Council.<br>4. Council-CEO Linkage Policies, of which there are three, which establish the way in which the Council and CEO will interact and work collaboratively.<br><br>During each Council cycle of six meetings, each of these policies is reviewed in detail by both the Council and the Governance Policy Review Committee. The latter may bring recommendations for change forward, either based on feedback from the Council, the CEO or based on its own review.<br><br>The Avoiding Conflict of Interest policy was last reviewed and amended on January 27, 2021 and is scheduled for further review at the March 2022 meeting.<br><br>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **Choose an item**<br><br>*Additional comments for clarification (optional)* |

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| | | ii. accessible to the public. | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy ***OR*** Council meeting materials where the policy is found and was discussed and approved.<br><br>All these policies are available on the College's website in the Resource section. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |
| | | b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).<br><br>Further clarification:<br>Colleges may provide additional methods not listed here by which they meet the evidence. | The College fulfills this requirement: | Yes |
| | | | • Cooling off period is enforced through: By-law<br>• Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated.<br>• Please provide the length of the cooling off period.<br>• How does the college define the cooling off period?<br>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;<br>– Insert a link to Council meeting where cooling of period has been discussed and decided upon; ***OR***<br>– Where not publicly available, please describe briefly cooling off policy.<br><br>The College by-laws set out the eligibility for election to the Council and for appointment to a Council Committee either as a Registrant or Public Representative. Under the College's new Volunteer Program, individuals seeking appointment to a Committee must complete an on-line Application Form as well as make certain declarations surrounding their Eligibility as set out in the by-laws. These applications and eligibility declarations are reviewed by the Governance Committee who ensures that the mandatory cooling off period of 2 years is adhered to. This period applies to anyone who was a director, officer, or employee of either a professional association or educational program for naturopathy. These by-laws were established by the Council prior to 2015 but into force on July 1, 2015 when the *Naturopathy Act, 2007* was fully proclaimed.<br><br>For individuals seeking nomination to become a candidate in an election, they too must complete a series of on-line forms including:<br>• Nomination and Consent Form<br>• Confirmation of Eligibility Form | |

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| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |
| | | c. The College has a conflict of interest questionnaire that all Council members must complete annually.<br>Additionally:<br>i. the completed questionnaires are included as an appendix to each Council meeting package;<br>ii. questionnaires include definitions of conflict of interest;<br>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and<br>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda. | The College fulfills this requirement: | Yes |
| | | | • Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated.<br>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes<br>• Please insert a link to the most recent Council meeting materials that includes the questionnaire.<br><br>The College has, since its inception, had a conflict-of-interest questionnaire that Council members must complete annually and that Committee volunteers would complete at the start of their volunteer work. Recently, this has been updated to require both Council and Committee members, as well as program volunteers such as examiners, inspectors, and assessors, to also complete an annual conflict of interest declaration. This declaration is now completed as an on-line form.<br><br>A copy of all of the questionnaires, as they relate to Council members, are assembled, indexed and posted to the College's website for the availability of the public and stakeholders. This package is not provided to the Council at each meeting due to the overall size of Council materials. Instead, the College produces a summary for the Council of who has declared a conflict and the nature of the declaration. As an example, this summary may be found at page 69 of the January 26, 2022 Council meeting package.<br><br>Council members are expected to update their Annual Declaration (resubmit it) whenever new conflicts arise (i.e., anytime during the year). When this occurs, the Summary document and the full package on the website is updated. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |

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| | | d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note). | The College fulfills this requirement: | Yes |
| | | | • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.<br>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.<br><br>On key decision items, the Council is provided with a briefing note on the issue. Briefing notes provide the background to the issue and the relevant discussion points, including evidence that supports any potential decisions to be taken. Additionally, the briefing provides a full analysis section that addresses:<br>1. The Risk Assessment.<br>2. Privacy Considerations.<br>3. Transparency.<br>4. Financial Impact.<br>5. Public Interest.<br><br>As noted in an earlier section, the public interest analysis is based on a tool developed by the College and included in the consent agenda materials for reference by the Council and the public. An example of the briefing format used by the College may be seen at Page 109 of the January 26, 2022 Council meeting package. The Public Interest Tool may be found at page 55 of the same package. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (if needed)* | |

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| | | e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations.<br><br><u>Further clarification:</u><br>Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.<br><br>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.<br><br>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization. | The College fulfills this requirement: | Partially |
| | | | • Please provide the year the formal approach was last reviewed.<br>• Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities.<br><br>In 2020 and 2021, the College has been working on an Enterprise Risk Management (ERM) program based on the ISO 31000 Framework. In support of this program, several important activities occurred at the Council meeting in January 2022. First, a training session on ERM was delivered by Richard Steinecke of SML Law. This training provided the Council with a clear outline of what risk management entailed and how it would be used by the College and the Council.<br><br>With the recommendation of the Governance Policy Review Committee, the Council reviewed and approved a new Governance Process GP32 - Enterprise Risk Management. This policy sets the mandate for the ERM establishes the need for a Risk Committee of the Council and clearly identifies the Council's role in risk management. This policy may be found at page 90 of the January 2022 Council meeting package.<br><br>To guide the Council in its oversight role, the Council reviewed and approved the Terms of Reference of a Risk Committee of the Council. This may be found at page 92 of the January 2022 Council meeting package.<br><br>Additionally, the Council received the Chief Executive Officer's Enterprise Risk Management Operating Policy (page 94 of the January 2022 Council meeting package) a | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Yes |
| | | | *Additional comments for clarification (if needed)*<br><br>This item is only partially met as the College will be implementing this policy in the coming weeks and months. | |

| DOMAIN 1: GOVERNANCE | STANDARD 3 | Measure<br>3.1 Council decisions are transparent. | |
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| | | **Required Evidence** | **College Response** |
| | | a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined. | The College fulfills this requirement: Yes |
| | | | • Please insert a link to the webpage where Council minutes are posted.<br>• Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted.<br><br>The College posts all Council meeting minutes as soon as they are approved at the next meeting of Council. To further promote transparency, the College also posts Highlights of Meetings within two days of the meeting. Action items from the prior meeting are included as part of the minutes of the meeting.<br><br>The web page that hosts the Council meeting materials also includes information on how to request records of the Council meetings from the College. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item |
| | | | *Additional comments for clarification (optional)* |

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| | | b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).<br>i. the meeting date;<br>ii. the rationale for the meeting;<br>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and<br>iv. if decisions will be ratified by Council. | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.<br>The Executive Committee of the College last met on December 2, 2020 and did not meet at all in 2021. On January 27, 2021, the Council amended the Terms of Reference for the Executive Committee to reflect that it would only meet on urgent matters as determined by the Chair of Council. At this time, new disclosure provisions were added such that the Committee must post notice of its meeting on the College's website, along with any meeting materials and minutes of the meeting | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |

| Measure<br>3.2 Information provided by the College is accessible and timely. | | |
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| **Required Evidence** | **College Response** | |
| a. With respect to Council meetings:<br>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and<br>ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. | The College fulfills this requirement: | Yes |
| | • Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted.<br><br>Meeting materials for the Council meeting are posted to the College website one week prior to the meeting, on the same day that they are transmitted to the Council for review. Presently, meeting materials are available back to April 2017.<br><br>The College also invites individuals who are seeking materials or information to contact the College. | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | *Additional comments for clarification (optional)* | |
| b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register. | The College fulfills this requirement: | Yes |
| | • Please insert a link to the College's Notice of Discipline Hearings.<br><br>The College website has a webpage for Scheduled Hearings of Panels of the Discipline Committee (DC). This page lists all matters that have been referred to the Discipline Committee by the ICRC including the name of the Registrant, the date the matter was referred, the hearing dates (as soon as they are set), the Notice of Hearing (as soon as it is delivered to the Registrant) and an indication of the "Status" of the matter, as well as a summary of the allegations.<br><br>In terms of the timing of the notice of hearing dates, these dates are normally set weeks if not months prior to the hearing. For example, at the time of preparing this submission, the dates for a hearing on a matter of Allan Bortnick was posted within the past week while the hearing dates are set for May and June 2022. | |

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

**Measure**

**3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.**

| Required Evidence | College Response | |
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| a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff). | The College fulfills this requirement: | Partially |
| | • Please insert a link to the College's DEI plan.<br>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.<br>In 2021, the Council of the College appointed an Equity, Diversity and Inclusion (EDI) Committee to address diversity, equity and inclusion (DEI) matters. The committee has met on two occasions and in December 2021 approved its preliminary action plan on how it will proceed to address DEI matters in concert with the Council.<br><br>Presently, the College is working with the Committee to develop a DEI tool to be used by the Committee, other committees and the staff as a DEI lens through which all policies, procedures and activities can be evaluated. | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Yes |
| | *Additional comments for clarification (optional)*<br><br>In the coming year, it is expected that the tool will be completed and the EDI Committee will be able to start work implementing its action plan approved in December 2021. | |

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| | | b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.<br><br><u>Further clarification:</u><br><br>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves. | The College fulfills this requirement: | No |
| | | | • Please insert a link to the Equity Impact Assessments conducted by the College ***OR*** please briefly describe how the College conducts Equity Impact Assessments.<br>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.<br><br>This has not yet been initiated but is anticipated for 2022. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Yes |
| | | | *Additional comments for clarification (optional)*<br><br>The College and EDIC will be identifying an appropriate tool to use as its DEI lense and will begin to review all existing and new programs in the coming 1-2 years. | |

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| DOMAIN 2: RESOURCES | STANDARD 4 | **Measure**<br>**4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.** |

| Required Evidence | College Response | |
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| a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.<br><br>Further clarification:<br>A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly. | The College fulfills this requirement: | Yes |
| | • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to most recent approved budget.<br>• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.<br><br>The College's Strategic Plan is embodied in two policies of the Council that are referred to as "Ends" policies under the Council's governance model:<br>• E01 - Ends Statements represents the objectives the Council as set for the College's future state.<br>• E02 - Ends Priorities represents the priorities the Council has assigned to its overall objectives.<br><br>Based on these strategic documents from the Council, the senior management team of the College develops an Operational Plan that it presents to Council annually. The plan covers the upcoming next fiscal year and the subsequent two years. The Council is asked to accept this plan as the means by which the College will move forward to achieve the objectives set by the Council. A copy of the Operational Plan may be found in the Council meeting materials for March 2021 on page 210. A copy of the Operational Plan for the coming fiscal year may be found here.<br><br>In preparation of the College's annual budget- the College uses the following strategies to allocate resources accordingly:<br>○ The use of granular spreadsheets for tracking expenditures and remaining budget for each program/activity/project.<br>○ Sending out Requests for Proposals and Quotes in advance of projects to inform budget planning.<br>○ Advance project planning for larger projects to ensure appropriate budget allocations.<br>○ Participation of all departments of the College in the preparation of the budget to ensure the budget accurately reflects each program's expense and revenue allocations | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | *Additional comments for clarification (optional)* | |

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| | | b. The College:<br>i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and<br>ii. possesses the level of reserve set out in its "financial reserve policy". | The College fulfills this requirement: | Partially |
| | | | • Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved.<br>• Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated.<br>• Has the financial reserve policy been validated by a financial auditor? Yes<br><br>The College has two financial reserves policies. The first is an Executive Limitation Policy set by the Council that establishes its reserve funds, sets out the monies that should be available in those funds, as well as automatic processes for adding to or removing monies for these funds. EL17 - Restricted Reserve Funds was approved by the Council in October 2020 and revised in September 2021.<br><br>At this time, the College has not been able to add sufficient funds to the Restricted Reserve Funds to be at the desired levels. This is primarily due to COVID-19 and the Council's decision to reduce registration fees by 40% in the 2020 registration year as a short-term financial relief measure for Registrants. As a result, the College dipped into its reserves to maintain full operations. Registration fees for 2021 and 2022 have been returned to their normal amounts.<br><br>In January 2022, the Council was advised of the levels within the Restricted Reserve Funds which formed part of the rationale for the Council's decision to defer an audit of the Registration Fees to determine whether they are set appropriately; an activity committed to by the Executive Committee at an earlier date. Information on College fees and reserves may be found on page 105 of the January 2022 Council meeting materials package. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Yes |
| | | | *Additional comments for clarification (if needed)*<br><br>Over time, the College is intending to ensure that any surplus funds generated at the end of the fiscal year are automatically used to top up the restricted reserve funds in accordance with the Council's Executive Limitation policy. | |

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| | | c. Council is accountable for the success and sustainability of the organization it governs. This includes:<br>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to the College's written operational policies which address staffing complement to address current and future needs.<br>• Please insert a link to Council meeting materials where the operational policy was last reviewed.<br>**Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.<br>The Council receives a number of reports from the Chief Executive Officer allowing it to properly fulfill its oversight responsibilities in these areas. At each of the six meetings held, the Council receives a Regulatory Operations Report which provides the Council with data on the College's key regulatory functions. A copy of the Regulatory Operations Report may be found on page 73 of the January 2022 Council meeting materials package.<br><br>The College's Operating Plan includes ongoing Human Resources planning which includes the maintenance of equitable hiring practices that considers existing staff first, staff training and engagement initiatives, as well as a commitment to fair and transparent compensation model with staff retention being a primary objective.<br><br>Twice each year, the Council receives an Operating Report of the College. This report sets out for the Council the College's progress on the activities set out in the Operational Plan. The mid-year Report may be found on page 66 of the November 2021 Council meeting materials package. It is within this report that the Council receives information about the College's human resource complement and status and the College's hiring practices. Please see page 88 through 91 of the above noted package.<br><br>With respect to senior leadership succession planning, the Council has two policies that are in place. The first is an Executive Limitations Policy that requires the CEO to have a designated Emergency Replacement (EL02 - Emergency CEO Replacement). Under this policy, the CEO is required to select one or more of the senior management team to act in their absence in the event that they will be absent for a period of up to three months. The CEO also ensures that this person, today the Deputy CEO, is well briefed on all College activities.<br><br>The second relevant policy is a Governance Process policy setting out that the Council will appoint an interim CEO in the event that the CEO is going to be absent for a period of more than three months (GP17 - Appointing an Interim CEO). | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |

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| | | ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases). | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan.<br><br>The College Council is regularly briefed on the College's data plan and any related issues. For example, throughout 2020 the Council was briefed on the need for and development of an new database system to manage Registrant and applicant records. The College migrated its Registrant database to a new provider. This upgrade resulted in several enhancements including:<br>• Enhanced login security for both staff and Registrants (multi-factor authentication)<br>• Enhanced user profile set ups and authorization levels<br>• Enhanced security features for processing payments<br>• New processes developed to support transition of activities from manual processes to electronic- most notably Council Elections<br>• More functionality allowing for more processes to be automated and/or improved<br>• Registrant integrated platforms available for dialogue amongst peers on Council and in committees<br>• Cloud storage within Canada<br><br>The College also transitioned to a new payment processor. This upgrade resulted in the following enhancements:<br>• Direct interface between new Registrant database and payment processor<br>• Significantly less data entry by staff<br>• Transactions automatically closed and balanced at the end of the day<br><br>The College also finalized the launch of its new website over the past year. Highlights of this upgrade include:<br>• Ease of Public and Registrants accessing information<br>• Enhanced functionality of posting information to the website | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |

## DOMAIN 3: SYSTEM PARTNER

### STANDARD 5 and STANDARD 6

| Measure / Required evidence: N/A | College response<br>*Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.*<br>*Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.* |
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| The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards.<br><br>Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.<br><br>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. | **Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.**<br><br>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:<br><br>• *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations?Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).*<br><br>Regulatory Colleges: Canadian Alliance of Naturopathic Regulatory Authorities and its members.<br><br>Through this alliance and its individual members, the College has been addressing entry requirements, movement under labour mobility legislation, alignment of practice expectations as well as locating and preventing unauthorized practitioners.<br><br>The College has been instrumental in the further growth and stability of the newly created Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). Through this alliance and with its key regulatory authority members, the College has established channels of communication surrounding applications for registration (to address jurisdictional shopping at entry-to-practice and facilitate the seamless movement of naturopaths between jurisdictions). A standard Certificate of Standing request forms for letters of standing has been created and is now used across Canada and a standardized application for registration questions has been established to ensure each of the |

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| | **Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**<br><br>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.<br><br>• *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*<br>• *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*<br><br>In Conversation With<br>The College has engaged with a key partner in regulation, the profession itself, to ensure that the general expectation of the public is that every Registrant is aware of their regulatory responsibilities. While this happens in a number of ways, in the past year the College launched a new and innovative approach using a fireside chat format. "In Conversation With…" was created with the intention of allowing the profession to pose important questions about the regulatory processes and the College to better increase their understanding. To ensure that this process was effective and positive, the College engaged the services of an experienced facilitator who brought a high degree of neutrality and safety to the discussions.<br><br>Sessions included "In Conversation with … the CEO" where key topics including COVID-19, complaints and disciplinary processes, practice and scope questions, and the College's approach were asked and answered. A second session "In Conversation With … Dr. Mary-Ellen McKenna, ND (Inactive)" arose out of a high demand for answers to practice related questions during the first session. As the Manager of Inspections and Regulatory Education Specialist, Dr. McKenna, ND (Inactive) answered questions about COVID-19, Telepractice, Record Keeping, Fees and Billing, and Continuing Education.<br><br>While outside of this reporting period, a third session was held with Dr. Kim Bretz, ND, Council Chair in February where she was able to demystify some of the questions surrounding the role of the Council, the upcoming election and election processes, the amount of work her role entails and the future of the College. The College will be continuing the In Conversation With series throughout 2022.<br><br>COVID-19 Vaccinations<br>The College also engaged the profession in another important process in support of the public's expectation that those people who can be vaccinated will be, and that regulated health professionals would be vaccinated. The College conducted an informal, anonymous survey of the profession in 2021 in an effort to extrapolate the vaccine status and intent of the profession in being vaccinated. Having obtained a response from approximately 33.5% of the profession, a briefing was provided to the Council as part of its November Council Meeting materials package (page 139) which provided the Council with the information it needed to be satisfied that issuing a statement to the profession was warranted. On November 25, 2021, the College Council released an important statement to the profession , strongly urging all Registrants to be vaccinated against COVID-19. |

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| DOMAIN 4: INFORMATION MANAGEMENT | STANDARD 7 | **Measure**<br>**7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.** |

| Required Evidence | College Response | |
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| a. The College demonstrates how it:<br>i. uses policies and processes to govern the disclosure of, and requests for information; | The College fulfills this requirement: | Yes |
| | • Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.<br><br>The College has established a Privacy Code that governs the collection, use, retention and disclosure of personal information. The Code also sets out how Registrants can access their personal information and how to reach the College's Privacy Officer for assistance.<br><br>The College also has a Terms of Use policy governing its website. This sets out the agreed upon terms and conditions of use of the College's website, copyright and limitations of liability. | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | *Additional comments for clarification (optional)* | |

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| | | ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and<br>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.<br><br>To College has the following cybersecurity measures against unauthorized disclosure:<br>1. Staff have a confidentiality clause in their Employment Contract, which is also noted in the College's Personnel Policy.<br>2. Staff receive both College onboarding which covers Privacy and also Cyber Security training as well as ongoing training on these topics.<br>3. Staff are regularly tested with spoof emails to test their cyber security knowledge.<br>4. One team member of the College is the designated Privacy Officer that provides guidance on any privacy matters to all staff of the College.<br>5. Use of a two-step verification methodology for identifying a caller prior to any information provided.<br>6. Policy and procedures are in place with role accountabilities and authorizations in accordance with the College's I.T Corporate Permissions policy.<br>7. Policy and procedures in place regarding use of the College website (e.g., what may be posted).<br>8. Policy and procedures in place about what is permitted on the College's I.T equipment (terms of use).<br><br>In the event of an accidental disclosure or privacy breach the Privacy Officer is responsible for developing an action plan to address the disclosure based on the level of disclosure. This includes:<br>1. Re-education of staff.<br>2. Liaising with the College's insurance company which has cybersecurity coverage<br>3. Investigating the root cause via a third-party Cybersecurity organization (Cyberclan)<br>4. Networking with the College's legal firm for advice and assistance on any formal communications | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |

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| DOMAIN 5: REGULATORY POLICIES | STANDARD 8 | **Measure**<br>**8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).** |

| Required Evidence | College Response | |
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| a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. | The College fulfills this requirement: | Yes |
| | • Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).<br><br>The Council created a new Standards Committee, whose role as outlined in the approved Terms of Reference. The Committee's role is to develop, undertake consultations on, and approve Standards of Practice, Guidelines and policies governing the profession. In addition, the Standards Committee annually reviews and makes recommendations to the Council for any new, or amendments to the Regulations made under the *Naturopathy Act, 2007* and the by-laws as they pertain to the Standards of Practice of the profession.<br>The Inspection Committee (IC), which oversees the IVIT Program and standards within VIIT premises, annually reviews the program policies and related procedures, and submits recommended amendments for Council approval.<br><br>All Standards, guidelines and policies are posted on the College's Website.<br>All Committee Terms of Reference are posted on the College's Website. | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | *Additional comments for clarification (optional)* | |

b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:

i. evidence and data;

ii. the risk posed to patients / the public;

iii. the current practice environment;

iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);

v. expectations of the public; and

vi. stakeholder views and feedback.

The College fulfills this requirement: Yes

- Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components ***OR*** please briefly describe the College's development and amendment process.

The following flow chart illustrates the process generally used to develop, review and consult on draft standards, guidelines, polices:

When reviews and/or development of materials are undertaken by any of the Committees, the process generally begins with staff of the College initiating extensive research to determine where best practices may lie or where there is evidence to support current programming or programming changes. This often includes, but is not limited to, collection of information from other Ontario Health Regulatory Colleges, review of educational requirements and curriculum details, information from other naturopathic jurisdictions, government reports and research/studies. Following the compiling of documentation, a draft is created for review by the relevant committee (which includes both members of the profession and the public). The preliminary draft is focused on the content, specifically whether it reflects current practice and/or trends in practice, the public interest and protection and whether the draft material mitigates the risk to the public. Following the line-by-line review and edit by the Committee, the draft is often circulated to other relevant College committees, including the EDI Committee, and the Citizen's Advisory Group (CAG) to seek their feedback on the impact, equitability, public perspective or unintended consequences of the draft material. Based on the feedback of other College committees or CAG, a second draft is created and a line-by-line wording review completed. Depending on the document, the Committee may also initiate a public consultation and seek legal advice as necessary. All consultation feedback is provided to the Committee who will consider and amend the draft as necessary. A final line-by-line wording review is undertaken and where applicable submitted to Council for consideration and approval.

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

*Additional comments for clarification (optional)*

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| | | c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College. | The College fulfills this requirement: | Yes |
| | | | • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.<br>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.<br>As noted elsewhere in this report, during the reporting year, the College created an EDI Committee whose role, as outlined in the approved Terms of Reference, includes ensuring that appropriate policies are developed that reflect the values of the Council and its commitment to equity, diversity, inclusion and an environment that is free of bias, discrimination and racism as well as reviewing the College's regulatory framework and processes to ensure that they are equitable to all individuals within society.<br><br>All newly developed standards, guidelines, policies and program materials are being provided to the College's EDI committee for review and consideration in order to promote Equity, Diversity and Inclusion in all College materials.<br><br>Recently, the Council amended its Code of Conduct to apply not only to Council but also to all Committees and included new provisions reflecting a commitment to objectivity, decision-making that is free of discrimination and bias and holding one another accountable in this regard. That amended Code of Conduct may be found here. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
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| | **Measure**<br>**9.1 Applicants meet all College requirements before they are able to practice.** | | |
| DOMAIN 6: SUITABILITY TO PRACTICE<br>STANDARD 9 | **Required Evidence** | **College Response** | |
| | a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[2]. | The College fulfills this requirement: | Yes |
| | | • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements ***OR*** please briefly describe in a few words the processes and checks that are carried out.<br>• Please insert a link ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).<br><br>Registration Program policies set out the documentation required to support the assessment of whether an applicant has met the requirements for registration. For each document, specifics pertaining to "validity" (what must be completed and by when for it to be recognized as valid), format (e.g., whether original hardcopy is required or softcopy is accepted), and the means for submission (e.g., which documents must be sent from the issuing body as opposed to those which may be provided by the applicant) are noted. This information is further defined in supporting applicant materials (e.g., Application for Registration Handbook).<br><br>Applications for registration are handled as a 3-step process, with specific information and documentation to allow for the assessment of an applicant's eligibility for issuance of a certificate, being collected and verified at each given stage. Where deemed necessary, additional information or clarification is sought from third parties (e.g., other regulatory bodies where the applicant currently holds or has held registration, former employers who have provided evidence of practise on the applicant's behalf, police agencies who have issued a CPIC, etc.). Registration staff utilize an entry-to-practise checklist which aligns with the requirements set out in the Registration Policy and in the Registration Regulation, for logging receipt of application documentation and assessing whether an applicant has met set eligibility criteria for issuance of a certificate of registration, or whether a referral to a panel of the Registration Committee is required based on reasonable doubt of the applicant having satisfied any of the requirements.<br><br>In the review of applicant files, a three- tiered review and verification process is employed (reviewed by the Coordinator, Manager and Director) of all submitted documentation, requiring an approval at the Manager and Director level before the applicant is eligible to move forward in the process. In the case of referred applications for registration to a panel of the Registration Committee, this is extended to a four-tiered review with the addition of the CEO who must sign-off on the referral. | |

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

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| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |
| | | b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.). | The College fulfills this requirement: | Yes |
| | | | • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon ***OR*** please briefly describe the process and checks that are carried out.<br>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.<br>The criteria for assessing whether an applicant meets registration requirements are set out in the Registration Program policies approved by the Council. These policies are reviewed annually by staff and by the Registration Committee, with any amendments requiring review and final approval by Council. Supporting operating policies, which are internal, procedural documents to assist staff in carrying out registration duties are reviewed within the department and approved by the Senior Management Team of the College as updates are made to program policies, or the systems used by the College (e.g., a change in database which impacts a procedure).<br>Outside of a scheduled annual review, policy reviews may be triggered based on a need identified by a third party, such as the Office of the Fairness Commissioner, or by staff of the College. When proceeding to amend existing or draft new policies, staff of the College review the policies of other Colleges, and/or conduct an environmental scan which may include seeking additional input through the Ontario Regulators for Access Consortium (ORAC) group or through direct communiques | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |

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| **Measure**<br>**9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.** | | |
| c. A risk-based approach is used to ensure that currency[3] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.). | The College fulfills this requirement: | Partially |
| | • Please briefly describe the currency and competency requirements registrants are required to meet.<br>• Please briefly describe how the College identified currency and competency requirements.<br>• Please provide the date when currency and competency requirements were last reviewed and updated.<br>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.<br><br>To maintain their certificate of registration, Registrants registered in the General or `practising' class must practise the profession for a minimum of 750 hours every three years. All Registrants must be of good character, as set out in Section 4 of the Registration Regulation and includes similar provisions to those required of applicants for registration.<br><br>Currency and competency requirements were determined through staff research, Committee and Council discussion, and consultations (both public and Ministry related) as part of drafting and finalizing the Registration Regulation prior to proclamation of the *Naturopathy Act, 2007* in 2015.<br><br>In November 2021, both currency and good character requirements were reviewed as a part of the review of the Registration Policy and the Registration Regulation.<br><br>Registrants are required to provide self-declared information regarding currency (number of practise hours, breakdown allocation of activities related to practise of the profession) on an annual basis (at registration renewal) and good character on a continual basis, i.e., both annual declarations at renewal which are flagged by the system for staff review, and Registrant reporting requirements, which require a Registrant to notify the College within 30 days of receipt of notice of a finding or similar issue affecting good character as per 4(2) of the Registration Regulation. | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Yes |
| | *Additional comments for clarification (optional)*<br><br>In December 2020, the College moved to a new CRM system which provides currency auditing capabilities not available under the former system. Currency audits under the new system were initiated at the close of renewal in 2021 and the first round of notices were sent to Registrants in year 2 of their reporting period who still need to accrue sufficient hours to meet the requirement. Additional policy edits to the Registration Policy to further flesh out currency reporting is anticipated for | |

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

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| **Measure**<br>**9.3 Registration practices are transparent, objective, impartial, and fair.** | | |
| a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC). | The College fulfills this requirement: | Yes |
| | • Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report.<br>• Where an action plan was issued, is it: Completed<br><br>In its last assessment report (November 2021), the OFC had identified nine outstanding recommendations from the audit conducted in 2018, four of which had been fulfilled and three which were later characterized as best practices, opposed to compliance recommendations (but also fulfilled). Of the two recommendations that remain outstanding, these are anticipated to be fulfilled prior to the April 1, 2022 deadline to maintain the status of OFC's assigned status of 'full compliance.' | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | *Additional comments for clarification (if needed)* | |

| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 10 | Measure<br>10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice. | |
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| | | **Required Evidence** | **College Response** |
| | | a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).<br><br><u>Further clarification:</u><br><br>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps. | The College fulfills this requirement: Yes<br><br>• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:<br>– Name of Standard<br>– Duration of period that support was provided<br>– Activities undertaken to support registrants<br>– % of registrants reached/participated by each activity<br>– Evaluation conducted on effectiveness of support provided<br><br>• Does the College always provide this level of support: Choose an item<br>*If not, please provide a brief explanation:*<br><br>**Name of Standard:**<br>Inspection Program Requirements - Existing/5 year scheduled, New Premises Part I and New Premises Part II<br><br>**Duration of period of support:**<br>May 2021 - December 2021<br><br>**Activities undertaken to support registrants:**<br>• Training of inspectors on new requirements<br>• October 2021, Manager Professional Practice hosted an In Conversation with and answered real time questions related to the program changes<br><br>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item<br><br>*Additional comments for clarification (optional)* |

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| | | **Measure:**<br>**10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[4].** |
| | | a. The College has processes and policies in place outlining:<br>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; |

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| The College fulfills this requirement: | Yes |

- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found.
- Is the process taken above for identifying priority areas codified in a policy: Choose an item
  *If yes, please insert link to policy:*

The Quality Assurance Program policy requires the Quality Assurance Committee to annually select the standards, guidelines and policies that will be an area of focus for the Peer & Practice Assessment. In making its determination the Quality Assurance Committee reviews the prior year's assessment outcomes, Complaint and Discipline data in the most recent Council report, annual data from the College's Annual Report and statistical information from the Manager of Professional Practice related to areas of inquiry from the public and the profession to determine areas of concern to be proactively addressed.

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

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

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| | | ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach ***OR*** please briefly describe right touch approach and evidence used.<br>• Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable).<br>*If evaluated/updated, did the college engage the following stakeholders in the evaluation:*<br>– *Public* Yes<br>– *Employers* No<br>– *Registrants* Yes<br>– *other stakeholders* Yes<br>The Quality Assurance Regulation and Program policies outline that each year the Quality Assurance Committee shall randomly select Registrants to undergo a peer and practice assessment. This selection process is random in nature and excludes any Registrant who:<br>• Holds an Inactive certificate of registration.<br>• Has a certificate of registration under suspension. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |
| | | iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to the document that outlines criteria to inform remediation activities ***OR*** list criteria.<br>Peer & Practice Assessors utilize a 1-4 scale to rate a Registrant's response to the various components of the Peer & Practice Assessment program. Quality Assurance Policies outline the potential for remediation depending on the rating. Any rating of 3 or 4 is referred to the Quality Assurance Committee for consideration. During the Assessment, the Peer Assessor discusses any identified deficiencies with the Registrant and possible methods to self-remediate. As previously noted, the Quality | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |

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| | | | *Additional comments for clarification (optional)* |
| | | **Measure:**<br>**10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.** | |
| | | a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising. | The College fulfills this requirement: Yes |
| | | | • Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process.<br>• Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process.<br>Registrants who do not complete their continuing education (CE) requirements by submitting their CE and professional development log by the annual September 30th deadline are reviewed by the Quality Assurance Committee. In 2021, the Quality Assurance Committee granted all Registrants who failed to submit or were deficient in meeting their CE requirement an extension until February 28 to remedy and complete the requirement. Registrant CE logs are reviewed by College staff and those that fail to meet the extension requirement are referred to the Quality Assurance Committee who may either grant the Registrant a further extension or deem them as non-compliant with the Quality Assurance Program and require them to undergo a Peer & Practice Assessment. During the reporting year, one Registrant was required to undergo a Peer & Practice Assessment as a result of failing to complete their CE requirement in order to ensure that they have maintained the necessary knowledge, skills and judgment in practising the profession. The Quality Assurance Committee received the Peer Assessor's report of the Registrant and based on the information available deemed the Registrant's knowledge, skills and judgment satisfactory and no additional remediation was required. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item |
| | | | *Additional comments for clarification (if needed)* |

| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 11 | Measure<br>11.1 The College enables and supports anyone who raises a concern about a registrant. | |
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| | | **Required Evidence** | **College Response** |
| | | a. The different stages of the complaints process and all relevant supports available to complainants are:<br>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;<br>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and | The College fulfills this requirement: Yes<br>• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.<br>• Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible.<br>The College's website provides several resources about the formal policies and procedures followed for the complaint process, including:<br>● Complaints-Investigations.<br>● Complaints Process.<br>● How to file a Complaint.<br>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item<br>*Additional comments for clarification (optional)* |

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| | | iii. evaluated by the College to ensure the information provided to complainants is clear and useful. | The College fulfills this requirement: | Yes |
| | | | • Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.<br><br>The Inquiries, Complaints and Reports Committee (ICRC) maintains Program Policies and detailed Procedure Manuals that outline the information required for formal complaints and includes template letters and procedures for requesting additional information. As each complaint is different a panel of the ICRC reviews all materials received and determines if additional relevant information may be required. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |
| | | b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary. | The College fulfills this requirement: | Yes |
| | | | Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).<br><br>The College responds to inquiries within 5 business days 100% of the time. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |

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| | | c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.). | The College fulfills this requirement: | Yes |
| | | | • Please list supports available for public during complaints process.<br>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.<br><br>The College ensures that all of its materials related to the complaints process are available online and in English and French. The College provides all information about the process, options (including alternative dispute resolution), potential outcomes and resources available to all complainants and Registrants either upon request prior to the filing of a formal complaint or, if no inquiry is made in advance, upon receipt of the formal complaint.<br><br>The College has available a telephone translation provider who can provide direct verbal translation over the phone, and the College website staff directory provides information on languages staff members can effectively communicate in for additional assistance | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (optional)* | |
| | | **Measure**<br>**11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.** | | |
| | | a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.). | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process ***OR*** please provide a brief description.<br>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process ***OR*** please provide a brief description.<br><br>The Complaints process on the College website describes expected timeframes and communication to be sent by the College. Confirmation letters issued to complainants contain contact information for the College's relevant staff and reasons for any potential delay. These notices are sent in accordance with s. 28 of the HPPC.<br><br>In addition to regular notices regarding the status of complaints and discipline matters, the College also maintains a listing of all complaints and reports under | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |

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| | | | *Additional comments for clarification (optional)* |
| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 12 | **Measure**<br>**12.1 The College addresses complaints in a right touch manner.** | |
| | | a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol). | The College fulfills this requirement: Yes<br>• Please insert a link to guidance document ***OR*** please briefly describe the framework and how it is being applied.<br>• Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable).<br>The College's ICRC receives annual training form legal counsel ensuring that the Committee is up to date and aware of the most recent changes to legislation and case law.<br>The ICRC program policies were reviewed by the Committee and last revised in 2021. The Committee revised its processes to include the newly developed ADR program into the process and timing. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item |
| | | | *Additional comments for clarification (optional)* |

| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 13 | Measure<br>**13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).** | | |
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| | | a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results. | The College fulfills this requirement: | Yes |
| | | | • Please insert a link to the policy ***OR*** please briefly describe the policy.<br>• Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home').<br><br>The College relies on the exceptions in section 36 of the Regulated Health Professions Act which allows for the disclosure and sharing of information under certain circumstances.<br>In 2021 the College has shared information in following contexts:<br>• Other Ontario Regulators for the purposes of:<br>○ Joint investigations<br>○ Providing information about registrants of other Colleges that came to our attention during an investigation<br>○ Providing information about other regulated health providers holding out as naturopaths and copies of Cease-and-Desist Letters;<br>○ Providing information about College Registrants that may be holding out as other registered practitioners<br>• Other Canadian Naturopathic Regulators:<br>○ When a Registrant applies for registration in another jurisdiction, the College shares information about investigations, decisions and reasons and records of investigations where applicable to suitability to practice;<br>○ Providing information about practitioners in another jurisdiction who may be holding out as being able to practise in Ontario.<br>• Police Services<br>○ Where requested by police the College has provided records of investigations, details of naturopathic practice and records.<br>○ Worked with police services in the collection and seizure of records related to College investigations. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | | | *Additional comments for clarification (if needed)* | |

| DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT | STANDARD 14 | **Measure**<br>**14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.** | |
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| | | **Required Evidence** | **College Response** |
| | | a. Outline the College's KPI's, including a clear rationale for why each is important. | The College fulfills this requirement: Yes |
| | | | • Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included ***OR*** list KPIs and rationale for selection.<br><br>For its evaluation the College uses KPI's that are in the annual Operational Plan. The Operational plan ensures we fulfill our core mandate to protect the public and oversee the practice of naturopathy. To achieve this, each indicator in the Operational Plan is weighted equally. This plan is broken out into 4 components:<br><br>Part 1: Regulate the Profession.<br>This section of the Operational Plan sets out the mandatory operational activities that are regulatory in nature that must be undertaken by the College in order to fulfill its legal mandate. The activities set out in this section and their key performance indicators align with the Regulatory Operations Report that the Council receives at each regularly scheduled Council meeting.<br><br>Part 2: Governance<br>This section sets out the governance activities in which the College staff engage to support the governance processes of the Council and its Committees. Good |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item |

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| | | | *Additional comments for clarification (if needed)* |
| | | b. The College regularly reports to Council on its performance and risk review against:<br>i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan);<br>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and<br>iii. its risk management approach. | The College fulfills this requirement: Yes<br>• Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes.<br>The Council receives the Regulatory Operations Report six times per year as part of each of its meetings. As part of this report, the Chief Executive Officer (CEO) reminds the Council that this oversight report is provided to allow them to ensure that all regulatory activities are being undertaken as required and provides explanations when they are not. For example, during COVID-19, there were periods when the report indicated no exams were delivered and no candidates had sat the exam. This was explained as being the result of COVID-19; however, had no explanation been offered, Council would have made the necessary enquiries. In terms of risk, this report allows the Council to assess the risk of non-compliance with the College's mandate and to address with the CEO longer term impacts.<br>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item<br>*Additional comments for clarification (if needed)* |

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| **Measure**<br>**14.2 Council directs action in response to College performance on its KPIs and risk reviews.** | | |
| a. Council uses performance and risk review findings to identify where improvement activities are needed. | The College fulfills this requirement: | Yes |
| | • Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.<br>Improvement opportunities are presented to the Council for every item on its agendas throughout the year. The following summarizes these opportunities.<br>1. When the Council receives the draft Operational Plan and the draft Capital and Operational budgets, it is presented with the opportunity to consider the | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | *Additional comments for clarification (if needed)* | |
| **Measure**<br>**14.3 The College regularly reports publicly on its performance.** | | |
| a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website. | The College fulfills this requirement: | Yes |
| | • Please insert a link to the College's dashboard or relevant section of the College's website.<br>All reports tabled with the Council are made available presently as part of the Council meeting materials agenda and packages on the website. In addition, the operational plans are also made available in the resource library of the College's website | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item |
| | *Additional comments for clarification (if needed)* | |

## Part 2: Context Measures

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

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

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

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

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

**Table 1 – Context Measure 1**

| DOMAIN 6: SUITABILITY TO PRACTICE | |
|---|---|
| **Standard 11** | |
| Statistical data collected in accordance with the recommended method or the College's own method: Recommended<br>*If a College method is used, please specify the rationale for its use:* | |
| Context Measure (CM) | |
| CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021* | |
| Type of QA/QI activity or assessment: | # |
| i. Continuing Education Reporting | 490 |
| ii. *Self-Assessment* | 1510 |
| iii. Peer & Practice Assessment | 54 |
| iv. *<Insert QA activity or assessment>* | |
| v. *<Insert QA activity or assessment>* | |
| vi. *<Insert QA activity or assessment>* | |
| vii. *<Insert QA activity or assessment>* | |
| viii. *<Insert QA activity or assessment>* | |
| ix. *<Insert QA activity or assessment>* | |
| x. *<Insert QA activity or assessment>* | |

***What does this information tell us?*** *Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).*

*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.*

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

## Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 11**

Statistical data collected in accordance with the recommended method or the College own method: Recommended

*If a College method is used, please specify the rationale for its use:*

| **Context Measure (CM)** | | | |
|---|---|---|---|
| | # | % | ***What does this information tell us?*** *If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*<br><br>*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.* |
| **CM 2.** Total number of registrants who participated in the QA Program CY 2021 | 2038 | | |
| **CM 3.** Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021. | 1 | 0.005 | |

*NR*

*Additional comments for clarification (if needed)*

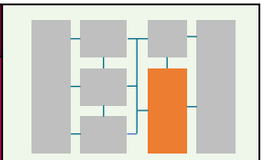
Total number of Registrants that participated in the Continuing Education & Professional Development Reporting: 485
Total number of Registrants that participated in the Self-Assessment: 1510
Total number of Registrants that participated in the Peer & Practice Assessment: 43

Ordered Peer & Practice Assessments: 1

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 11**



Statistical data collected in accordance with the recommended method or the College's own method: Recommended

*If a College method is used, please specify the rationale for its use:*

| **Context Measure (CM)** | | | |
|---|---|---|---|
| **CM 4.** Outcome of remedial activities as at the end of CY 2021:** | # | % | ***What does this information tell us?*** *This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.* |
| I. Registrants who demonstrated required knowledge, skills, and judgment following remediation* | 1 | 100 | |
| II. Registrants still undertaking remediation (i.e. remediation in progress) | 0 | 0 | |

*NR*

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.*

***This number may include any outcomes from the previous year that were carried over into CY 2021.*

*Additional comments for clarification (if needed)*

## Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 13**

Statistical data is collected in accordance with the recommended method or the College's own method: Recommended

*If a College method is used, please specify the rationale for its use:*

**Context Measure (CM)**

| **CM 5.** Distribution of formal complaints and Registrar's Investigations by theme in CY 2021 | Formal Complaints received | | Registrar Investigations initiated | |
|---|---|---|---|---|
| Themes: | # | % | # | % |
| I. Advertising | 2 | 5 | 13 | 35 |
| II. Billing and Fees | 3 | 7.5 | 1 | 3 |
| III. Communication | 7 | 17.5 | 0 | 0 |
| IV. Competence / Patient Care | 8 | 20 | 0 | 0 |
| V. Intent to Mislead including Fraud | 3 | 7.5 | 0 | 0 |
| VI. Professional Conduct & Behaviour | 5 | 12.5 | 12 | 32 |
| VII. Record keeping | 2 | 5 | 0 | 0 |
| VIII. Sexual Abuse | 2 | 5 | 0 | 0 |
| IX. Harassment / Boundary Violations | 4 | 10 | 0 | 0 |
| X. Unauthorized Practice | 4 | 10 | 11 | 30 |
| XI. Other *<please specify>* | 0 | 0 | 0 | 0 |
| **Total number of formal complaints and Registrar's Investigations**** | 40 | **100%** | 37 | **100%** |

***What does this information tell us?*** *This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*

| | |
|---|---|
| Formal Complaints<br>NR<br>Registrar's Investigation<br>*** The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.* | |
| *Additional comments for clarification (if needed)* | |

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

DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 13**

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

*If a College method is used, please specify the rationale for its use:*

| Context Measure (CM) | | | |
|---|---|---|---|
| **CM 6.** Total number of formal complaints that were brought forward to the ICRC in CY 2021 | 23 | | *What does this information tell us?* *The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee.* |
| **CM 7.** Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021 | 22 | | |
| **CM 8.** Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2021 | 18 | | |
| **CM 9.** Of the formal complaints and Registrar's Investigations received in CY 2021**: | # | % | |
| I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR) | 0 | 0 | |
| II. Formal complaints that were resolved through ADR | 0 | 0 | |
| III. Formal complaints that were disposed of by ICRC | 6 | 26 | |
| IV. Formal complaints that proceeded to ICRC and are still pending | 17 | 74 | |
| V. Formal complaints withdrawn by Registrar at the request of a complainant | 0 | 0 | |
| VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious | 0 | 0 | |

| | | | |
|---|---|---|---|
| VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee | 0 | 0 | |

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

*# May relate to Registrar's Investigations that were brought to the ICRC in the previous year.*

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

*Additional comments for clarification (if needed)*

## Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 13**

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

*If a College method is used, please specify the rationale for its use:*

| **Context Measure (CM)** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **CM 10.** Total number of ICRC decisions in 2021 | | | | | | | |
| Distribution of ICRC decisions by theme in 2021* | # of ICRC Decisions++ | | | | | | |
| Nature of Decision | Take no action | Proves advice or recommendations | Issues a caution (oral or written) | Orders a specified continuing education or remediation program | Agrees to undertaking | Refers specified allegations to the Discipline Committee | Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws. |
| I. Advertising | 2 | 11 | 3 | 2 | 0 | 2 | 0 |
| II. Billing and Fees | 1 | 0 | 1 | 1 | 0 | 1 | 0 |
| III. Communication | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| IV. Competence / Patient Care | 1 | 2 | 1 | 2 | 0 | 1 | 0 |
| V. Intent to Mislead Including Fraud | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| VI. Professional Conduct & Behaviour | 3 | 2 | 6 | 2 | 0 | 3 | 0 |
| VII. Record Keeping | 0 | 1 | 1 | 6 | 0 | 1 | 0 |
| VIII. Sexual Abuse | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| IX. Harassment / Boundary Violations | 1 | 0 | 0 | 0 | 0 | 1 | 0 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| X. | Unauthorized Practice | 2 | 2 | 2 | 0 | 0 | 3 | 0 |
| XI. | Other <*Delegation & Conflict of Interest*> | 1 | 2 | 2 | 0 | 0 | 0 | 0 |

** Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2021.*

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

*NR*

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

*Additional comments for clarification (if needed)*

**Table 7 – Context Measure 11**

| DOMAIN 6: SUITABILITY TO PRACTICE | | |
|---|---|---|
| **Standard 13** | | |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended<br><br>*If College method is used, please specify the rationale for its use:* | | |
| **Context Measure (CM)** | | |
| **CM 11.** 90th Percentile disposal of: | Days | ***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*<br><br>*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.* |
| I. A formal complaint in working days in CY 2021 | 192 | |
| II. A Registrar's investigation in working days in CY 2021 | 184 | |
| Disposal | | |
| *Additional comments for clarification (if needed)* | | |

**Table 8 – Context Measure 12**

| DOMAIN 6: SUITABILITY TO PRACTICE | | |
|---|---|---|
| **Standard 13** | | |
| Statistical data collected in accordance with the recommended method or the College's own method: Recommended<br>*If a College method is used, please specify the rationale for its use:* | | |
| **Context Measure (CM)** | | |
| **CM 12.** 90th Percentile disposal of: | Days | ***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.*<br><br>*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.* |
| I. An uncontested discipline hearing in working days in CY 2021 | 388 | |
| II. A contested discipline hearing in working days in CY 2021 | 0 | |
| Disposal<br>Uncontested Discipline Hearing<br>Contested Discipline Hearing | | |
| *Additional comments for clarification (if needed)* | | |

## Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 13**

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

*If College method is used, please specify the rationale for its use:*

| **Context Measure (CM)** | | |
|---|---|---|
| **CM 13.** Distribution of Discipline finding by type* | | |
| Type | | # |
| I. | Sexual abuse | 0 |
| II. | Incompetence | 0 |
| III. | Fail to maintain Standard | 3 |
| IV. | Improper use of a controlled act | 0 |
| V. | Conduct unbecoming | 1 |
| VI. | Dishonourable, disgraceful, unprofessional | 3 |
| VII. | Offence conviction | 0 |
| VIII. | Contravene certificate restrictions | 1 |
| IX. | Findings in another jurisdiction | 0 |
| X. | Breach of orders and/or undertaking | 0 |
| XI. | Falsifying records | 0 |
| XII. | False or misleading document | 1 |
| XIII. | Contravene relevant Acts | 1 |

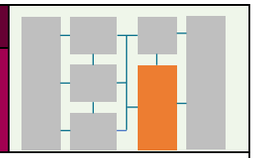
***What does this information tell us?*** *This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*

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

## Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 13**



Statistical data collected in accordance with the recommended method or the College own method: Recommended

*If a College method is used, please specify the rationale for its use:*

| **Context Measure (CM)** | | |
|---|---|---|
| **CM 14.** Distribution of Discipline orders by type* | | |
| Type | # | |
| I. Revocation | 0 | ***What does this information tell us?*** *This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.* |
| II. Suspension | 2 | |
| III. Terms, Conditions and Limitations on a Certificate of Registration | 2 | |
| IV. Reprimand | 3 | |
| V. Undertaking | 1 | |

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

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
*NR*

*Additional comments for clarification (if needed)*

# Glossary

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

Return to:-Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

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

Return to: Table 4, Table 5

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

Return to: Table 10

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

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 8

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

Return to: Table 10