CPSO

Serving the people of Ontario through effective regulation of medical doctors

College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

1	**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

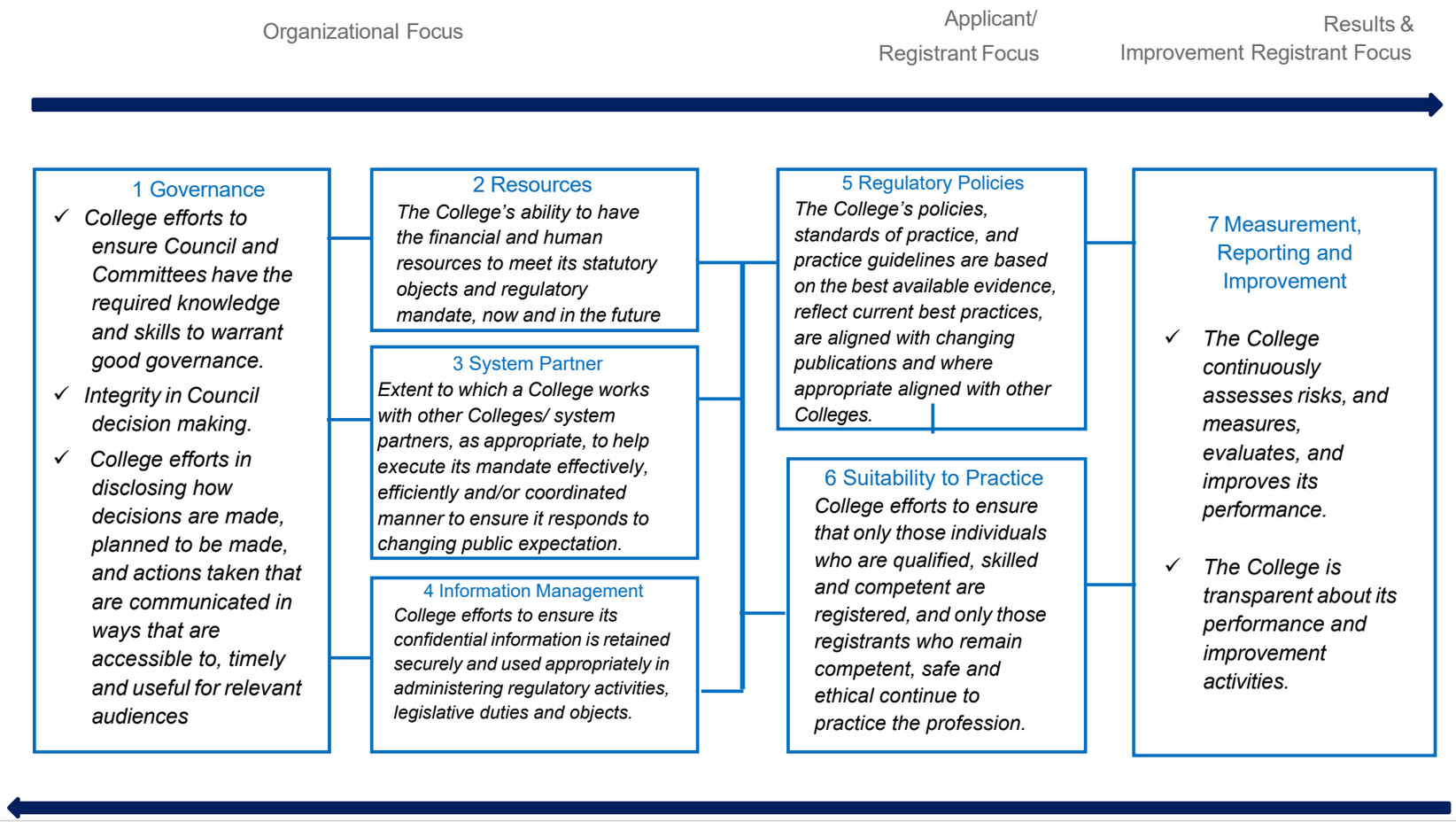

Figure 2: CPMF Domains and Standards

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 third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with 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 Tool 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 for regulatory excellence can be refined and improved. Finally, the results 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 2022 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 2021 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 will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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

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

What has changed in 2022?

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

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

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Part 1: Measurement Domains

	Measure: **1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.**	
DOMAIN 1: GOVERNANCE	STANDARD 1	
	Required Evidence	**College Response**
	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement: Yes • The competency and suitability criteria are public: Choose an item. *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* As outlined in the 2021 CPMF report (p.9), CPSO sets out both minimum eligibility requirements to determine the suitability of professional members of Council, as well as desired competencies that are highlighted as part of any call for nominations. Minimum eligibility requirements (or exclusion criteria) are set out in s. 13(1) of CPSO's General By-law (pp. 7-8). These set out foundational criteria to assess suitability and include requirements that potential members not be the subject of any disciplinary or incapacity proceeding; that they not, and have not been within one year before the date of the election, a director or officer of any major stakeholder organization (e.g. the Ontario Medical Association); that they are not, and have not been within five years before the date of the election, an employee of the College; and so on. Provided a professional member candidate meets the minimum eligibility requirements for Council, he or she is then assessed in accordance with CPSO's competency framework. In 2020, a Council Profile was developed and approved by Council, including diversity attributes, technical skills and behavioural competencies that Council members should possess to ensure that Council can carry out its strategic objectives. As part of the election process to Council, professional members are asked to highlight in their nomination statement the skills and experience they bring as they relate to the Council Profile. Finally, the submitted nomination packages are reviewed by the Governance Committee prior to their publication to confirm suitability with eligibility requirements.

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

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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. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. As outlined in the 2021 CPMF report (p. 10), all professional members who wish to stand for election must complete CPSO's Governance Orientation eLearning Program, approximately 1-1.5 hours in duration. The online program can be completed at the professional member's desired pace and includes a combination of presented information, case studies, and quizzes to provide opportunities to demonstrate the knowledge gained. Staff are also available to connect with professional members to answer questions or clarify any information provided in the Governance Orientation eLearning Program. The list of training modules for professional members include: Introduction to the College; By-Laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; A Day at Council; and Council Election Process.	
			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: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• The competency and suitability criteria are public: Choose an item. • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* As outlined in the 2021 CPMF report (p. 10), CPSO sets out skills and qualifications that are expected of all Committee members. Statutory committees are comprised of Council members as well as non-Council members. As for professional members of Council (outlined above in 1.1.a.i.), CPSO outlines both minimum eligibility requirements to determine the suitability of professional members of committee, as well as desired competencies that are highlighted as part of any call for applications.	

			Minimum eligibility requirements (or exclusion criteria) are set out in s. 35(1) of CPSO's General By-law (pp. 20-21). These set out foundational criteria to assess an individual's suitability to sit on committee and include requirements that potential members not be the subject of any disciplinary or incapacity proceeding; that their certificate of registration not have been revoked or suspended in the six years preceding the date of the appointment; and so on. In addition, s. 36(1) of the By-law sets out separate grounds that would disqualify a professional committee member from sitting on committee. Provided a candidate meets the minimum eligibility requirements, he or she is then evaluated against the competency framework and specific needs identified by the particular committee When appointing a Council member to statutory committees, the Governance Committee considers the member's skills, experience and commitment and makes appointments based on the competencies required for the statutory committee. The Governance Committee recruits non-Council members to statutory committees using competencies, qualifications, and suitability criteria that the particular committee requires, which are publicly available on CPSO's website when committee vacancies are posted. Using the Council Profile as a model, CPSO continues to develop and refine the skills, competencies and diversity attributes for each statutory committee to better inform the recruitment and appointment process. In 2022, the committee application process was also improved and a new survey that assessed minimum eligibility requirements and the applicant's skills and competencies was used. This also included the adoption of new questions to collect demographic information, in line with EDI best practices. The survey can be found online here.

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			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		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. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee. As outlined in the 2021 CPMF report (p. 10), all new committee members must complete CPSO's Governance Orientation eLearning Program prior to beginning their committee work. The online program provides a robust orientation to CPSO, its governance structure and the role of a committee member. The program is approximately 1-1.5 hours in duration and can be completed in one sitting or at the member's desired pace. The program includes a combination of presented information, case studies and quizzes to provide opportunities to apply the knowledge gained. Staff are also available to connect with members to answer any questions or clarify any information provided in the Governance Orientation eLearning Program. For non-Council committee members, the list of training modules include: Introduction to the College; By-Laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; Council Overview; and A Day at Committee. (The training modules for publicly-appointed Council members, who are cross-appointed to various statutory committees, are covered below in 1.1.c.) Depending on the committee, there may be additional training provided to committee members to support their work. The committee specific orientation topics were outlined in the 2021 CPMF report (p. 11).	
			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:	Met in 2021, continues to meet in 2022
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. CPSO continues to meet this requirement and has comprehensively outlined the training provided in the 2021 CPMF report (p.13).	
			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: **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: i. Council meetings; and ii. Council.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please provide the year when Framework was developed ***OR*** last updated. • Please insert a link to Framework ***OR*** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* CPSO continues to meet this requirement and has comprehensively outlined the training provided in the 2020 CPMF report (p. 16). More information is offered in section 1.2.c below.	
	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 framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. Over the last 5 years, CPSO has engaged a third party to conduct a targeted evaluation of Council's effectiveness once, in 2020. Council also conducts an annual assessment and made changes to this process in 2022 to adopt a multi-modal approach to soliciting feedback and engagement into the process. More information about this process can be found in the September Council Materials (p. 166).	
			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. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); 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 and indicate the page numbers.
			• Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR***
			• Please briefly describe how this has been done for the training provided over the last calendar year.
			
			Each Council meeting concludes with an informal Meeting Reflection Session so that Council members may share observations about the effectiveness of the meeting and the engagement of members. Certain CPSO committees (e.g., Executive Committee and Governance Committee) conclude in the same fashion. In addition, Council members are requested to complete a survey following each Council meeting to assess the appropriateness of the meeting agenda, the effectiveness of the conduct of the meeting, the adequacy of background materials, and the level of support provided by Council support staff. Members are also specifically prompted to provide information about areas they feel Council should focus on in the future. Results from these surveys are collected by senior CPSO staff to develop and enhance subsequent Council agenda topics relating to education and training.
			
			In 2020, the Governance Committee initiated education on equity, diversity, and inclusion issues for its Committee. With the creation of an EDI role and strategy within CPSO, a broader education and training program for all committees and Council was initiated. The new Governance Orientation eLearning Program, described above in 1.1., was designed so that all new Council and committee members receive the necessary resources and training to embed EDI into the work they do.
			
			Over the course of 2022, a number of virtual education sessions were conducted with Council and Committee members. External speakers were invited to share their expertise and lived experience of topics including anti-Black racism and 2SLGBTQIA+ health and how we can embed an equity analysis into our work. These 1.5-2 hour sessions were extremely well-received by attendees. The list of sessions is outlined below:
			• Rainbow Health Ontario (RHO): Providing safe, inclusive care to 2SLGBTQIA+ communities
			  ○ Asynchronous Interactive training modules (March-May)
			  ○ Synchronous session (May 9, 2022)
			• Dr. Natasha Johnson: Anti-black racism in health care regulation (November 10 and December 1, 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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		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. 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 and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. As outlined in the 2021 CPMF report (pp.16-17), CPSO work relating to EDI began in earnest in 2020. More information about CPSO's EDI strategy can be found here. Education for Council and Committee Members is outlined above in 1.2.c. Training and education for staff included: • Investigations and Resolution Staff participated in training on "Building a Culturally Safe Complaints Process for Indigenous Patients" hosted by Dr. James Makokis, Dr. Jean Langley, and Elders Priscilla and Leo McGilvery. • Many staff members completed Rainbow Health Ontario (RHO): Providing safe, inclusive care to 2SLGBTQIA+ communities program. • Senior Management Team attended a presentation by the Chief Coroner on how the Office of the Coroner created a more culturally safe death investigation system for Indigenous communities, and discussed how those approaches may be of benefit to regulatory EDI work. At the December 2022 Council Meeting, an update on all EDI related activities was provided to Council along with the publishing of the 2022 EDI report online. Additional information about how public expectations are ascertained and used to support decision-making is outlined below in Standard 5 and 6.	
			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: **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: 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 <u>Further clarification:</u> 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 • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. As outlined in the 2021 CPMF report (p. 17), both the Council Code of Conduct and the Conflict of Interest Policy were updated and approved by Council in December 2021. The Code of Conduct was revised to reflect evolving expectations pertaining to email and technology use as a result of the virtual work environment and the Conflict of Interest policy was updated to require Council Members to declare any conflicts or affirm that they have none to declare. In September 2022, the Council and Committee Code of Conduct and Declaration of Adherence were once against updated to reflect evolving expectations pertaining to the use of social media and technology in an increasingly digital world. Changes can be found in Council's September 2022 materials (pp. 117-135). Council members continue to be required to confirm whether they have any conflicts of interest to declare, both annually and in relation to each specific item considered at 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)*

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy ***OR*** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 18). Relevant documents can be accessed here.	
			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). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Cooling off period is enforced through: Choose an item. • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; ***OR*** – Where not publicly available, please briefly describe the cooling off policy. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 18). Relevant requirements are set out in Section 13 (1) (g) of CPSO's by-laws.	

			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. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest 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. • 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: Choose an item. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 19). CPSO has a Declaration of Adherence that all Council members are asked to review and complete on an annual basis. The Declaration of Adherence is reviewed annually to ensure it reflects leading governance best practices (the document can be accessed here). Included among the Declaration of Adherence material is a Conflict of Interest form that requires members to identify any potential conflicts of interest. Council members are reminded at each meeting of the potential for conflicts of interest and are prompted to identify any existing or new conflicts of interest that relate to the agenda items being discussed. Staff proactively monitor and work with the President to proactively identify any potential conflicts of interest and work with Council Members as needed.	
			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)	

		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:	Met in 2021, continues to meet in 2022
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p.20). All briefing notes at Council include a statement of the public interest rationale. Council meeting materials are posted online here.	
			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)	

		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. Further clarification: 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. 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.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed. • 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 and indicate page number. CPSO provided a comprehensive response in our 2021 CPMF report (pp. 20-21). A high-level overview is provided below. CPSO actively participates in the Federation of Medical Regulatory Authorities of Canada (FMRAC) Integrated Risk Management System (FIRMS). This is a risk management tool used by Canadian medical regulatory authorities (MRAs), with valuable contributions from the Healthcare Insurance Reciprocal of Canada (HIROC). FIRMS provides a model and framework for ongoing integrated risk management and quality improvement across a number of domains (e.g., registration, complaints, facilities, governance, etc.). FIRMS is a voluntary, continuous, systematic process to understand, manage and communicate risk within the CPSO and among MRAs. The framework supports strategic decision making to fulfill the organizational mandate. To help ensure integrated risk management and due diligence, CPSO has incorporated FIRMS into day-to-day operational decisions. The results from FIRMS are reviewed annually and the tool is updated every year, if not sooner as in the case of changing/pending/threatening risks (e.g. COVID, cybersecurity risks). Moreover, the CPSO's new Enterprise Management System, for which rollout began in 2020 and concluded in 2022, consolidates and shores up multiple databases/systems to support data integration across the organization. This includes the implementation of Solis (CPSO's member database), Vault (CPSO's document management system), and the new Finance and Operations (F&O) system. In moving all CPSO data to the cloud, it also minimizes cybersecurity risk and duplication, supports improved data quality (consistency across systems), supports improved registrant and case management, and enables a single source of information.	
			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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		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.	*Additional comments for clarification (if needed)*

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DOMAIN 1: GOVERNANCE	STANDARD 3	Measure: 3.1 Council decisions are transparent.	
		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: Met in 2021, continues to meet in 2022 • Please insert a link to the webpage where Council minutes are posted. • 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. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 21). Relevant CPSO Council materials include minutes from previous minutes and are posted online: https://www.cpso.on.ca/About/Council/Council-Meetings *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 following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. As outlined in the 2021 CPMF report (p. 22), CPSO's Executive Committee Terms of Reference are available online. Regular meetings are scheduled throughout the years and from time to time there may be ad hoc meetings to address time sensitive matters, for example timely committee appointments to statutory committees so that they can carry out their work effectively. As outlined in our General By-Law, section 29(4), decisions that will be ratified by Council are generally required to be discussed with the Executive Committee first: The council shall, and may only, consider,(a) at a special meeting, the matter for decision at the meeting contained in the requisition deposited with the registrar; (b) at a regular meeting, a motion made and seconded in writing, (i) on behalf of the executive committee; (ii) in a report by a committee which has received prior review by the executive committee; (iii) of which a notice of motion was given by a councillor at the preceding council meeting; or 17 (iv) which the councillors agree to consider by a two-thirds vote of those in attendance; and (c) at any meeting, routine and procedural motions in accordance with the rules of order. Thus, when matters such as policy reviews come to Council, they have been reviewed first by the Executive Committee. In situations where the Executive Committee has acted on behalf of Council, those decisions are communicated to Council members and to the public in the Executive Report that is included in subsequent Council meeting materials. Click here to see an example of the Executive Committee Report (p. 29).	Yes
			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)

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Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	**College Response**	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 22). Upcoming Council meetings, notice of meeting and past Council materials can be accessed here.	
	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:	Met in 2021, continues to meet in 2022
	• Please insert a link to the College's Notice of Discipline Hearings. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 23). Upcoming meetings are posted here.	

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	
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:	Yes

- Please insert a link to the College's DEI plan.
- Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.

As the 2021 CPMF report demonstrates (pp. 23-25), CPSO has developed and implemented a significant EDI strategy that is supported by and resourced through CPSO's annual budget which Council approves each December (see December 2022 Council meeting materials, with specific reference to pages 251-257).

As reported in 2021, CPSO's EDI plan is grounded in the principles of CPSO's Strategic Plan, including meaningful engagement, quality care, continuous improvement. Each year the EDI work focuses on particular equity themes or topics, to ensure that the nuances and specific challenges experienced by different equity seeking groups are appropriately understood and addressed. In 2022, these themes were 2SLGBTQ+ health and anti-Black racism. These core priorities are supported by our EDI work from an engagement, process/program, and quality perspective. Through 2022, specific education and training opportunities were also offered to staff in divisions across CPSO. Overwhelmingly, the response was positive, and staff reported that they would use these learnings in their everyday work. In addition to those activities outlined above in Section 1.2 (c), specific education and training opportunities offered as part of a *Lunch and (Un)Learn* series included:

- Dr. Blair Bigham – 2SLGTQIA+ based microaggressions in the workplace and in healthcare
- Dr. Chase McMurren – Indigenous Health
- Dr. Carys Massarella – Trans Health
- Dr. Ayelet Kuper – Anti-Semitism

			Council is presented with an annual overview of all EDI related activities, as well as an overview of the strategic direction for the coming year. This occurred most recently at the December 2022 Council 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)

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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. Further clarification: 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:	Yes

- Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number ***OR*** please briefly describe how the College conducts Equity Impact Assessments.
- 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.

As the 2021 CPMF report demonstrates (p. 24), CPSO actively assesses the impact of decision-making from an equity perspective in our policies, processes, and decision-making. Several examples follow and additional details can also be found within our 2022 EDI Report.

Citizen's Advisory Group
The Citizen Advisory Group (CAG) helps to bring the patient voice and perspective to healthcare regulation in Ontario. The CAG is made up of patients and caregivers from across the province and provides essential feedback on important regulatory issues such as standards of practice, professional rules, policies, strategic priorities, and communications directed at the public. Ongoing recruitment efforts have been successful in adding new members from equity seeking and previously underrepresented group. The work of this group is more comprehensively outlined in Measures 5, 6, and 8 below demonstrating how the feedback received helps to assess the impact of regulatory decision-making.

FMRAC Statement on Anti-Indigenous Racism
CPSO's EDI Lead Dr. Saroo Sharda continued her role with the Federation of Medical Regulatory Authorities of Canada's (FMRAC) anti-discrimination working group. CPSO attended FMRAC's annual conference, where Dr. Sharda gave a presentation titled, "How to Embed Anti-Racism into Medical Regulatory Work. FMRAC also recently approved the anti-discrimination Working Group's Framework on *Wise Practices and Medical Regulation: Towards an Equitable and Safe Experience for Indigenous People.*

Patient and Public Help Centre
CPSO continues to offer audio interpretation service to patients calling CPSO, enabling communication in 240 languages, including the three most commonly spoken Indigenous languages in Ontario. The interpreter can facilitate communication, and ensure any questions or concerns are accurately presented. These languages were added to help support the public and communities and to address the impact of inequity.

Building a Culturally Safe Complaints Process for Indigenous Patients
Building on supportive training and the provision of resources to ICRC Committee Members as outlined in the 2021 CPMF Report (p. 25), CPSO staff working in the Investigations & Resolutions division participated in training led by Dr. James Makokis, Dr. Jean Langley, and Elders Priscilla and Leo McGilvery to help support the development of a culturally safe complaints process for Indigenous complainants.
More information is provided in Standard 5 and 6 below.

			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 2: RESOURCES	STANDARD 4	**Measure:** **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	
a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. CPSO's Strategic Plan grounds all Council activity. Most notably, each Council meeting begins with a reminder regarding our strategic plan and common focus including a report from the Registrar & CEO on how CPSO is advancing each element of the Strategic Plan through ongoing work and monitoring a number of Key Performance Indicators. All Council Briefing Notes indicate how the item or decision is related to the strategic plan. CPSO's budget process outlines the associated costs of all College activities to ensure the College is appropriately resourced to deliver on the strategic plan. The budget, approved by Council in December 2022, can be found in these materials beginning at pages 251-258.	
	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: 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 ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 27). The Financial Reserve Fund Policy was approved in September 2020.	
			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)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: 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). *Benchmarked Evidence*	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.
- Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.

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.

As outlined in the 2021 CPMF report (p. 28), operational policies, being operational in nature, are not generally issues for Council decision-making. With that said, CPSO has a recruitment policy to address current and future staffing needs, posted internally. In addition, CPSO ensures organizational success with a sustainable human resource complement through a number of processes and tools, including position management practices within the Human Resources department and the annual budget planning process. The latter is designed to ensure that managers and directors plan staffing requirements for the following year, taking to account new and upcoming vacancies and departmental budgets.

Every year, as part of Budget process, current and projected staffing needs are identified and assessed by the Finance and Audit Committee. Decisions of the Committee relating to staffing are then presented to Council for approval. The 2023 budget, approved by Council in December 2022, can be found in these materials beginning on page 251-257.

In addition, during the CEO/Registrar's annual performance review, the Executive Committee and Council see the balanced scorecard, a strategy performance management tool that includes a review of the Key Performance Indicators and feedback from stakeholders, Council surveys and assessments, and staff engagement surveys. In that review, Council has opportunity to discuss any succession planning, HR, and resources concerns it may have.

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

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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. As outlined in the 2021 CPMF report (p. 29), all CPSO electronic data has been migrated from on premises servers to the cloud, which started in 2019 and completed in early 2022. Moving to the cloud has enabled the CPSO to manage data and access through various governance models and protect with multiple layers of security. All member data that has been migrated to the cloud has also received an updated security model that does not allow devices that no longer meet the security requirements to access the system. All CPSO users are required to use CPSO managed and issued devices to work on the internal CPSO systems or technology that meet our security standards. All CPSO users also use Multi-Factor Authentication for additional security. Finally, all Council and Committee members are required to adhere to the CPSO's technology policies as outlined in the Declaration of Adherence that they are required to sign on an annual basis. These were last updated in December 2021 (p. 108).	
			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 *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.* *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.*
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. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. 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.** 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: • *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.).* As outlined in the 2020 (p. 25) and 2021 CPMF reports (pp. 30-33), System Collaboration is one of the five elements of CPSO's Strategic Plan. To achieve system collaboration, CPSO continues to develop open and collaborative relationships that support a connected health system and promote interprofessional collaboration and share best practices. Health Profession Regulators of Ontario: CPSO frequently collaborates with other health regulatory Colleges through the Health Profession Regulators of Ontario (HPRO). CPSO attends and participates in regular board meetings and biweekly information-sharing sessions to share resources, practices, and learnings. Where possible, we seek and maximize opportunities to achieve consistency across our regulatory functions. In 2022, significant engagement occurred on issues of Governance Modernization to learn from system partners (this supported materials Council in March 2022 page 47) and as part of both the RHPA Registration Requirements regulation consultation and engagement and in response to request from the Minister of Health to expedite licensing of out of province and internationally trained health care professionals.

	CPSO also participates in HPRO's Practice Advisors network, designed for practice advisors across the different Ontario health regulatory bodies to share experiences, learnings, and issues across the colleges. For example, a college may be developing or implementing a new internal policy/protocol or external policy, and they may ask other colleges for feedback on their implementation process or policy. This work directly contributes to and promotes alignment between colleges on key practice issues. All policy reviews include a jurisdictional scan looking at alignment with other health/medical regulatory authorities as appropriate, and this can involve outreach to and collaboration with other health regulatory colleges on specific issues and files. In 2022, CPSO's *Dispensing Drugs* policy was finalized and engagement with the Ontario College of Pharmacists was undertaken as part of the review to ensure alignment of the core expectations. Additionally, when undertaking a review of CPSO's *Physicians Relationships with Industry* policy, particular attention was paid to how other health regulators in Ontario manage these relationships and other conflicts of interest contributing to the development of a draft version of the policy approved for consultation in December 2022 (pp. 189-206). CPSO conducts regular scheduled meetings with the Ontario Medical Association, the CMPA and the Ontario College of Family Physicians. These meetings allow CPSO to share updates and perspectives on emerging or developing policy and practice issues. Over the last three years, it has also allowed CPSO to develop and promote consistent messaging to help physicians understand practice expectations and respond in a pandemic environment or other emerging issues. CPSO is also a member of the Federation of Medical Regulatory Authorities of Canada (FMRAC) with the CPSO Registrar & CEO assuming the role of President in 2022. As part of this work • CPSO Medical Advisor and Equity, Diversity, and Inclusion (EDI) Lead Dr. Saroo Sharda is a member of the national working group (the FMRAC Working Group on Anti-Racism) leading this work which developed a *Framework on Wise Practices and Medical Regulation*. • CPSO also participated in the development of a *Framework for Virtual Care* to support alignment nationally on key issues and will be publishing a patient companion resource on virtual care informed by work undertaken by other medical regulatory authorities. In 2022 significant system collaboration with government, the OMA, and other system stakeholders also occurred in response to the pressing needs associated with health human resource shortages. This includes responding to requests from the Minister of Health outlining several longer terms and shorter term opportunities to increase physician supply and better integrate physicians who have trained or been educated elsewhere. We introduced a new Temporary Class of Licensure to support inter-jurisdictional mobility within Canada and worked with Ontario Health and Health Workforce Ontario to support the expedient licensure of individuals providing temporary coverage to prevent closures in rural and remote parts of the province. We also supported the early development of a Practice Ready Assessment program in preparation for significant work in 2023. The CPSO's EDI Lead was invited to present this work as a Master Class at the 2022 CNAR conference in October 2022. The workshop shared the CPSO's process and addressed how to identify and address racism and discrimination in professional practice. It was highly rated by participants.

	Finally, CPSO administers and Chairs the Citizen Advisory Group (CAG), a partnership of over 20 health colleges that serves as a forum to consult with patients and the public, and facilitates collaboration between the colleges on a variety of issues of policy and practice. Through 2022, CPSO has worked with the CAG partnership to mature the CAG, including by implementing member Terms of References and a Code of Conduct. This content is being co-developed with CAG members and demonstrates an effort to use member engagement to improve the quality of that engagement. In 2022 CPSO supported Partner Colleges by developing engagement activities 14 times over the course of 2022 including both online surveys and focus groups. **Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.** *The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.* *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).* As with the 2021 CPMF report (pp. 32-33), all of the collaborative work highlighted above in Standard 5 also apply to Standard 6 as examples of our efforts to serve the people of Ontario through effective medical regulation, demonstrating our commitment to being accountable and responsive to the public. CPSO also regularly engages with health system stakeholders specifically to respond to changing public/societal expectations. While not an exhaustive list, a few different examples are included to highlight the breadth of partners, including patients/the public, with whom CPSO engages. Building on work undertaken in 2021 to better serve patients living in Indigenous communities, CPSO continues to build a relationship with the Nishnawbe Aski Nation (NAN) to support the development of a relationship accord that will guide the partnership between NAN and CPSO as NAN proceeds with their Health Transformation process. This allows both parties to develop mutually supported initiatives to enable the NAN territory to build capacity and transform the experiences for the First Nations people within the health system. CPSO's EDI Lead has had multiple meetings with NAN and we expect to finalize this accord in 2023. CPSO has also met with the Chiefs of Ontario and our EDI Lead has been invited to present at their Health Forum in 2023. Ongoing conversations with the Black Physicians Association of Ontario, Black Education Health Collaborative, Rainbow Health Ontario, and National Indigenous Consortium of Medical Education have and will continue to occur to support system wide collaboration on EDI issues.

	Our EDI Lead also collaborated with multiple other stakeholders and partners in 2022 and was invited to speak at multiple events. A list of these stakeholders and events can be found in the 2022 EDI Report (pp. 5, 16-17). While the nature of the pandemic changed significantly during 2022, CPSO remained committed to continuously updating the guidance and information we were sharing with physicians and the public. This included significant updates in the fall of 2022 when paediatric hospitals were facing significant challenges. Specific guidance was issued to support moving patients throughout the system by utilizing physicians in a manner that may fall outside their typical scope of practice and supporting access to care for patients. In addition, CPSO administers and Chairs the Citizen Advisory Group (CAG), a partnership of over 20 colleges and serves as a forum to consult with patients and public about various issues that the colleges are facing. The CAG is consulted frequently on a variety of issues where the public voice adds tremendous value. CPSO conducted 3 engagement activities with the CAG including online surveys or focus groups on policy issues including end-of-life care, limiting health services for reasons of conscience, and mandatory reporting obligations. Consistent with developments outlined in the 2021 CPMF report (p. 24), ongoing efforts have been made to seek feedback from equity-seeking groups and providers serving these communities. Enhancements have been made to all CPSO policy consultation surveys to collect demographic information to better understand who is participating in the consultation process and significant recruitment has been undertaken to ensure the membership of the CAG is more representative of the population we serve. CPSO regularly uses surveying and public polling to inform policy and practice changes in response to public expectations. In 2022, CPSO updated its metrics to continue to understand awareness and understanding of CPSO along with public support for self-regulation and to explore public perspectives regarding physician burnout. CPSO's 'In Dialogue' Podcast creates opportunities for CPSO to engage with key system leaders to discuss issues affecting the health system, including for example, Physician Burnout, Virtual Care, and various EDI issues. These podcasts are publicly available on mainstream podcast services and eligible for CPD credits. Additional public attitudes, experiences, and perceptions are routinely considered as part of ongoing policy reviews by identifying and being informed by research undertaken by other system partners. For example, considering experiential data collected the Canadian Medial Association relating to continuity of care and episodic care (March, 2022) and Canada Health Infoway research relating to virtual care (see 2021 National Survey of Canadian Physicians, 2021 Canadian Digital Health Survey, and 2022 Canadians' Health Care Experiences during COVID-19).

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

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
	• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information. As outlined in the 2021 CPMF report (p. 34), CPSO Council approved in September 2014 a strategy for data sharing that includes a governance structure, vision, and decision-making tool. Underpinning the vision are principles that provide a foundation for sound decision-making. The decision tool and governance structure enhance both the consistency and timeliness of responses to data-sharing requests. CPSO's data sharing was further updated in fall 2020 to a streamlined, timely, resource-efficient process to manage and provide information to health care stakeholders. The details of the policy and decision-making tool that governs the disclosure of information can be found on our 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)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	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. As outlined in the 2021 CPMF report (p. 34), CPSO has implemented an Information Breach Protocol that, in addition to reiterating the importance of confidentiality (also addressed in the CPSO Confidentiality Policy), sets out the process for addressing the loss or theft of confidential information and the unauthorized access, use or disclosure of confidential information. The process requires information breaches to be reported to the CPSO Privacy Officer, and provides for containment, assessment, mitigation, notification and prevention steps to be taken as deemed appropriate by the Privacy Officer and the incident response team for each information breach. The Information Breach Protocol also specifically addresses reporting and investigating information breaches caused by or involving cybersecurity incidents or technology system malfunction or misuse. Reported information breaches are tracked and recorded by the Privacy Officer. CPSO has also implemented a Protocol for Access to CPSO Information for Monitoring and Review that provides a process and oversight for monitoring or reviewing the use of CPSO technology by CPSO personnel and the CPSO information generated or stored by CPSO personnel on CPSO technology when deemed necessary.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

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

Required Evidence	College Response	
a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.29).	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		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. *Benchmarked Evidence*	The College fulfills this requirement: • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) ***OR*** please briefly describe the College's development and amendment process. As outlined in the 2021 CPMF report (p.36), the policy review process is multi-staged. Once a policy review is launched, the following steps are undertaken: • An analysis of any available CPSO data regarding complaints, investigations, or discipline findings • A review of any information provided by staff from the CPSO's Physician Advisory Service and the Patient & Public Help Centre • A comprehensive literature review of available data, evidence, and academic literature on the topic • A jurisdictional scan of other Canadian medical regulatory authorities and other Ontario health colleges, where relevant • Extensive marketing and promotion for external consultation seeking feedback from all stakeholders, physicians, and members of the public (typically 60 days, but extended in some cases). The consultation process involves broad and targeted announcements and direct invitations to participate via an internal database of interested parties. • Facilitation of patient engagement activities, including the involvement of the Citizen Advisory Group, public polling, and/or stakeholder summits where appropriate. All of the above research and feedback (from the public, physicians, and stakeholder organizations) inform the development of a draft policy, which is also examined through the lens of implementing right-touch regulation and ensuring CPSO's public mandate is being fulfilled. The draft policy is then circulated for external consultation again. Revisions are then made in response to additional feedback from these same groups before receiving final approval from CPSO Council. All of this work is undertaken with the assistance of a Policy Working Group comprised of a diverse group of physicians and public members of Council and CPSO staff. Council must approve all CPSO draft policies prior to external consultation, and all revised policies must again be approved by Council before becoming a policy of CPSO. Each decision point is supported by the development of a comprehensive briefing note highlighting the various factors considered for the key policy changes being proposed (see e.g. Council materials regarding the Virtual Care draft policy (pp. 141-163); Social Media draft policy (pp. 172-190). Outside of the normal policy review cycle, CPSO continuously monitors the external environment to determine whether new policy expectations or revised expectations are necessary. This includes keeping apprised of relevant legislative and regulatory developments, court cases, government announcements, revisions to guidance provided by other health Colleges, and changes in physician practice. For example, anticipating changes to the eligibility criteria for medical assistance in dying (MAID), a review of this policy was initiated with an aim to restructure the way guidance is offered in this context to allow for more nimble responses to changing external environments (see pp. 136-165 of the September 2022 Council Meeting). Council approved the proposed approach for external consultation in September 2022 (see pg.136-165) in anticipation of the changes that were originally planned to be implemented in March 2023.	Yes

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		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. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. Consistent with and building on the overview provided in the 2021 CPMF report (p. 37), a number of actions are taken to ensure CPSO policies are informed by and promote the principles and values of an EDI perspective. • CPSO policy staff continue to receive specific training relating to EDI. In 2022, policy staff participated in the Rainbow Health *Providing safe, inclusive care to 2SLGBTQIA+ communities* program. • CSPO policy staff also participate in the staff wide *Lunch and (Un)Learn* sessions outlined in section 3.3 (a) above. • The College's EDI Lead Dr. Saroo Sharda supports the Policy Working Group in its review of certain CPSO policies, including the *Professional Obligations and Human Rights* and the *Social Media* policies in 2022. As comprehensively outlined in Section 5 and 6 above, CPSO also routinely engages with the CAG in order to hear from a diverse population of Ontarians in order to ensure all policy decision-making is informed by the experiences and expectations of Ontarians including those from equity-seeking groups. As outlined above, significant effort has been made to increase the diversity of this group to ensure the feedback received is informed by the diverse perspectives represented in the Ontario population. In addition, a new draft *Human Rights in the Provision of Health Services* policy was approved by Council for consultation (see pp. 94-116 of the September 2022 Council Materials) as an update to the existing *Professional Obligations in Human Rights* policy. This new draft proposes to introduce new expectations to support creating and fostering an ideal environment where patients' needs are met, including new guidance on incorporating cultural humility and safety into medical practice.	
			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: **9.1 Applicants meet all College requirements before they are able to practice.**		
DOMAIN 6: SUITABILITY TO PRACTICE	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.)[1].	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number ***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.). CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 31).

[1] 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.

		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 and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. As outlined in the 2021 CPMF report (p. 39), CPSO routinely evaluates our registration requirements. We have numerous policies that enable us to register qualified candidates outside of the requirements prescribed in the Regulation. We engage in dialogue with the other Canadian medical regulators (FMRAC), the certifying Colleges (Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada) and the Ontario medical schools. In 2022 the College revised the following Registration Policies: Restricted Certificate of Registration for Exam Eligible Candidates, Recognition of Certification Without Examination Issued by CFPC and Specialist Recognition Criteria in Ontario. Additionally, in September 2022, Council approved the Temporary Independent Class Registration Amendment. The purpose of the regulation amendment is to provide a more flexible option for potential applicants who wish to assist with system needs on a temporary basis, enabling them to practice at full scope, and reducing the administrative burden for all involved. Specifically, it offers benefits over the Short Duration certificate in important ways: Not requiring supervision, enabling physicians to practice independently; Extending the duration of a license (3 months), enabling greater flexibility; Allowing a broader range of system sponsors, including community-based settings; Reducing administrative burden on the sponsor, the physician, and CPSO. Most recently in December 2022, CPSO proposed updates to our *Acceptable Qualifying Examinations* to further reduce barriers to registration for applicants trained outside of Canada (see page 177). In terms of credentialing, CPSO does not utilize third parties to assess or analyze credentials. All document credentialing/source verification is completed in-house.	

			Every application is supported by source documents, including Certificates of Professional Conduct (Certificates of Standing) from every jurisdiction where an individual has practiced medicine/been registered, confirmation of training and certification from the appropriate bodies, letters of reference, etc. Across Canada we are leaders in source verification and complex credentialing and have a vast repository of up-to-date resources to confirm authenticity of documentation. Further, we complete periodic quality assurance checks with the source bodies to ensure accuracy. As opposed to simple source verification which confirms the document is where it says it is from, CPSO conducts complex credentialing to piece together practice history and satisfy the conduct/character and suitability to practice requirement. We receive documentation electronically via password-protected document sent from an institutional email address for which we have a Memorandum of Agreement or sent from a verifiable organizational email address/server, clearly identifying sender's name and position/title. We may also receive source documentation via mail/courier in official sealed and stamped envelope from the source organization. Additionally, we verify the sender's address via the organization'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)

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		Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**	
		c. A risk-based approach is used to ensure that currency[2] 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: Yes

- Please briefly describe the currency and competency requirements registrants are required to meet.
- Please briefly describe how the College identified currency and competency requirements.
- Please provide the date when currency and competency requirements were last reviewed and updated.
- 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.

As outlined in the 2021 CPMF report (pp. 40-41), CPSO has robust processes in place to support ongoing monitoring and support of physician competence and fitness to practice. All physicians must remain qualified, competent and fit to practise medicine within their scope of practice at all times. There are several factors to consistently maintain the necessary knowledge, skills and experience to practise medicine safely and ethically. The Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy was last reviewed and updated in February 2018. This policy revision involved a thorough review of the literature, an environmental scan looking to other Canadian and US Regulators, and best practices.

In terms of ongoing education, the Quality Assurance Regulation of the College requires members to be registered with and meet the Continuing Professional Development (CPD) requirements of one of the following 3 bodies: the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Medical Psychotherapy Association of Canada (MPAC). Every year on the Annual Membership Renewal, members are asked to attest that they are enrolled with one of the aforementioned bodies and are compliant with their respective CPD requirements.

In addition, CPSO's suite of Quality Improvement programs are built to ensure Ontario's physicians are engaging in self-reflection, self-improvement and meeting their quality requirements in five-year cycles.

These programs take a strategic, data-driven approach towards engaging physicians in continuous quality improvement and ensuring they are delivering the best possible care to Ontario patients. This process will connect with more physicians more regularly to create the most favourable conditions to ensure their success at all stages of their careers.

CPSO's Quality Improvement (QI) Program for individual physicians builds on the principles of right-touch regulation and our commitment to fulfilling our mandate ensuring quality care for patients in Ontario. The QI Program is proactive, self-directed, and encourages physicians to reflect on their own delivery of health care. Among the QI program options available for members to choose from, the QI for individuals program is comprised of a QI

survey, The Practice Profile, The Self-Guided Chart Review, The Data-Driven Quality Improvement Tool, The Practice Improvement Plan and One-on-One Coaching.

In terms of conduct/character requirements, all applicants must satisfy the non-exemptible requirement for registration:

> 2. (1) It is a non-exemptible standard and qualification for a certificate of registration that the applicant's past and present conduct afford reasonable grounds for belief that the applicant,
> (a) is mentally competent to practise medicine;
> (b) will practise medicine with decency, integrity and honesty and in accordance with the law;
> (c) has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate; and
> (d) can communicate effectively and will display an appropriately professional attitude. O. Reg. 865/93, s. 2 (1).

Applicants are asked a series of questions on the application form designed to elicit responses to assess their conduct and character requirements.

As part of the credentialing process, all applicants must submit a criminal record check conducted within the previous 6 months. In addition to this, all applicants are required to disclose any professional misconduct, remediation or adverse action against them.

Applications are referred to the College's Registration Committee to determine whether an applicant would qualify for a certificate of registration to practise medicine in Ontario.

On an annual basis through the membership renewal process, members are asked to provide updates on a variety of questions, including whether they have been subject to any disciplinary action, privilege changes, criminal charges, etc. since the previous renewal

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)	

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

Measure: **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:	Met in 2021, continues to meet in 2022
	• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Choose an item. CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.34) and publishes all reports to the Ontario Fairness Commissioner on our 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)	

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Measure:
10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence	College Response	
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). <u>Further clarification:</u> 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:	Met in 2021, continues to meet in 2022
	• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Choose an item. *If not, please provide a brief explanation:* CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.34).	
	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: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**		
a. The College has processes and policies in place outlining: 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;	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• 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 and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • *If yes, please insert link to the policy.* CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.34).	
	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)	

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

		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:	Met in 2021, continues to meet in 2022
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). ***OR*** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Choose an item. – *Employers* Choose an item. – *Registrants* Choose an item. – *other stakeholders* Choose an item. CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 35).	
			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:	Met in 2021, continues to meet in 2022
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria. CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 36)	
			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: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.**		
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process. • 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. As outlined in the 2021 CPMF report (p. 45), the Quality Assurance Committee can request the member undergo a peer and practice reassessment that focuses on the areas of concern to ensure that the member has fulfilled the requirements. This is based on their response to the Opportunity to Address (OTA) avenues described above. These peer and practice reassessments happen within 12 months following the QAC decision. If there are clinical concerns identified following the OTA process and/or the physician has no insight into the deficiencies the QAC has the power under section 80.2 to resolve the matter via SCERP (Specified Continuous Educational Remediation Program). The SCERP is monitored by the College's Compliance Monitoring and Supervision area. Compliance will notify the QAC when the SCERP elements have been successfully completed and returns the matter to the QAC for a reassessment to ensure that the remediation plan has been successful. If the member wishes to resolve the matter by way of an Educational Undertaking, this undertaking is also monitored by the College's Compliance Monitoring and Supervision Department. The Individual Education Plan is developed in consultation with the QAC, which is attached as part of the Undertaking. In these situations, the reassessment is completed by the Compliance Monitoring and Supervision department. Outcomes of the reassessment are not conveyed to the QAC as these matters remain outside of the QAC "black box" of information. https://www.cpso.on.ca/en/Physicians/Your-Practice/Quality-Management/Assessments/Peer-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 (if needed)

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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	**College Response**
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement: Yes • Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the 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. As outlined in the 2021 CPMF report (p. 46), Investigations uses the following to ensure all relevant information is received during all stages of an investigation: • Process guides for ○ Alternate Dispute Resolution (ADR) ○ Assessing Intake file information ○ Assessor interviews ○ Complaints made in bad faith ○ Consent for personal health information ○ Disclosure during an investigation ○ Early resolution process ○ Investigations with EDI concerns ○ Guide to investigative planning ○ Investigative report writing ○ OHIP & Narcotics Monitoring System guide • Complainant is engaged throughout the investigative process ○ Complainants are typically contacted within two business days to confirm their concerns ○ Complainants are provided with information, both verbal and written, on the investigative process, along with Frequently Asked Questions ○ Information about the investigative process can be found on the CPSO website ○ Complainants who have complaints about sexual abuse are connected with a Witness Support Coordinator who provides information on funding for therapy • The website is reviewed regularly and updated as required; resources and process guides are reviewed annually.

			• The Patient and Public Help Centre website is another useful web page where patients and members of the public can find information and links to resources outside of the CPSO In addition, as explained in further detail above in 3.3.b., the CPSO EDI lead worked with leadership in Investigations and Resolutions and Senior Legal Counsel to develop a new process for managing complaints of discrimination. The ICRC has been provided with the relevant tools, information, and training to assist members in examining complaints of discrimination through the appropriate lens (e.g. anti-racism lens). The EDI Lead is also available to support the committee at the panel discussion and decision administrators have developed tools to support the committee to ensure appropriate language and context are employed in the writing of the decision.
			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. 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. See response to 11.1.a. above	
		Benchmarked Evidence	*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*	
		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:	Met in 2021, continues to meet in 2022
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 47).	
			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. 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:	Met in 2021, continues to meet in 2022
			• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 48).	
			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: **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 and indicate the page number(s) ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) ***OR*** please provide a brief description. As outlined in the 2021 CPMF report (p.49), an intake investigator contacts the complainant within 2 business days of receiving a public complaint. The intake investigator assesses the complaint for risk, reviews the complaints process with the complainant, explores the intention of their complaint and confirms their concerns. The intake investigator will identify cases appropriate for Alternative Dispute Resolution; these cases are streamed to a mediator. Within a week, the case is assigned to either a mediator or investigator who will contact the complainant to review the details of the complaint and to ensure all appropriate consents are on file.	

			During an investigation, the complainant is kept up to date by the investigator every 3-4 weeks on the status of their complaint. The complainant is contacted when the investigation has been listed for ICRC review. The complainant is sent a copy of the ICRC decision immediately upon release, which is usually within 10 weeks. Once a matter is referred to the Ontario Physicians and Surgeons Discipline Tribunal, the Witness Support Coordinator establishes and maintains regular contact with witnesses to assists in the coordination of scheduling witnesses for hearings and to provide direct support to those testifying at a hearing. The Witness Support Coordinator will follow up with witnesses regarding the outcome and decisions of the OPSDT, provide updates and involve witnesses in penalty hearings, and provide some guidance and structure for witness impact statements if required. Language translation services are available, either in the moment through a translation service or by sending documents out for translation.	
			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:** **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: Met in 2021, continues to meet in 2022 • Please insert a link to guidance document and indicate the page number ***OR*** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable). CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 50). *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: **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.).**		
		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:	Met in 2021, continues to meet in 2022
			• Please insert a link to the policy and indicate page number ***OR*** please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 42).	
			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 & IMPROVEMENT	STANDARD 14	**Measure:** **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.**

Required Evidence	College Response	
a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number ***OR*** list KPIs and rationale for selection. CPSO KPIs are reported to Council at each meeting, comprising a balanced score card and evaluated/set annually by Council. 2022 KPIs adopted by Council can be found in the meeting minutes from Council's March 2022 meeting (p. 9).	
	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)
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (pp.51-52). *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: **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. *Benchmarked Evidence*	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 and indicate the page number. As outlined in the 2021 CPMF report (p.52), Council routinely assesses risk to support improvement activities. Reporting on KPIs to Council help to identify areas of risk and support the enhancement of future targets. Continuous Improvement is one of the five elements of CPSO's Strategic Plan. To achieve continuous improvement, CPSO will foster a culture of continuous improvement and openness to change; and modernize all aspects of our work to fulfill our mission. Over the past year, staff have been completing training in the LEAN methodology so that it can be applied across all areas of the organization (including the appointment of a Lean Sensei to CPSO leadership) supports ongoing risk identification, assessment, and mitigation.	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
Measure: **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:	Met in 2021, continues to meet in 2022
	• Please insert a link to the College's dashboard or relevant section of the College's website. CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 44).	
	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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Part 2: Context Measures

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

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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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 2022*	
Type of QA/QI activity or assessment:	#
i. QI Individuals	3687
ii. QI Groups	298
iii. QI Partnership	1738
iv. QA Assessments	704
v. OHP Assessments	138
vi. IHF Assessments	243
vii. Physician Coaching -	506
viii. Complete self assessment questionnaire	13665

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 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.

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

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Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

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.* *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 2022, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	704	N/A	
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 in CY 2022.	97	13.8	

NR

Additional comments for clarification (if needed)

-

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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 2022:**	#	%	*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 judgement following remediation*	86	88.7	
II.	Registrants still undertaking remediation (i.e., remediation in progress)	11	11.3	

NR

** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.*

***This measure may include any outcomes from the previous year that were carried over into CY 2022.*

Additional comments for clarification (if needed)

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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

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

If a College method is used, please specify the rationale for its use: The CPSO codes investigations upon closure of the file. The issues identified in an investigation is not available for ongoing cases

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising				
II.	Billing and Fees				
III.	Communication				
IV.	Competence / Patient Care				
V.	Intent to Mislead including Fraud				
VI.	Professional Conduct & Behaviour				
VII.	Record keeping				
VIII.	Sexual Abuse				
IX.	Harassment / Boundary Violations				
X.	Unauthorized Practice				
XI.	Other <*please specify*>				
Total number of formal complaints and Registrar's Investigations**			**100%**		**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 *NR* Registrar's Investigation ***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.*	
The CPSO codes investigations upon closure of the file. The issues identified in an investigation is not available for ongoing cases	

-

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

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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 2022	2210		*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	217		
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 2022	111		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	89	2.9	
II. Formal complaints that were resolved through ADR	88	2.9	
III. Formal complaints that were disposed of by ICRC	1989	66.3	
IV. Formal complaints that proceeded to ICRC and are still pending	221	7.7	
V. Formal complaints withdrawn by Registrar at the request of a complainant	306	10.2	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	147	4.9	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	28	1.4	

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)

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Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# 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	NR	NR	NR	NR	NR	NR	
II. Billing and Fees	12	9	NR	NR	7	NR	
III. Communication	477	126	12	51	26	7	
IV. Competence / Patient Care	1202	335	23	107	83	17	
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	1191	328	24	108	84	16	
VII. Record Keeping	67	38	NR	13	14	NR	
VIII. Sexual Abuse	NR	NR	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	31	15	NR	NR	14	6	

X.	Unauthorized Practice	NR	NR	NR	NR	NR	NR	
XI.	Other (Accepting new patients, termination)	27	3	NR	NR	NR	NR	

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.*

++ 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 12

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

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.* *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 2022	209	
II. A Registrar's investigation in working days in CY 2022	672	

Disposal

Additional comments for clarification (if needed)

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Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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.* *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 2022	462	
II. A contested discipline hearing in working days in CY 2022	1035	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

-

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		*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.*
Type	#	
I. Sexual abuse	NR	
II. Incompetence	NR	
III. Fail to maintain Standard	12	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	17	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

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

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Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

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	7
II.	Suspension	8
III.	Terms, Conditions and Limitations on a Certificate of Registration	6
IV.	Reprimand	18
V.	Undertaking	NR

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.

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

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

Return to: Table 4, Table 5

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

Return to: Table 10

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

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 8

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

Return to: Table 10