



CPSO

Serving the people of Ontario through
effective regulation of medical doctors

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

March 31, 2025

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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 to act in the public interest?” This information:

1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
2. Supports Colleges in improving their performance.

Each College reports 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 critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

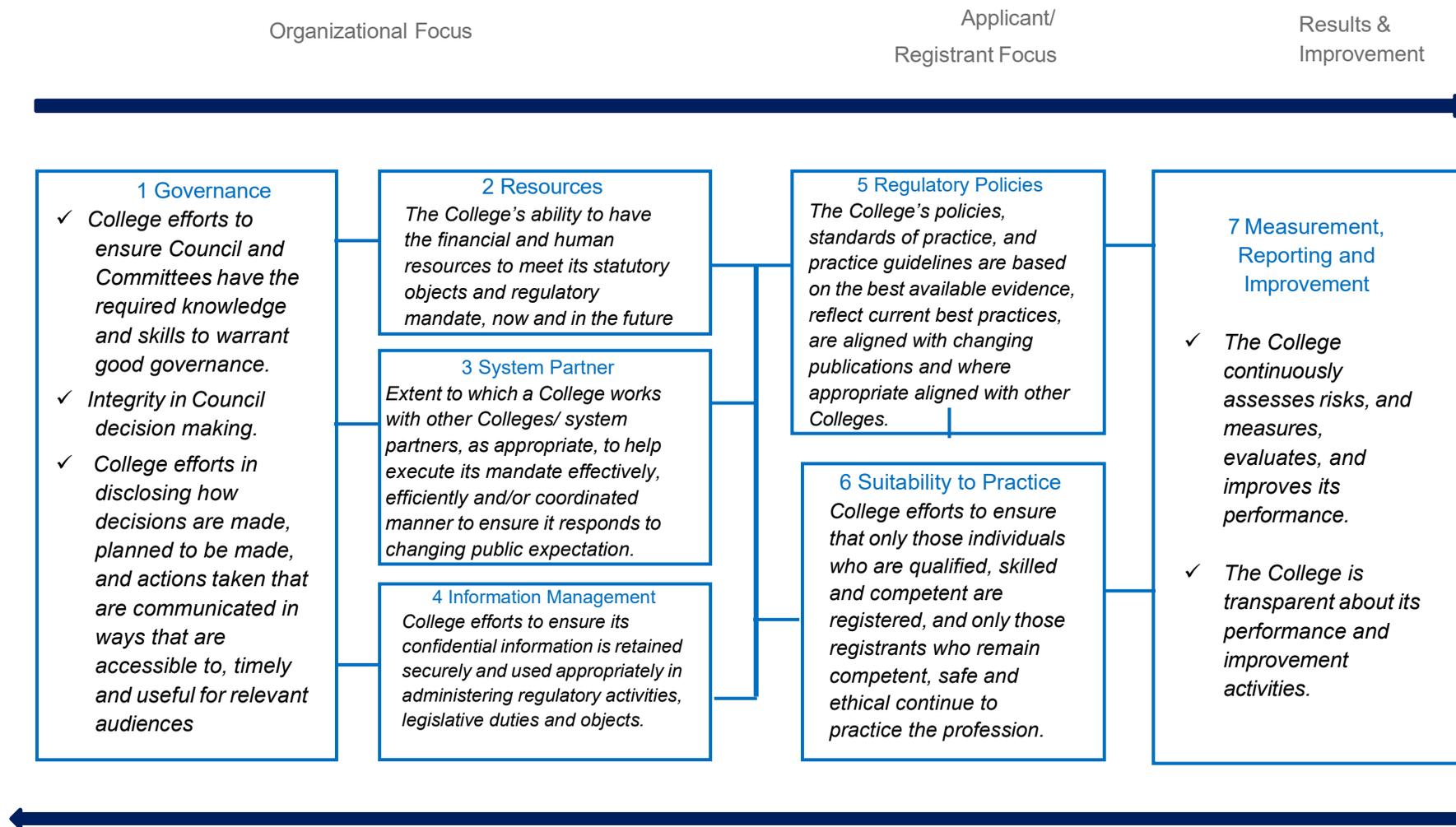


Figure 2: CPMF Domains and Standards

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 College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

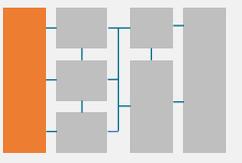
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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.

There are eight pieces of Evidence 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 asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. 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.

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.	
		Required Evidence	College Response
DOMAIN 1: GOVERNANCE	STANDARD 1	a. Professional members are eligible to stand for election to Council only after:	The College fulfills this requirement:
		i. meeting pre-defined competency and suitability criteria; and <hr/> <i>Benchmarked Evidence</i> <hr/>	<ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>As outlined in the 2021 CPMF report (p. 9), CPSO sets out both minimum eligibility requirements to determine the suitability of professional directors of the Board,¹ as well as desired competencies that are highlighted as part of any call for nominations.</p> <p>Minimum eligibility requirements (or exclusion criteria) are set out in s. 2.2 of CPSO's By-laws (p. 4-8). These set out foundational criteria to assess suitability and include requirements that potential directors 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. These criteria were amended by the Board in December (p. 204-286) and will apply to elections beginning in 2024.</p> <p>Provided a professional director candidate meets the minimum eligibility requirements for the Board, they are then assessed in accordance with CPSO's competency framework. In 2024, a Board Profile was updated and approved by the Board, including desired skills, competencies, and diversity attributes that Board Directors should possess to ensure that the Board can carry out its strategic objectives. As part of the election process to the Board, professional directors are asked to highlight in their nomination statement the skills and experience outlined in the Board Profile that they can bring to the role. Finally, the submitted nomination packages are reviewed by the Governance and Nominating Committee prior to their publication to confirm suitability with eligibility requirements.</p> <p>One of the Key Performance Indicators (KPIs) designated for 2023 was a comprehensive review and refresh of the CPSO By-laws. As part of this project, the Board approved By-law changes that will move away from the district-based model of professional director election to one that is based on competency, skills, and diversity. A KPI for 2024 was to conduct the 2025 elections for Board Directors in accordance with the new election model.</p>

¹ On December 7, 2023, CPSO's Council approved amendments to the By-laws that, among other things, revised governance terminology. The term "Council" has now been replaced with "Board of Directors" and "member" with "registrant".

			Materials setting out this change can be viewed here (p. 204-286).
			<i>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.</i>

	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. <p>As outlined in the 2021 CPMF report (p. 10), all professional directors 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 director’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 directors to answer questions or clarify any information provided in the Governance Orientation eLearning Program. In addition, the Board training process includes a mentorship component to ensure that new directors are onboarded with the support of an experienced director.</p> <p>The training modules for professional directors are: Introduction to the College; By-laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; A Day at a Board Meeting; and Board Election Process.</p>	<p>Yes</p>
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Choose an item. • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>As outlined in the 2021 CPMF report (p. 10), CPSO sets out skills and qualifications that are expected of all Committee members.</p> <p>Statutory committees are comprised of Board Directors as well as non-Board members. As for professional directors of the Board (outlined above in 1.1.a.i.), CPSO outlines both minimum eligibility requirements to determine the suitability of professional members of committees, as well as desired competencies that are highlighted as part of any call for applications.</p> <p>Minimum eligibility requirements (or exclusion criteria) are set out in s. 7.3 of CPSO’s By-laws (pp. 23-25). These set out foundational criteria to assess an individual’s suitability to sit on committee and include requirements that potential directors not be the subject of any disciplinary or incapacity</p>	<p>Yes</p>

			<p>proceeding, that their certificate of registration has never been revoked or suspended, and so on. In addition, s. 7.5 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, they are then evaluated against the competency framework and specific needs identified by the particular committee.</p> <p>When appointing a Board Director to statutory committees, the Committee Chair considers the director's skills, experience and commitment and recommends appointments based on the competencies required for the statutory committee. The Executive Committee recruits non-Board directors 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 Board 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.</p> <p>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. In 2023 the process to assess suitability was further enhanced by including an interview assessment and conducting reference checks.</p>
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			<p><i>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.</i></p>						
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2196 570">The College fulfills this requirement:</td> <td data-bbox="2196 516 2628 570">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 570 2628 1170"> <ul style="list-style-type: none"> • 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. <p>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 director’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 directors to answer any questions or clarify any information provided in the Governance Orientation eLearning Program.</p> <p>For non-Board committee members, the training modules are: Introduction to the College; By-laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; Board Overview; and A Day at Committee. (The training modules for publicly- appointed Board Directors, who are cross-appointed to various statutory committees, are covered below in 1.1.c.)</p> <p>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).</p> </td> </tr> <tr> <td data-bbox="776 1170 2196 1218"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 1170 2628 1218">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • 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. <p>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 director’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 directors to answer any questions or clarify any information provided in the Governance Orientation eLearning Program.</p> <p>For non-Board committee members, the training modules are: Introduction to the College; By-laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; Board Overview; and A Day at Committee. (The training modules for publicly- appointed Board Directors, who are cross-appointed to various statutory committees, are covered below in 1.1.c.)</p> <p>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).</p>		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
The College fulfills this requirement:	Yes								
<ul style="list-style-type: none"> • 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. <p>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 director’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 directors to answer any questions or clarify any information provided in the Governance Orientation eLearning Program.</p> <p>For non-Board committee members, the training modules are: Introduction to the College; By-laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; Board Overview; and A Day at Committee. (The training modules for publicly- appointed Board Directors, who are cross-appointed to various statutory committees, are covered below in 1.1.c.)</p> <p>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).</p>									
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.								

			<i>Additional comments for clarification (optional):</i>
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		<p>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.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
			<ul style="list-style-type: none"> • 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. <p>As outlined in the 2021 CPMF report (p. 10), all new Public Board Directors 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 directors to answer any questions or clarify any information provided in the Governance Orientation eLearning Program. In addition, the Board training process includes a mentorship component to ensure that new directors are onboarded with the support of an experienced director.</p> <p>For Public Board Directors, the training modules are: Introduction to the College; By-laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; A Day at a Board Meeting; and Public Director Remuneration.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

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: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	
	<ul style="list-style-type: none"> • 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. • <i>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.</i> 	
	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.	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
		Met in 2023, continues to meet in 2024
		Choose an item.
<i>Additional comments for clarification (optional)</i>		

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. <p>Deanna Williams, Dundee Consulting Group Ltd., provided education and training sessions to all Board Directors regarding governance best practices and the overall objectives of a Board and Board Director expectations. These sessions took place regularly throughout the year in alignment with the Board meetings.</p> <p>Regular review of best practices helps ensure Board effectiveness as it streamlines meetings and provides a clear understanding and division of roles.</p>				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • 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 <u>over the last calendar year</u>. <p>Each Board meeting concludes with an informal Meeting Reflection Session so that Board Directors may share observations about the effectiveness of the meeting and the engagement of directors. Certain CPSO committees (e.g., Executive Committee and Governance and Nominating Committee) conclude in the same fashion. In addition, Board Directors are requested to complete a survey following each Board 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 Board support staff. Directors are also specifically prompted to provide information about areas they feel the Board should focus on in the future. Results from these surveys are collected by senior CPSO staff to develop and enhance subsequent Board meeting agenda topics relating to education and training.</p> <p>Over the course of 2024, a number of education sessions were conducted with Board Directors and Committee members. An external speaker, Deanna Williams, was invited to share her governance expertise with the Board Directors and committee members. These 1.5-2 hour sessions were extremely well-received by attendees.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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 <u>over the last calendar year</u>. <p>General education regarding Governance best practices including risk oversight was provided to Board Directors and Committee members during two joint education sessions in 2024.</p> <p>Additional information about how public expectations are ascertained and used to support decision-making is outlined below in Standard 5 and 6.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

			<i>Additional comments for clarification (optional)</i>
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		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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. <p>CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 18). Current relevant documents can be accessed here.</p>	Met in 2023, continues to meet in 2024
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>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).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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? <ul style="list-style-type: none"> 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. <p>CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 18). Relevant requirements are set out in s. 2.2.1 of CPSO's By-laws.</p>	Met in 2023, continues to meet in 2024

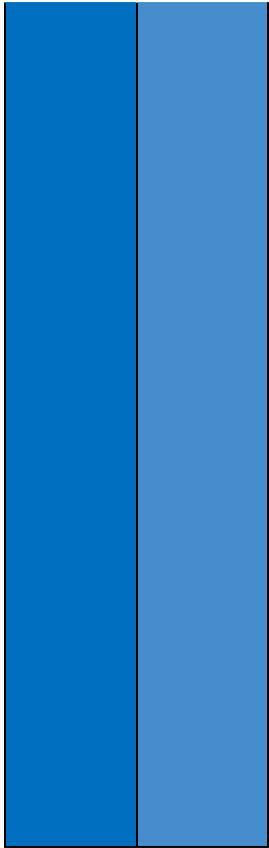
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		<i>Additional comments for clarification (optional)</i>		
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <p>i. the completed questionnaires are included as an appendix to each Council meeting package;</p> <p>ii. questionnaires include definitions of conflict of interest;</p> <p>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</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • 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. <p>CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 19)-. CPSO has a Declaration of Adherence that all Board Directors are asked to review and complete on an annual basis. The Declaration of Adherence is reviewed annually (and was last updated in 2024) to ensure it reflects leading governance best practices. The document can be accessed here.</p> <p>Included among the Declaration of Adherence material is a disclosure form that requires directors to identify any potential conflicts of interest, real or perceived. Board Directors 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 Chair to proactively identify any potential conflicts of interest and work with Board Directors as needed.</p>		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		<i>Additional comments for clarification (optional)</i>		

		<p>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).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
			<ul style="list-style-type: none"> 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. 	
			<p>CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p.20). The training modules for professional directors are: Introduction to the College; By-laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; A Day at a Board Meeting; and Board Election Process.</p> <p>All Board meeting briefing notes include a statement of the public interest rationale. Board meeting materials are posted online here.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>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.</p> <p><u>Further clarification:</u> 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 as appropriate.</p> <p>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.</p> <p>Internal risks are related to operations of the College and may impact its</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. <p>CPSO provided a comprehensive response in our 2021 CPMF report (pp. 20-21). A high-level overview is provided below.</p> <p>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 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.</p> <p>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).</p> <p>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 registrant 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.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p> <p>Choose an item.</p>
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		<p>ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p><i>Additional comments for clarification (if needed)</i></p>
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		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> 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. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>As outlined in the 2021 CPMF report (p. 22), CPSO’s Executive Committee Terms of Reference is available online. Regular meetings are scheduled throughout the year. Ad hoc meetings are scheduled as needed 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 By-laws, s. 6.2.3, decisions that will be ratified by the Board are generally required to be discussed with the Executive Committee first:</p> <p>The Board shall, and may only, consider:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 Director at the preceding Board meeting; or (iv) if a vote is held at the meeting and at least a two-thirds majority of the votes cast by the Directors in attendance at the meeting agree to consider such motion; and (c) at any meeting, routine and procedural motions in accordance with the rules. <p>Thus, when matters such as policy reviews come to the Board, they have been reviewed first by the Executive Committee. In situations where the Executive Committee has acted on behalf of the Board, those decisions are communicated to Board Directors and to the public in the Executive Report that is included in subsequent Board meeting materials. Click here to see an example of the Executive Committee Report (p. 28)..</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>



Additional comments for clarification (optional)

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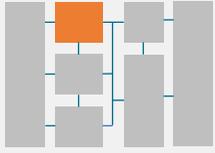
Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting 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: <div style="float: right; border: 1px solid black; padding: 2px;">Met in 2023, continues to meet in 2024</div> <ul style="list-style-type: none"> • 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 Board meetings, notice of meeting, and past Board materials can be accessed here .	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <div style="float: right; border: 1px solid black; padding: 2px;">Choose an item.</div>	
	<i>Additional comments for clarification (optional)</i>	
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: <div style="float: right; border: 1px solid black; padding: 2px;">Met in 2023, continues to meet in 2024</div> <ul style="list-style-type: none"> • 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 .	

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
		<p>Required Evidence</p>	<p>College Response</p>
		<p>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).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. <p>As outlined in previous CPMF Reports, the College has been actively embedding EDI principles into our work over the last few years. Our approach to EDI is grounded in the principles of CPSO’s Strategic Plan, which was extended until 2027, and includes the pillars of meaningful engagement, quality care, continuous improvement and system collaboration. Our ongoing support of EDI initiatives are supported by and resourced through CPSO’s Annual Budget (page 300 of the December 2023 Board Meeting Materials).</p> <p>Our past focus on specific themes and staff training has created the necessary foundation for our EDI work to continue throughout our operations in an organic way. We continue to supplement staff learning by hosting guest speakers, which this year included a session by Omar Ramcharran, an Education and Training Specialist with the 519 Community Centre, who presented “Illuminating History – Unveiling Local 2SLGBTQ+ Movements.”</p> <p>CPSO continues to update its Equity, Diversity and Inclusion website page, which contains links to external resources as well as relevant articles from our College publication, <i>Dialogue</i>, on a range of topics. In addition, we maintain a helpful EDI Glossary.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. <p>As the 2021 CPMF report (p. 24) and 2022 CPMF report (p. 31) demonstrate, CPSO actively assesses the impact of decision-making from an equity perspective in our policies, processes, and decision-making. Several examples are listed below.</p> <p>Citizen 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, communications directed at the public, and strategic priorities. Ongoing recruitment efforts have successfully added new members from equity seeking and previously underrepresented groups. The work of this group is more comprehensively outlined in Standards 5, 6, and 8 below which demonstrate how the feedback received helps to assess the impact of regulatory decision-making.</p> <p>New <i>Essentials of Medical Professionalism</i> Resource Approved</p> <p>In 2024, CPSO’s Board of Directors approved a new resource, Essentials of Medical Professionalism, which replaced the <i>Practice Guide</i> and sets out expectations related to professional ethics. This new resource articulates the values and duties at the core of medical practice, and emphasizes responsibilities related to EDI. The content of <i>Essentials of Medical Professionalism</i> was informed by feedback from physicians and patients from a wide variety of backgrounds gathered through consultations and targeted engagement (e.g., physician-patient roundtable on medical professionalism).</p> <p>Patient and Public Help Centre CPSO continues to offer audio interpretation service to patients calling CPSO, enabling communication in 240 languages. These languages, which include the three most commonly spoken Indigenous languages in Ontario, were added to help support the public and communities and to address the impact of inequity. The interpreter facilitates communication and ensures any questions or concerns are accurately presented.</p> <p><u>New Physician Register</u></p> <p>CPSO launched a new Physician Register in October 2024 after consulting extensively with stakeholders including pharmacists, hospitals, medical schools,</p>	<p>Yes</p>
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			<p>doctors, and members of the public. The new Register has been completely modernized, offering a better user experience, a more intuitive way of displaying physician information and heightened cybersecurity. Among many enhancements, one key change relates to registrants’ gender identity. The new register reflects one of five options: man, woman, non-binary, two-spirit or prefer not to say. This change ensures registrants’ gender identity and other personal information is accurately displayed.</p> <p><u>Competency-Based Election Model</u></p> <p>CPSO is adopting a new election model for the spring 2025 election, the first of its kind for Ontario physicians seeking to become CPSO Board Directors. The election format is changing as CPSO’s governance processes are modernized to achieve a balanced Board, composed of directors who reflect the diversity of Ontario’s population and the practice of medicine.</p> <p>In May 2024, the Board approved a new Board Profile that identifies the collective skills, professional backgrounds, and lived experiences desired on the Board for it to effectively oversee Ontario’s medical profession. The current Board skillset will be applied against the Board Profile to identify where gaps exist in advance of the 2025 election.</p> <p>More information is provided in Standards 5 and 6 below.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES STANDARD 4	Required Evidence	College Response			
	<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table>			Yes
			Yes		
		<ul style="list-style-type: none"> 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. 			
<p>CPSO’s Strategic Plan grounds all Board activity. Most notably, each Board meeting begins with a reminder regarding our strategic plan and common focus, including a report from the Registrar & CEO about how CPSO is advancing each element of the Strategic Plan through ongoing work and by monitoring Key Performance Indicators. All Board 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 2025 budget, approved by the Board in November 2024, can be found in these materials at pages 98-99.</p>					
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>			Choose an item.	
	Choose an item.				
	<p><i>Additional comments for clarification (optional)</i></p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p style="text-align: right; margin-top: 20px;">Choose an</p>				

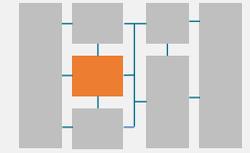
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
			<ul style="list-style-type: none"> • 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? Choose an item. <p>As at December 31, 2023, the Board approved allocations of past surpluses to a number of operational and capital reserves supporting operational continuity and future capital expenditures. The College’s Operating Reserve Policy was approved in September, 2020 by the Board and annual allocations are approved by the Board when approving the annual, audited financial statements.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>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).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>As outlined in the 2021 CPMF report (p. 28), operational policies are not generally brought before the Board for approval or decision-making because they are operational in nature. 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 managed through several processes and tools. These include 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.</p> <p>As part of the annual budget process, Finance and Audit Committee and the Board approve the staff complement number and associated financial cost, in addition to being provided with planned operating and capital expenditures for the next fiscal year along with the planned revenues to achieve a balanced budget. The 2025 budget, approved by the Board in November 2024, can be found in these materials at pages 98-99.</p> <p>In addition, during the CEO/Registrar’s annual performance review, the Executive Committee and the Board see the balanced scorecard, a strategy performance management tool that includes a review of the Key Performance Indicators and feedback from stakeholders, Board surveys and assessments, and staff engagement surveys. In that review, the Board has opportunity to discuss any succession planning, HR, and resources concerns it may have. Finance is currently working on enhancing the balanced scorecard with financial metrics and KPIs supporting operational metrics currently presented.</p>	<p>Yes</p>
<p><i>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.</i></p>				

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		<p>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).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>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 was completed in early 2022. Moving to the cloud has enabled the CPSO to manage data and access through various governance models and protect it with multiple layers of security. All registrant 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 Board Directors 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 technology requirements were last updated in December 2021 (p. 108). CPSO has also added all archive data to a data lake to ensure further security to the legacy data, and a new rebuild of the physician register data into the cloud which spread between 2023 to 2025.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>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.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>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.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>As outlined in previous CPMF reports (e.g. the 2021 CPMF report on 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 sharing of best practices.</p> <p>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, CPSO seeks and maximizes opportunities to achieve consistency across our regulatory functions. In 2024, key topics of discussion included scope of practice changes, changes in response to expedited licensing of out-of-province and internationally trained health care professionals, and issues relating to the appointment and retention of public members.</p>

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.

CPSO further collaborates with medical regulators across Canada through the Medical Regulators Policy Special Interest Group (SIG), in which representatives from each of the Canadian medical regulators meet to discuss policy issues and share updates on policy work being undertaken at their College. In 2024, some key topics of discussion included physician treatment of family members or others close to them, cannabis prescribing/authorization, and indigenous cultural safety and anti-racism.

In addition, beginning in 2023, CPSO and three other health regulators (the Colleges of Audiologists and Speech-Language Pathologists of Ontario, Massage Therapists of Ontario, and Registered Psychotherapists of Ontario) launched a pilot project to enhance the quality, independence and timeliness of discipline hearings. The [Health Professions Discipline Tribunals \(HPDT\) Pilot](#) is based on the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) model, which was created in 2021 and serves as the identity of the CPSO’s Discipline Committee. The OPSDT operates as an independent tribunal with its own staff and experienced lawyer-adjudicators who chair hearings. An experienced tribunal leader chairs the Tribunal as a whole. The tribunal model promotes the independence of the discipline process, creates efficiencies and improves dispute resolution techniques. The HPDT allows each college’s tribunal to benefit from the adjudicators’ experience in chairing panels, managing cases and providing mentorship to professional and public panel members. The pilot was a success and, in 2025, will transition from a pilot into its next phase. All participants decided to continue in the HPDT. A fifth health regulator, the College of Chiropractors of Ontario, also committed to joining the HPDT on a pilot basis effective January 1, 2025.

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 September 2024, the [Essentials of Medical Professionalism](#) resource was finalized. During the review of this resource, particular attention was paid to the codes of conduct/ethics of other health regulators in Ontario, leading to aligned expectations in the final resource. The [Reporting Requirements](#) policy (previously titled *Mandatory and Permissive Reporting*) was finalized in November 2024, and the review of this policy involved particular consideration of the expectations of other regulators, as well as how those expectations are communicated.

Additionally, a number of activities related to work to bring physician assistants (PAs) under CPSO oversight involved engagement with other stakeholders. FAQs for PAs that address, among other topics, what regulation will mean for them and what the registration process will involve, were developed with input from the College of Nurses of Ontario and the Canadian Association of Physician Assistants (CAPA) and shared with various stakeholders. We also engaged with the Healthcare Insurance Reciprocal of Canada to understand liability coverage for PAs, the College of Physicians and Surgeons of Manitoba and Alberta regarding PA licenses, the Ontario College of Pharmacists to get feedback on the PA public register, and the Ministry of Health and CAPA on implementation of the regulations.

CPSO conducts regular scheduled meetings with the Ontario Medical Association, the CMPA and the Ontario College of Family Physicians (OCFP). These meetings allow CPSO to share updates and perspectives on emerging or developing policy and practice issues. It also allows CPSO to develop and promote consistent messaging to help physicians understand practice expectations and respond in areas of emerging concern.

For example, in 2024, CPSO revised its [Continuity of Care: Advice to the Profession](#) document to clarify physician responsibilities related to using e-referral platforms and to specify instances in which it may be appropriate for specialists to refer patients back to their family physicians for follow-up care. The OCFP has now revised its [tools and guidance](#) for family doctors relating to continuity of care, highlighting the changes made by CPSO to its *Advice to the Profession* document. CPSO also worked with the OMA on their revised Continuity of Care Checklists, which were similarly updated to reflect the updated *Advice to the Profession* document. This work will ensure that the materials of the organizations are aligned so that physicians receive consistent information regarding important practice issues.

In 2024, significant work was undertaken by the Registration Committee in several areas, including reducing barriers to entry to practice for physicians. This work included engagement with government and other system stakeholders. A full list of the work undertaken by the Registration Committee in 2024 is found in 9.1.b. below.

At the beginning of 2024, CPSO administered and Chaired the Citizen Advisory Group (CAG), a partnership of 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. Throughout CPSO's role as CAG Partnership Chair, CPSO significantly evolved the Partnership to include 27 regulatory colleges in Ontario, which includes all 26 health regulators and the Ontario College of Social Workers and Social Service Workers.

CPSO developed specific engagement activities for input from the CAG three times over the course of 2024, including both online surveys and virtual focus groups. As Chair, CPSO also supported other Partner Colleges to engage with the CAG, which included facilitating 11 further online surveys, and 2 additional virtual focus groups.

In 2024, CPSO has undertaken significant work to transition the governance and operational structure of the CAG to HPRO. Since 2019, CPSO has acted as the Chair of the CAG but with all 26 HPRO Colleges and the Ontario College of Social Workers and Social Service Workers (OCSWSSW) now part of the CAG, a centralized governance and operations structure under HPRO has been developed to ensure continued meaningful engagement with the Colleges.

This transition involves transferring overall responsibility for the CAG from CPSO to HPRO, with a newly established Committee of HPRO assuming the responsibilities previously managed by the Chair. This Committee, which includes CPSO's Manager of Policy, will now oversee the day-to-day operations of the CAG, ensuring its effective management and continued value in fostering engagement among the Colleges.

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, mental health, labor mobility etc.). 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).*

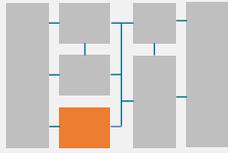
As with the [2021 CPMF report](#) (pp. 32-33), all of the collaborative work highlighted above in Standard 5 also applies to Standard 6 as examples of our efforts to serve the people of Ontario through effective medical regulation, demonstrating our commitment to being accountable and responsive to the 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.

In 2024 representatives from CPSO’s Policy Department presented at several medical schools including the University of Toronto, Queen’s University and Western University, on topics including the role of CPSO, consent to treatment, and medical professionalism.

While the nature of the pandemic’s impact continued to change during 2024, CPSO remained committed to continuously updating the guidance and information we were sharing with [physicians](#) and the [public](#). This included updating and reframing our COVID guidance for physicians in June of 2023 to focus on assisting them with navigating a system under stress. Further updates were made to this guidance in May 2024 to ensure it remains current and provides helpful guidance for physicians. The 2024 updates include guidance on providing care outside of a physician’s usual scope of practice to address the serious health human resource shortages, how physicians can help alleviate the pressures being faced by hospitals, and accepting expired health cards.

As noted above, at the beginning of 2024 CPSO continued to administer and Chair the Citizen Advisory Group (CAG), a partnership of 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. The CAG is consulted frequently on a variety of issues where the public voice adds tremendous value. In March 2024, the CAG transferred from CPSO to HPRO with support from a newly created CAG Committee of HPRO (currently composed of representatives from CPSO and five other health colleges). This Committee, in place of a single college as Partnership Chair, will assume responsibility for the day-to-day operations of the CAG that CPSO has been performing for the past several years.

<p>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. For example, in 2024 CPSO undertook specific outreach to indigenous groups as part of the Physician Treatment of Self, Family Members and Others Close to Them policy review. Outreach to indigenous groups included targeted requests to organizations for identifying individuals who could provide written or verbal feedback on the lived experiences they have had with treating people close to them in the indigenous context.</p> <p>Enhancements have been made to all CPSO policy consultation surveys to collect demographic information to better understand who is participating in the consultation process. Significant recruitment has been undertaken to ensure the membership of the CAG is more representative of the population we serve.</p>



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

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), in September 2014 the Board approved 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.

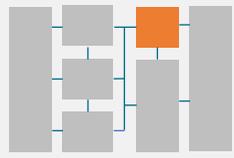
The details of the policy and decision-making tool that governs the disclosure of information can be found on our [website](#).

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)

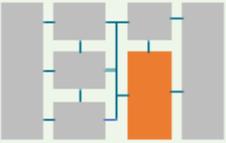
		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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. <p>As outlined in the 2021 CPMF report (p. 34), in addition to reiterating the importance of confidentiality (also addressed in the CPSO Confidentiality Policy), CPSO has implemented an Information Breach Protocol that sets out the process for addressing the loss, theft, and 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 malfunctions or misuse. Reported information breaches are tracked and recorded by the Privacy Officer.</p> <p>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, as well as CPSO information generated or stored by CPSO personnel on CPSO technology when deemed necessary. As well, in 2024 CPSO created a Responsible Use of Generative AI policy to further enhance our breach of information standards.</p>	<p>Yes</p>
<p><i>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.</i></p>				

		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
DOMAIN 5: STANDARD 8	<p>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.</p> <hr style="border: 1px solid #0070C0;"/> <p style="text-align: center; color: #0070C0;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0070C0;"/>	<p>The College fulfills this requirement:</p>	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"> 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). <p>CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.29).</p> <p><i>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.</i></p>	

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> 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. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. <p>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:</p> <ul style="list-style-type: none"> • An analysis of any available CPSO data regarding complaints, investigations, or discipline findings. • A review of any information provided by staff, including 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. • Marketing and promotion for external consultations 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. <p>All of the above research and feedback from the public, physicians, and stakeholder organizations inform the development of a draft policy. The draft is 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. All of this work is undertaken with the assistance of a Policy Working Group comprised of a diverse group of physicians and Public Directors of CPSO’s Board and CPSO staff.</p> <p>The Board must approve all CPSO draft policies prior to external consultation, and all revised policies must again be approved by the Board before becoming a policy of CPSO. A new process has been implemented in 2024 where the Board also has an opportunity to engage in small group discussions and provide detailed feedback on each policy after it has been released for external consultation. Each decision point is supported by the development of a briefing note highlighting the various factors considered for the key policy changes being proposed (see e.g. Board materials regarding the Essentials of Medical Professionalism final resource (pp. 65-72); the rescission of the Cannabis for Medical Purposes policy (pp. 95-96); the Professional Behaviour final policy (pp. 73-80); and the Reporting Requirements final policy (pp. 138-157).</p> <p>CPSO also developed a new Infection Prevention and Control for Clinical Office Practice policy (pp. 81-91), to address an identified gap in the regulatory environment. CPSO worked with Public Health Ontario to align this policy with their guidance regarding infection prevention and control best practices.</p>	<p>Yes</p>
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			<p>Outside of the normal policy review cycle, CPSO continuously monitors the external environment to determine whether new or revised policy 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, key changes were made to the Continuity of Care: Advice to the Profession document to clarify physician responsibilities related to using e-referral platforms and to specify instances in which it may be appropriate for specialists to refer patients back to their family physicians for follow-up care. The changes were made in response to concerns CPSO was receiving from family physicians about administrative burnout and the significant challenges faced by all physicians as pressure on the health system continues to rise. CPSO also developed a new Advice to the Profession: AI Scribes in Clinical Practice document to provide physicians with guidance on the rapidly evolving Artificial intelligence (AI) technology space, and the way it may impact the delivery of health care.</p> <p>CPSO also develops patient focused resources when needed, to assist patients in understanding what they can expect from their physician. In 2024 CPSO has been developing a patient companion public resource, based on CPSO’s recently updated Human Rights in the Provision of Health Services policy. This resource explains the policy expectations in plain language, details what patients can expect from physicians when they are accessing health services, and outlines what patients can do to support their own care. The CAG was consulted as part of the development of this resource, and constructive suggestions from CAG Members were incorporated to improve the resource’s readability and better explain the policy expectations in plain language.</p> <p><i>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.</i></p>
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		<p>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.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • 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. <p>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.</p> <p>As comprehensively outlined in Standards 5 and 6 above, CPSO routinely engages with the CAG 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 is informed by the diverse perspectives represented in the Ontario population.</p> <p>In addition, in 2024, CPSO's Board of Directors approved a new resource, Essentials of Medical Professionalism (pp. 65-72), which sets out expectations related to professional ethics. This new resource articulates the values and duties at the core of medical practice, and it places significant emphasis on responsibilities related to EDI. The content of <i>Essentials of Medical Professionalism</i> was informed by feedback from physicians and patients from a wide variety of backgrounds gathered through consultations and targeted engagement (e.g., physician-patient roundtable on medical professionalism). <i>Essentials of Medical Professionalism</i> replaced the <i>Practice Guide</i> as CPSO's key resource on medical professionalism.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

	<p>Measure:</p> <p>9.1 Applicants meet all College requirements before they are able to practice.</p>	
	<p>DOMAIN 6: SUITABILITY TO PRACTICE</p> <p>STANDARD 9</p>	<p>Required Evidence</p> <p>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.</p>

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.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>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.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • 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. <p>As outlined in the 2021 CPMF report (p. 39), CPSO routinely evaluates its registration requirements. The CPSO has numerous policies that enable qualified candidates to be registered outside of the requirements prescribed in the Regulation. The CPSO engages 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.</p> <p>The many changes detailed below are the result of CPSO’s ongoing efforts to review its registration policies and evaluate whether additional registration pathways can be explored to improve access for IEPs seeking license to practise independently in Ontario. The following Regulator Changes and Policies were approved by the Board in 2024:</p> <p>Practice Ready Ontario – Practice Ready Assessment</p> <p>In 2023, the Registration Committee developed a policy to facilitate the Practice Ready Assessment (PRA) program designed by Practice Ready Ontario (PRO). In 2024, the first cohort of physicians selected by PRO were considered by the Registration Committee for certificates of registration to complete a 12-week clinical field assessment (CFA). 29 candidates were approved to begin the CFA in spring and summer of 2024. 28 candidates passed the assessment and have subsequently applied for, or been granted a restricted certificate of registration to practice under supervision for three years, or until they have successfully obtained certification by examination with the College of Family Physicians of Canada.</p> <p>While Touchstone Institute is responsible for establishing the program eligibility requirements, the Registration Committee consulted with Touchstone in 2024 to ensure that eligibility requirements were updated based on real-world experience with Cohort One. The combined effort has resulted in</p>	

higher transparency for IEPs looking to apply to the PRA program.

Subsequently, 12 candidates in Cohort Two clinical field assessments will commence end of 2024.

Alternative Pathways to Registration for Physicians Trained in the United State [Policy](#) - Addition of certification by the American Osteopathic Association

At the business meeting in March 2024, the Registration Committee approved several policy amendments that were later approved by the Executive Committee in August 2024. The policy on Alternative Pathways to Registration for Physicians Trained in the United States was updated to incorporate the Accreditation Council for Graduate Medical Education's (ACGME) accreditation of postgraduate osteopathic medicine training programs in the U.S. To recognize the newly accredited programs, the Pathways Policy was updated to grant certificates of registration to physicians who have completed ACGME-accredited training and have obtained board certification through either the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). Physicians who are board-certified and have completed training can receive a restricted, scope-defined license (Pathway A), whereas those who are board-eligible can apply for a restricted certificate to practice under supervision for up to three years, or until they achieve certification by exam (Pathway C). The policy amendment aligns with changes to ACGME-accredited programs and removes barriers for physicians certified by the AOA.

Conversion from Restricted to Independent Practice Certificates of Registration

The Alternative Pathways Policy currently grants US-trained physicians a scope-restricted certificate of registration to practice in Ontario. Following a scan of other Canadian jurisdictions and upon review of the FMRAC Model Standards, a proposal was made to revise the current policy to enable licensed physicians to obtain a certificate of registration authorizing independent practice after 5 years of continuous practice in Ontario. The proposed revisions would provide US-trained physicians an alternative route to independent licensure without the need to complete additional training or examinations and would create more clarity for the public with regards to the scope of physicians in Canada.

At the business meeting on October 25, 2024, the Registration Committee approved the proposed revision to the Pathways Policy, which will be presented for approval by the Board, then circulated for notice in accordance with Section 22.21 of the Health Professions Procedural Code (the Code) in early 2025.

Draft policies can be viewed in the public [Board package](#).

Amendments to the Acceptable Qualifying Exams [Policy](#)

The Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Level 2 has historically had two components: the Level 2 examination and a Level 2 performance evaluation. The performance evaluation was suspended in February 2021 and officially discontinued in June 2022. As such, the Registration Committee approved that reference to the Level 2 Performance Evaluation should be rescinded from the policy.

This change clarifies examination requirements for IEPs looking to work in Canada.

Royal College of Physicians and Surgeons of Canada – Practice Eligibility Route (RCPSC-PER)

The Registration Committee, at its business meeting on October 25, 2024, approved a new policy to be presented for approval by the Board and Executive Committee. The new policy permits the Registration Committee to grant a restricted, time-limited certificate of registration to physicians who are eligible for certification by the RCPSC via the Practice Eligibility Route. Physicians from outside of the RCPSC’s approved jurisdictions may apply to the RCPSC to have their training assessed and be granted eligibility to sit RCPSC examinations. Following successful completion of RCPSC’s written examination, and after obtaining LMCC designation, the physician may be granted a certificate to practice under supervision for 3 years, or until they fulfill the time-in-practice requirement and are certified by the RCPSC. Following successful certification by the RCPSC, this cohort of physicians would be eligible to apply for independent practice in Ontario.

The policy is another example of the Registration Committee’s continued commitment to finding new ways to license IEPs in Ontario and provide registrants a route to independent practice. The policy, if approved, would also align the College with other Canadian jurisdictions who currently recognize the RCPSC Practice Eligibility Route. In November 2024, the Board approved that the policy be circulated for notice in accordance with Section 22.21 of the HPPC and it is anticipated that it will come forward for final approval in early 2025.

Specialist Recognition Criteria in Ontario [Policy](#)

In early 2024, the Registration Committee also approved an amendment to the Specialist Recognition Criteria in Ontario Policy to allow physicians approved under the revised Pathways Policy to be recognized as a specialist. Specialty may be conferred if a physician has completed postgraduate specialty training in an ACGME-accredited program and has obtained certification by examination with the AOA.

Additionally, the Registration Committee made a decision to further amend the Specialist Recognition Criteria in Ontario Policy at the business meeting on October 25, 2024. In November 2024, the Board approved that the amended policy be circulated for notice in accordance with Section 22.21 of the HPPC and it is anticipated that it will come forward for final approval in early 2025. The proposed amendment would allow for physicians approved under the draft policy, Restricted Certificate of Registration for RCPSC – Practice Eligibility Route, to be recognized as a specialist while practicing under supervision and obtaining certification with the RCPSC.

Fees

The Registration Committee recognized the hard work of residents in Ontario and supported the decision to waive application fees for residents who apply for “moonlighting”. In addition, the Committee supported the waiving of application fees for residents from other Canadian provinces who come

to Ontario to complete an elective program.

Application Review:

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 practised medicine/been registered, confirmation of training and certification from the appropriate bodies, letters of reference, etc. CPSO is the Canadian leader in source verification and complex credentialing and has a vast repository of up-to-date resources to confirm authenticity of documentation. Further, CPSO completes 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 requirements.

CPSO receives documentation electronically via password-protected documents sent from an institutional email address for which there is a Memorandum of Agreement, or that are sent from a verifiable organizational email address/server clearly identifying sender's name and position/title. CPSO may also receive source documentation via mail/courier in an official sealed and stamped envelope from the source organization. Additionally, CPSO verifies the sender's address via the organization's website.

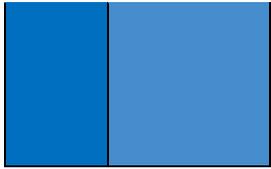
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		Yes
		<p>c. A risk-based approach is used to ensure that currency² 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.).</p> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>There are several factors required to consistently maintain the necessary knowledge, skills, and experience to practise medicine safely and ethically, as set out in the Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy, 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.</p> <p>In terms of ongoing education, the Quality Assurance Regulation of the College requires registrants to be registered with and meet the Continuing Professional Development (CPD) requirements of one of the following three bodies:</p> <ul style="list-style-type: none"> • 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). <p>Every year on the Annual Membership Renewal, registrants are asked to attest that they are enrolled with one of the aforementioned bodies and are compliant with their respective CPD requirements.</p> <p>In addition, CPSO’s suite of Quality Improvement (QI) programs are built to ensure Ontario’s physicians are engaging in self-reflection and self-improvement, and are meeting their quality requirements in five-year cycles.</p>

<p>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 approach will connect with more physicians more regularly to create the most favourable conditions to ensure their success at all stages of their careers.</p> <p>CPSO’s QI Program for individual physicians builds on the principles of right-touch regulation and CPSO’s commitment to fulfilling its mandate to ensure 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 registrants to choose from are the 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 line with right touch regulation, CPSO has expanded its Quality Program options to include the QI Enhanced program in 2024 - a QI program option now open to physicians 70-79 years of age. The QI Program is comprised of multiple learning activities which may earn participating physicians CPD credits.</p> <p>In terms of conduct/character requirements, all applicants must satisfy the non-exemptible requirement for registration:</p> <p style="padding-left: 40px;">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,</p> <p style="padding-left: 80px;">(a) is mentally competent to practise medicine;</p> <p style="padding-left: 80px;">(b) will practise medicine with decency, integrity and honesty and in accordance with the law;</p> <p style="padding-left: 80px;">(c) has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate; and</p> <p style="padding-left: 80px;">(d) can communicate effectively and will display an appropriately professional attitude. O. Reg. 865/93, s. 2 (1).</p> <p>Applicants are asked a series of targeted questions on the application form to assess their conduct and character requirements.</p> <p>As part of the credentialing process, all applicants must submit a criminal record check conducted within the previous 6 months. In addition, all applicants are required to disclose any professional misconduct, remediation, or adverse action against them. Where an application does not meet the requirements for registration, the applications is referred to CPSO’s Registration Committee to determine whether the applicant could qualify for a certificate of registration to practise medicine in Ontario.</p> <p>On an annual basis through the membership renewal process, registrants 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. This allows the CPSO to monitor whether they are continuing to meet the mandatory conduct and character requirements, and take further action if needed.</p>	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>



<i>Additional comments for clarification (optional)</i>

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 2023, continues to meet in 2024
	<ul style="list-style-type: none"> 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)		

Measure:

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

Required Evidence

a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).

Further clarification:

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.

College Response

The College fulfills this requirement:

- 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).

Met in 2023, continues to meet in 2024

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 .		
<p>a. The College has processes and policies in place outlining:</p> <p>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;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. • <i>If yes, please insert link to the policy.</i> 	Met in 2023, continues to meet in 2024
	<p>CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.34).</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>	

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>).

	<p>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</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. - <i>Employers</i> Choose an item. - <i>Registrants</i> Choose an item. - <i>other stakeholders</i> Choose an item. <p>CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 35).</p>	Met in 2023, continues to meet in 2024
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 36).</p>	Met in 2023, continues to meet in 2024
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	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.								
	<p>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.</p>	<table border="1"> <tr> <td data-bbox="758 493 2196 548">The College fulfills this requirement:</td> <td data-bbox="2196 493 2580 548">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 548 2580 1299"> <ul style="list-style-type: none"> • 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. <p>As outlined in the 2021 CPMF report (p. 45), the Quality Assurance Committee (QAC) can request the registrant undergo a peer and practice reassessment that focuses on identified areas of concern to ensure that the registrant has fulfilled the requirements. This is based on the registrant’s response to the Opportunity to Address (OTA) the QAC’s concerns. These peer and practice reassessments happen within 6 to 12 months following the QAC’s decision.</p> <p>If there are clinical concerns identified following the OTA process and/or the physician has no insight into their deficiencies, the QAC has the power under s. 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 notifies 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.</p> <p>If the registrant 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.</p> <p>https://www.cpsa.on.ca/en/Physicians/Your-Practice/Quality-Management/Assessments/Peer-Assessment</p> </td> </tr> <tr> <td data-bbox="758 1299 2196 1344">If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td> <td data-bbox="2196 1299 2580 1344">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • 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. <p>As outlined in the 2021 CPMF report (p. 45), the Quality Assurance Committee (QAC) can request the registrant undergo a peer and practice reassessment that focuses on identified areas of concern to ensure that the registrant has fulfilled the requirements. This is based on the registrant’s response to the Opportunity to Address (OTA) the QAC’s concerns. These peer and practice reassessments happen within 6 to 12 months following the QAC’s decision.</p> <p>If there are clinical concerns identified following the OTA process and/or the physician has no insight into their deficiencies, the QAC has the power under s. 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 notifies 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.</p> <p>If the registrant 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.</p> <p>https://www.cpsa.on.ca/en/Physicians/Your-Practice/Quality-Management/Assessments/Peer-Assessment</p>		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
The College fulfills this requirement:	Yes							
<ul style="list-style-type: none"> • 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. <p>As outlined in the 2021 CPMF report (p. 45), the Quality Assurance Committee (QAC) can request the registrant undergo a peer and practice reassessment that focuses on identified areas of concern to ensure that the registrant has fulfilled the requirements. This is based on the registrant’s response to the Opportunity to Address (OTA) the QAC’s concerns. These peer and practice reassessments happen within 6 to 12 months following the QAC’s decision.</p> <p>If there are clinical concerns identified following the OTA process and/or the physician has no insight into their deficiencies, the QAC has the power under s. 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 notifies 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.</p> <p>If the registrant 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.</p> <p>https://www.cpsa.on.ca/en/Physicians/Your-Practice/Quality-Management/Assessments/Peer-Assessment</p>								
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.							

			<i>Additional comments for clarification (if needed)</i>
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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:

- 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 policies/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
 - [Alternative 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.

Yes

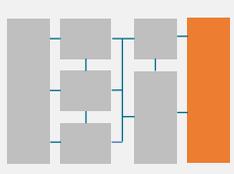
			<ul style="list-style-type: none"> The Patient and Public Help Centre website is another useful web page where patients and members of the public can find information and links to resources outside of the CPSO <p>In addition, the former CPSO EDI Lead worked with leadership in Investigations and Resolutions 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). Tools were also developed to support the Committee to ensure appropriate language and context are employed in the writing of the decision.</p>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
<i>Additional comments for clarification (optional)</i>			

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>See response to 11.1.a. above</p>	Yes
		<p><i>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.</i></p>		
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 47).</p>	Met in 2023, continues to meet in 2024
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	Choose an item.	

	<p>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.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>	
		<ul style="list-style-type: none"> • 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. <p>CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 48).</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		
<p>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.</p>				
	<p>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.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
		<ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p>		

			<p>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.</p> <p>The complainant is sent a copy of the ICRC decision immediately upon release, which is usually within 8 weeks.</p> <p>If a matter is referred to the Ontario Physicians and Surgeons Discipline Tribunal, the Witness Support Coordinator establishes and maintains regular contact with witnesses to assist in scheduling witnesses for hearings and to provide direct support to those testifying at a hearing.</p> <p>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.</p> <p>Language translation services are available, either in the moment through a translation service or by sending documents out for translation.</p>	
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional)</i>	
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: <ul style="list-style-type: none"> 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).	Met in 2023, continues to meet in 2024
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i>		

		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	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" data-bbox="2091 505 2553 548"> <tr> <td>Met in 2023, continues to meet in 2024</td> </tr> </table> <ul style="list-style-type: none"> 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. <p>CPSO KPIs are reported to the Board at each meeting, comprising a balanced score card and evaluated/set annually by the Board. 2024 KPIs adopted by the Board can be found in the meeting minutes from the Board’s February/March 2024 meeting (p. 20).</p>	Met in 2023, continues to meet in 2024
		Met in 2023, continues to meet in 2024		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	

			<i>Additional comments for clarification (if needed)</i>	
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"> 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. <p>CPSO continues to meet this requirement as outlined in the 2021 CPMF report (pp.51-52).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr style="border: 1px solid #0070c0;"/> <p style="color: #0070c0; font-style: italic;">Benchmarked Evidence</p> <hr style="border: 1px solid #0070c0;"/>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> 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. 	
	<p>As outlined in the 2021 CPMF report (p.52), the Board routinely assesses risk to support improvement activities. Reporting on KPIs to the Board helps to identify areas of risk and support the enhancement of future targets.</p> <p>Continuous Improvement is one of the five elements of CPSO’s Strategic Plan. To achieve continuous improvement, CPSO fosters a culture of continuous improvement and openness to change; and is modernizing all aspects of its work to fulfill this mission. Over the past year, staff have continued to complete training in the LEAN methodology so that it can be applied across all areas of the organization (including through the role of a Lean Sensei whose mandate was transition those skills to CPSO leadership). This continuous improvement approach supports ongoing risk identification, assessment, and mitigation with a yearly catchball session to identify gaps risks and the following year’s KPI lineup.</p>	
	<p><i>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.</i></p>	
Measure: 14.3 The College regularly reports publicly on its performance.		
<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	<ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 44).</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	

			<i>Additional comments for clarification (if needed)</i>
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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.

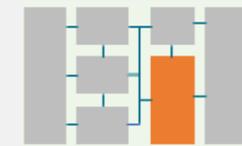
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<p><i>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).</i></p> <p><i>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 2024. 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.</i></p>
Type of QA/QI activity or assessment:	#	
i. QI Individuals	3241	
ii. QI Groups	244	
iii. QI Partnerships	5337	
iv. QA Assessments	698	
v. OHP Assessments	105	
vi. Physicians referred to coaching	249	
vii. Completed Self-screening Questionnaire	15212	
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

** 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)

Table 2 – Context Measures 2 and 3

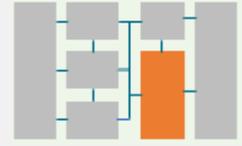
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2024	698		<i>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.</i>
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 2024.	55	7.9%	<i>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 2024, understanding that some cases may carry over.</i>
<u>NR</u>			
<i>Additional comments for clarification (if needed)</i>			

Table 3 – Context Measure 4

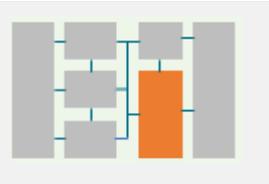
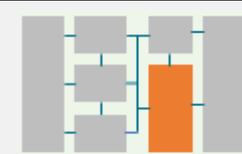
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	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*	55	100%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0		
<p>NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.</p>			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

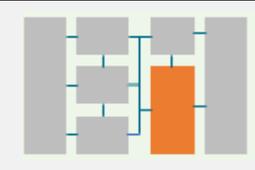
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use: N/A – see below				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024	Formal received	Complaints	Registrar initiated	Investigations
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.



<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**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.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>The CPSO codes investigations upon closure of the file. The issues identified in an investigation are not available for ongoing cases.</p>	

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: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	1626	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	138	
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 2024	67	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	165	4.8%
II. Formal complaints that were resolved through ADR	151	4.4%
III. Formal complaints that were disposed of by ICRC	794	48.8%
IV. Formal complaints that proceeded to ICRC and are still pending	330	20.3%
V. Formal complaints withdrawn by Registrar at the request of a complainant	111	3%
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	94	10.6%
<i>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.</i>		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	30	0.98%	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at 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.</i></p>			

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: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024							
Distribution of ICRC decisions by theme in 2024*		# 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	8	NR	NR	NR	NR	
II. Billing and Fees	23	10	NR	NR	7	NR	
III. Communication	657	248	16	59	62	8	
IV. Competence / Patient Care	1007	356	27	86	100	24	
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	1008	356	27	85	100	24	
VII. Record Keeping	74	48	NR	12	19	NR	
VIII. Sexual Abuse	NR	NR	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	42	21	NR	6	15	17	

X. Unauthorized Practice	NR	NR	NR	NR	NR	NR	
XI. Other <please specify>	76	13	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 2024.
 ++ 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)

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Table 7 – Context Measure 11

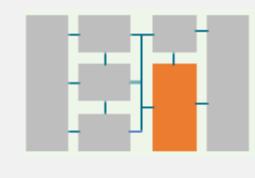
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Recommended</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	<p><i>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.</i></p> <p><i>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></p>
I. A formal complaint in working days in CY 2024	214	
II. A Registrar’s investigation in working days in CY 2024	441	
<p>Disposal</p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p><i>CPSO has been on a journey of continuous improvement in all areas of College operations. One of CPSO’s Key Performance Indicators for 2024 was to complete 80% of complaint files within 150 days, which we exceeded by completing 80% of complaint files within 130 days.</i></p> <p><i>In contrast, Context Measure 11 measures the disposal of complaints and Registrar’s investigations (RIs) at the 90th percentile and also applies different inclusion/exclusion criteria than the KPI metric. For example, CM 11.I includes all complaints where a decision was made by the ICRC, decisions that result from an RI, and complaints resolved as a result of ADR. CPSO’s KPI metric includes complaints resolved through early resolution processes other than ADR and would exclude RIs. Despite these differences, CPSO has greatly improved the year-over-year numbers, reporting 312 days for CM 11.I and 703 days for CM 11.II in 2023.</i></p>		

Table 8 – Context Measure 12

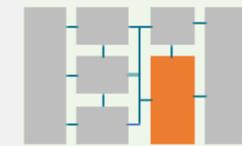
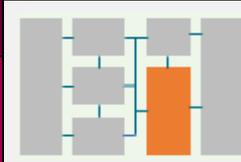
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	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 2024	321	
II. A contested discipline hearing in working days in CY 2024	456.2	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed) CPSO has been on a journey of continuous improvement in all areas of College operations. One of CPSO’s Key Performance Indicators for 2024 was to complete the discipline process within 12 months from the time of referral at the 80 th percentile, a target we exceeded. In contrast, Context Measure 12 measures the disposal of uncontested and contested discipline hearings at the 90 th percentile and also applies different inclusion/exclusion criteria than the KPI metric. For example, CM 12 includes time spent waiting for related criminal matters to resolve, while the KPI would exclude this time. Despite this, CPSO has greatly improved the year-over-year numbers, reporting 554 days for CM 12.I and 568 days for CM 12.II in 2023.		

Table 9 – Context Measure 13

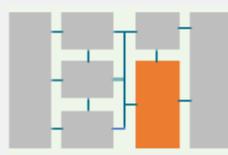
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>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.</i>
Type	#	
I. Sexual abuse	45	
II. Incompetence	12	
III. Fail to maintain Standard	45	
IV. Improper use of a controlled act		
V. Conduct unbecoming	3	
VI. Dishonourable, disgraceful, unprofessional	178	
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

** 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)

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: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>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.</i>
Type	#	
I. Revocation	7	
II. Suspension	13	
III. Terms, Conditions and Limitations on a Certificate of Registration	12	
IV. Reprimand	22	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
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](#)