

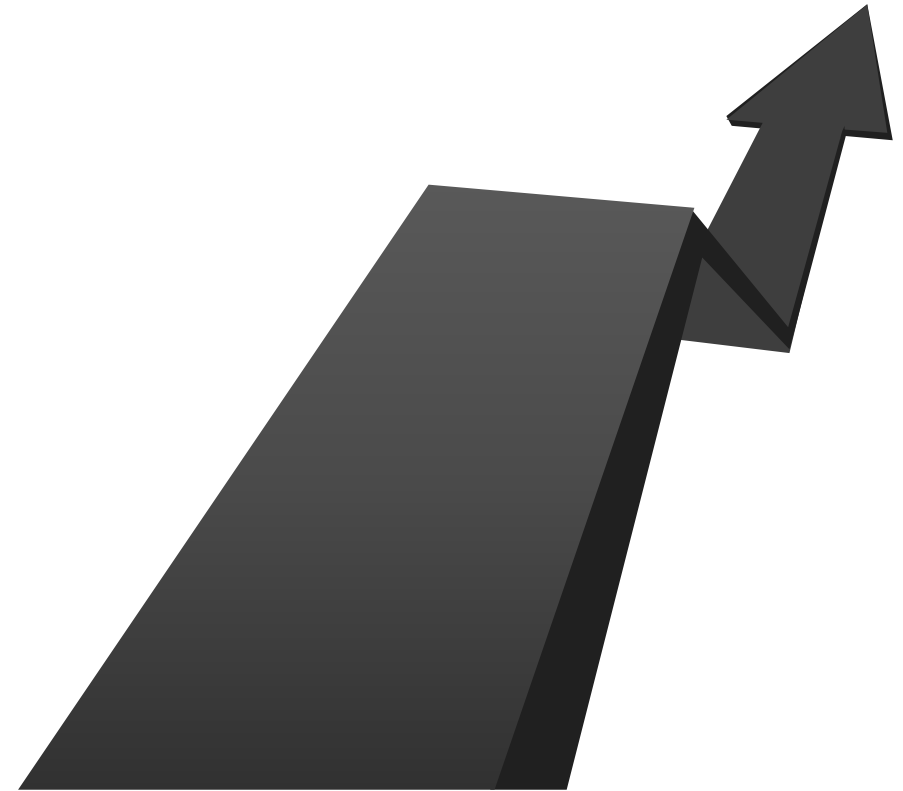


CPSO

Serving the people of Ontario through
effective regulation of medical doctors

College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2021



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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

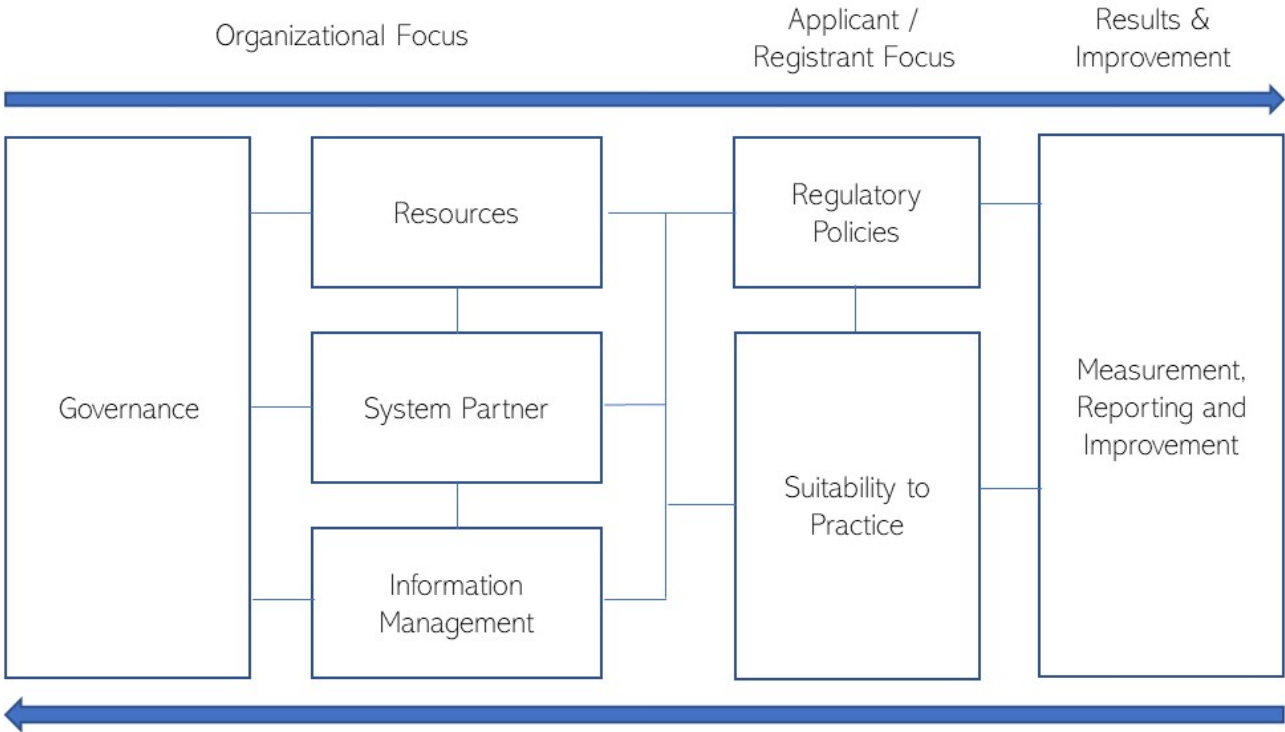
a) Components of the CPMF:

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

b) Measurement domains:

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

Figure 1: CPMF Model for measuring regulatory excellence



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

Table 1: Overview of what the Framework is measuring

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

c) Standards, Measures, Evidence, and Improvement:

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

Example:

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

THE CPMF REPORTING TOOL

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

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

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

Furthermore,

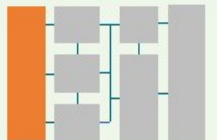
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required: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

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

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

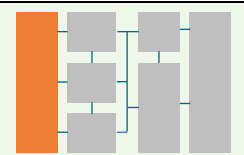
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

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

PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE			
Standard 1: Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	<div>a. Professional members are eligible to stand for election to Council only after:<div><div>i. meeting pre-defined competency / suitability criteria, and</div><div>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</div></div></div>	<div>The College fulfills this requirement: Yes.</div> <div><u>i. meeting pre-defined competency/suitability criteria</u></div> <div>A Council Profile has been developed and approved by Council, which includes diversity attributes, technical skills and behavioural competencies that Council members should possess to ensure that Council can carry out its strategic objectives.</div> <div><u>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities</u></div> <div>CPSO is meeting this requirement. In December 2020, CPSO changed its elections process to incorporate a mandatory orientation session - professional members are eligible to stand for election to Council after they have attended an orientation training about CPSO’s mandate and expectations for Council members.</div>	

		<p>The competency/suitability criteria are public: Yes. Click here to access the Council Profile (p. 180-188).</p> <ul style="list-style-type: none"> Duration of orientation training: The live orientation training is approximately 1.5 hours in duration. In addition, prospective candidates are expected to review key materials that provide information about CPSO (i.e. Strategic Plan, Annual Report, eDialogue, By-Laws, previous Council meeting package) Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): The format is a combination of pre-reading materials and a virtual, real-time session that includes some testing elements. Insert a link to website if training topics are public OR list orientation training topics: The list of training topics include: The Role of the College, By-Laws, Legislation and Regulation, Fiduciary Duty and Protecting the Public, Confidentiality and Communications, A Day at Council, A Day at Committee, Council Election Process, Remuneration, Anti-Indigenous Racism in Healthcare, Anti-Black Racism in Healthcare, Discrimination Against LGBTQ2S Patients, Implicit Bias in healthcare. Within each of these categories, are various topics which include references to our policies, guidelines and expectations.
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p>Currently the legislation requires that professional members are elected to Council so there is limited control within CPSO to truly ensure that all professional members possess the required skills, knowledge and commitment to be an effective member on Council. CPSO recognizes that a competency-based process for selecting Council members is a leading governance practice and encourages the Ministry to better enable health regulatory colleges to <i>select</i> rather than elect their professional Council members.</p> <p>While this expectation applies to professional members, public members are appointed to Council based on the Minister’s prerogative. It is critical that public members also possess the required skills and knowledge to be effective in their role as governors. Moreover, it is extremely challenging for public members to gain the required skills and knowledge within a one-year appointment.</p> <p>There is an opportunity to improve the transparency of the public appointment process. The Ministry is encouraged to consider applying a competency-based framework consistent with what is expected of professional members and one that considers diversity of public members. Furthermore, the Ministry is encouraged to consider appointments longer than one year to promote stability within Council and Committees.</p>
	b. Statutory Committee candidates have:	<p>The College fulfills this requirement: Yes</p>

		<ul style="list-style-type: none">• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): In light of the pandemic, the format of all orientation training is virtual and involves live presenters as well as reference materials to review following the orientation training• Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: The orientation training topics for all Statutory Committees include an overview to CPSO Governance. In addition, the Committee specific orientation topics are listed below. <p><u>Discipline Committee and Fitness to Practice Committee:</u></p> <p>Legislative Context, Referrals, Pre-Hearing Processes, Hearing Process, Roles of Participants, Burden of Proof and Evidence. For more details Click here.</p> <p><u>Executive Committee</u></p> <p>Strategic Plan and Key Performance Indicators, CPSO Leadership Team, Legislative and Regulatory Framework, Government Relations Initiatives, Governance Modernization</p> <p><u>Inquiries Complaints and Reports Committee</u></p> <p>Welcome and Introduction to ICRC outlining basic responsibilities of ICRC and introducing the Investigations and Resolutions area, Meeting Logistics, the Pre/Post/During ICRC Panel overview, Administrative Law Part I, Role of the RHPA, Role of ICRC and their focus of analysis in Decision Making, Administrative Law Part II, Deliberative Privilege, Legal Counsel Advice, Basic framework re sexual abuse and ICRC relationship with the Discipline Committee</p> <p><u>Patient Relations Committee:</u></p> <p>Terms of Reference, Funding for Therapy and Counselling, Benchmarks, Privacy/Confidentiality, Webmail, Legal Opinions, Decision Components, Application Package, Legislation, Annual Report</p> <p><u>Quality Assurance Committee:</u></p> <p>QAC Primer and Competency Framework, Policy Minutes, QAC Regulations, QAC Meeting resource material, Remuneration, Sample Peer Report, Orientation to CPSO Technology, Privacy and Confidentiality</p>
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		<p>Registration Committee:</p> <p>CPSO registration policies https://www.cpso.on.ca/Physicians/Registration/Registration-Policies, CPSO Practice Guide: https://www.cpso.on.ca/admin/CPSO/media/Documents/physician/policies-and-guidance/practice-guide/practice-guide.pdf, CPSO Best Practices – Privacy & Confidentiality</p> <p>CPD site is an internal site with resources assisting Committee and staff when making education-related decisions: http://cpd.cpso.on.ca/</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p>CPSO is currently improving its current Committee recruitment process and is developing Committee Profiles for each of its Statutory and Standing Committees. The Committee Profiles will include not only skills and behavioural competencies but also diversity attributes that are most valuable for the Committee. To ensure that Committee members have some foundational diversity, equity and inclusion training, the following topics have been included as part of the training for Statutory Committees: Anti-Indigenous Racism in Healthcare, Anti-Black Racism in Healthcare, Discrimination Against LGBTQ2S Patients, Implicit Bias in Healthcare.</p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes.</p> <ul style="list-style-type: none"> Duration of orientation training: Public members are asked to complete 4 hours of orientation training in total. Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): The format of the orientation training is online and includes an on demand, interactive course (provided by the Council on Licensure and Enforcement), as well as a live session with the Director of Governance. Insert link to website if training topics are public OR list orientation training topics: The on demand orientation topics can be found here. The list of training topics covered in the live session include: The Role of the College, By-Laws, Legislation and Regulation, Fiduciary Duty and Protecting the Public, Confidentiality and Communications, A Day at Council, A Day at Committee, Remuneration. Within each of these categories, are various topics which include references to our policies, guidelines and expectations. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<p>Public appointments are made at various times throughout the year, sometimes with little notice to CPSO. At times, it can be very challenging for these orientations to take place in advance of a public member's first meeting, particularly if they have been appointed very close to a Council meeting. There have been instances where the public member doesn't know that they have been appointed by the Minister and are learning of the decision some time after.</p> <p>Where possible, the Minister's Office is encouraged to provide sufficient notice to CPSO regarding appointment and reappointment decisions to promote stability and effective functioning of Council and its Committees.</p>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes. Council evaluates every meeting to identify strengths, opportunities for improvement and educational topics for Council members. The results are shared with Council members at the next meeting. Council also conducts an annual assessment using a third party to evaluate its effectiveness and benchmark with other not-for-profit health care boards.</p>
		<ul style="list-style-type: none"> • Year when Framework was developed OR last updated: The framework was last updated in 2020. • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: Information about CPSO Council's annual assessment can be found here. The Council meeting evaluation results are not publicly available. • Evaluation and assessment results are discussed at public Council meeting: The evaluation and assessment results are discussed at Council meetings in camera.
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	<p><i>Additional comments for clarification (optional)</i></p>
		<p>The College fulfills this requirement: Yes.</p> <ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes. • Year of last third-party evaluation: CPSO last engaged a third-party to provide advice regarding Council effectiveness in 2020. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		CPSO’s framework for assessing the effectiveness of Council includes a board assessment tool developed by the Ontario Hospital Association . The tool enables Council to compare its performance from year to year and also benchmarks CPSO with other not-for-profit boards. Council also engages external governance experts from time to time to assess Council’s effectiveness related to specific areas of its functions.
	c. Ongoing training provided to Council has been informed by: <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members. 	The College fulfills this requirement: Yes. Council members receive an online meeting evaluation after each meeting to identify strengths and opportunities for improvement and potential educational topics of interest.
		Ongoing training provided to Council has been informed by: <u>i. the outcome of relevant evaluation(s)</u> The feedback received through the meeting evaluations informs improvement initiatives and future educational offerings. At the end of each Council meeting, there is also a reflection session which provides a forum for Council members to share observations about the meeting and comment on how effective the Council was in achieving the objectives of the meeting. <u>ii. the needs identified by Council members</u> Last year, Council members specifically requested more information and education about diversity, equity and inclusion. Based on this feedback, we invited Dr. Javeed Sukhera, to share his expertise and engage Council in a discussion about diversity, equity and inclusion in the health regulatory space. It was very well-received and additional sessions have been planned to build the knowledge and skills gained from the initial session.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		Ongoing training is also informed by emerging trends as well as government priorities that may be impacting physicians. For example, Council and Committee members will be participating in various education sessions this year related to implicit bias and anti-Indigenous racism.

Standard 2: Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes. The Code of Conduct and Conflict of Interest Policies are accessible to the public.
		<ul style="list-style-type: none"> Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented OR last evaluated/updated: The Council Code of Conduct and Conflict of Interest Policy was last updated in 2014. Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved: Click here to access the Code of Conduct policy (p. 59) Click here to access the Conflict of Interest policy (p. 63)
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		CPSO is currently reviewing its website to identify ways to make information more accessible to the public.
	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes.
		<ul style="list-style-type: none"> Cooling off period is enforced through: By-Law Competency/Suitability criteria Eligibility Criteria The year that the cooling off period policy was developed OR last evaluated/updated: The cooling off period was included in the General By-Law in 2020 How does the college define the cooling off period? CPSO defines cooling off periods in the manner below. Click here to access the by-laws that describe the cooling off periods. <ul style="list-style-type: none"> the member does not hold, and has not held within one year before the date of the election, a position which would cause the member, if elected as a councillor, to have a

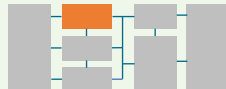
² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<ul style="list-style-type: none"> ○ conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization; ○ the member is not, and has not been within five years before the date of the election, an employee of the College (whether on contract or permanent, and whether on a full-time or part-time basis)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes Y No Y</i>
		<i>Additional comments for clarification (optional)</i>
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<p>The College fulfills this requirement: Yes. On an annual basis, Council members sign a Declaration of Adherence which is a compilation of expectations and policies that they are required to comply with during their term. The Declaration of Adherence includes the conflict of interest policy which has definitions of what would constitute a conflict of interest.</p>
		<ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was updated: 2014 • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Council has a practice of asking members to verbally declare any conflicts of interest at the beginning of each Council meeting. The recording secretary documents any conflicts declared and the Chair and staff ensure that those Council members who have declared a conflict are not present for the agenda items with which they have a conflict. Those who have declared a conflict leave the meeting at the start of the agenda item and are notified to return once the item is over. Click here to see where conflicts are declared during Council meetings.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes Y No Y</i>
		<i>Additional comments for clarification (optional)</i>
		<p>The College fulfills this requirement: Yes</p>

	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<ul style="list-style-type: none">Describe how the College makes public interest rationale for Council decisions accessible for the public: Over the past year, CPSO has refreshed its briefing note templates for Council to include a field regarding public interest rationale. The briefing note also links the agenda item to CPSO’s Strategic Plan. Click here for an example of how CPSO references a public interest rationale and its Strategic Plan. This practice is used for all decision items on a Council meeting agenda. <p>Council minutes also include any relevant appendices (i.e. briefing notes or other relevant materials) that are used to support a decision related to the strategic direction or regulatory processes and actions.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p>Other examples of referencing public interest can be found in our policies.</p> <p>Click here to see examples from September 2020 (p. 113, 115-116) Click here to see examples from March 2020 (p. 96-97, p. 158-160)</p>
Standard 3: The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes
		Click here to access where Council minutes are posted once they are approved CPSO Council recently introduced a Status Update on Council Decisions, which accompanies the Council meeting minutes (i.e. beginning with the March 4-5, 2021 meeting). This provides an update regarding the implementation of Council’s decisions from the previous meeting.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. 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).	The College fulfills this requirement: Yes.
		Click here to see the Terms of Reference for the Executive Committee as well as the meetings that have been scheduled for the year. From time to time there may be ad hoc meetings to address time sensitive matters, for example timely Committee appointments to Statutory Committees so that they can carry out

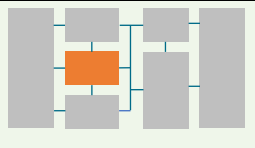
	<ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>their work effectively. As outlined in our General By-Law, section 29(4), decisions that will be ratified by Council are generally required to be discussed with the Executive Committee first:</p> <ul style="list-style-type: none"> The council shall, and may only, consider, (a) at a special meeting, the matter for decision at the meeting contained in the requisition deposited with the registrar; (b) at a regular meeting, a motion made and seconded in writing, (i) on behalf of the executive committee; (ii) in a report by a committee which has received prior review by the executive committee; (iii) of which a notice of motion was given by a councillor at the preceding council meeting; or 17 (iv) which the councillors agree to consider by a two-thirds vote of those in attendance; and (c) at any meeting, routine and procedural motions in accordance with the rules of order. <p>Thus, when matters such as policy reviews come to Council, they have been reviewed first by the Executive Committee. In situations where the Executive Committee has acted on behalf of Council, those decisions are communicated to Council members by email after the Executive Committee meeting. The Executive Committee’s decisions are made available again to Council and to the public in the Executive Report that is included in subsequent Council meeting materials. Click here to see an example of the Executive Committee Report (p. 21)</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes</p> <p>Click here to access the Strategic Plan</p> <p>The Registrar/CEO regularly provides updates on how CPSO is progressing against the strategic plan and the Key Performance Indicators. Beginning in 2021, the Council meeting materials were enhanced to clearly indicate which element of the strategic plan applied to a given agenda item. This enables management to think critically about each item that is brought to Council for discussion or decision; it also serves as a reminder to Council how each agenda item is contributing to CPSO’s strategic priorities. Click here to see an example of how agenda items are linked to the Strategic Plan</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes Click here to see an example of a Notice of Meeting (posted 2.5 weeks in advance) . In addition to posting the Notice of Meeting and Council meeting materials on CPSO's website at least one week in advance of the meeting, efforts are made to promote Council meetings to physicians and members of the public, using various social media channels.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes . Notice of discipline hearings is posted approximately one month in advance at https://www.cpsso.on.ca/News/Discipline-Hearings . The allegations referred, contained in the Notice of Hearing, are posted in the subject physician's profile, which can be searched at https://doctors.cpsso.on.ca/ .
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)

DOMAIN 2: RESOURCES			
Standard 4: The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	College response	
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.	The College fulfills this requirement: Yes	
		Click here to access the 2021 annual budget approved by Council (p. 113) Budget allocations are made based on the projected work for the year in every area of the organization which is tied to the strategic plan.	

	<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>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes. The Finance and Audit Committee regularly reviews the Reserve Fund Policy to ensure it is appropriate and makes recommendations to Council.</p>
		<p><u>If applicable:</u> CPSO Council reviewed its Reserve Fund Policy in September 2020. Click here to view the policy (p. 43). Has the financial reserve policy been validated by a financial auditor? CPSO’s Reserve Fund Policy was reviewed by a financial auditor.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession</p>	<p>The College fulfills this requirement: Yes.</p>
		<p>Click here to access the annual budget approved by Council which incorporates the Human Resources Plan (p. 113). During the budget process all, new FTEs are brought forward for approval with a business plan as part of the budget cycle. Due to ongoing process efficiencies and leveraging strategic enterprise solutions, no new human capital was requested in 2020/2021. Leadership leverages the annual performance review to discuss</p>

	planning, as well as current staffing levels to support College operations).	<p>succession planning with managers, and senior leadership. Discussions are recorded in Ultipro (HR management system).</p> <p>CPSO enhanced the succession planning within its Statutory and Standing Committees in 2020. Each Committee now has a Chair/Vice-Chair model which promotes stability and succession planning to ensure effective functioning of the Committee. In addition, a Mentoring Program was launched in the past year for all Committees to support the onboarding process as well as promote effective knowledge transfer between newer and seasoned Committee members.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

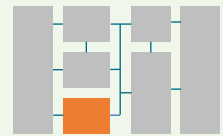
DOMAIN 3: SYSTEM PARTNER		
Standard 5: The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7: The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	
The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no	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>'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <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>System Collaboration is one of the five elements of CPSO's Strategic Plan. To achieve system collaboration, CPSO will continue to develop open and collaborative relationships that support a connected health system and promote interprofessional collaboration and share best practices.</p> <p>CPSO collaborates frequently with other health regulatory Colleges through the Health Profession Regulators of Ontario (HPRO), which is the collective group of health regulatory colleges across the province. Over the past year, we have been an active contributor through their regular meetings as well as through various working groups that addressed common issues such as Governance, Communications and Anti-BIPOC Racism. Where possible, opportunities to leverage existing efforts underway are explored and CPSO is often sharing resources and practices with and learning from other Colleges in an effort to achieve consistency in our regulatory function.</p> <p>All policy reviews including a jurisdictional scan looking at alignment with other health/medical regulatory authorities as appropriate. For example, the Delegation of Controlled Acts policy review included a review of other HPRO Colleges positions on delegation to promote alignment and consistency where possible. Particular efforts were made to work with the College of Nurses of Ontario to align as much as possible given the close working relationship between nurses/physicians. Click here to see an example (p. 114 footnote 1)</p> <p>CPSO administers and is the Chair of the Citizen Advisory Group, which is a partnership among 18 colleges and serves as a forum to consult with patients and public about various issues that the colleges are facing. The Citizen Advisory Group is consulted frequently on a variety of issues where the public voice would add tremendous value, an example from last year includes a symposium on virtual care that was hosted in October 2020 and included both physicians and patients. The feedback received directly influenced the initial work to review and update CPSO's policy on Telemedicine.</p> <p>Initiated through the Health Profession Regulators of Ontario, CPSO engaged in some conversations with the Financial Services Regulatory Authority, which is an independent regulatory agency created to improve consumer and pension plan beneficiary protections in Ontario. Based on our early discussions, we identified a better way to communicate with them regarding findings against physicians who may be carrying out work for FSRA so that they are aware and can take appropriate measures to ensure protection of the public. The collaboration with FSRA is an example of how CPSO is identifying opportunities to achieve greater coordination between health care and other sectors where there may be common objectives to serve in the public interest.</p>
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	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>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).</i> <p>Below are some key examples of how CPSO works with health system stakeholders to respond to changing public expectations. While not an exhaustive list, a few different examples are included to highlight the breadth of organizations with whom CPSO engages.</p> <p>Black Physicians’ Association of Ontario: Ongoing collaborative relationship to identify opportunities for targeted outreach so that that underrepresented groups can get engaged in CPSO’s work and that we are considering issues that are important to our common members</p> <p>Indigenous Physicians Association of Canada: Ongoing collaborative relationship to identify opportunities for targeted outreach so that that underrepresented groups can get engaged in CPSO’s work and that we are considering issues that are important to our common members</p>	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> <p>Meaningful Engagement is one of the five elements of CPSO’s Strategic Plan. To achieve meaningful engagement, CPSO will purposefully involve patients, the public and physicians to inform College decisions; and build awareness of our role, mandate and processes through clear and accessible information.</p> <p>Below are some key examples of how CPSO is responsive to the evolving needs of the public. While not an exhaustive list, a few different examples are included to highlight the various strategies used.</p> <p>The Citizen Advisory Group is a valuable resource that assists CPSO in responding to changing public expectations or emerging trends in a nimble and timely manner. As mentioned previously, consultations with the Citizen Advisory Group provide a direct line of sight into patient perspectives; this type of engagement provides rich information that informs policy development and other initiatives for CPSO and other Colleges.</p>
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	<p>Ministry of Health: Foster positive relationships with various areas within the Ministry of Health to improve patient safety; recent examples include collaboration on Covid-19 response to ensure sufficient physician resources</p> <p>Minister’s Office: Foster positive relationships with the Minister’s Office; recent examples of collaboration include discussions pertaining to Physician Assistant regulation</p> <p>Nishnawbe Aski Nation: Initial discussions with Nishnawbe Aski Nation to identify concrete opportunities to better serve patients living in Indigenous communities</p> <p>Ontario Medical Association: Ongoing collaborative relationship to discuss issues of mutual interest given our common members; examples of collaboration last year include Covid-19 response, engagement in CPSO policy consultations, CPSO/OMA Task Force and Diversity, Equity and Inclusion work</p> <p>Ontario College of Family Physicians: Ongoing collaborative relationship to discuss issues of mutual interest given our common members; recent examples of collaboration include improved engagement in policy consultations</p> <p>Ontario College of Pharmacists: Ongoing collaborative relationship to discuss and ensure alignment throughout the COVID 19 pandemic on issues such as infection control (patients COVID 19 positive coming into pharmacies to pick up prescriptions; vaccine rollout and administration etc.)</p> <p>Ontario Hospital Association: Ongoing collaborative relationship to discuss issues of mutual interest given our members provide care within hospitals across the province; examples of collaboration last year include raised awareness of CPSO Quality Improvement Partnership which supports system collaboration and promotes right-touch regulation</p> <p>Ontario Health: Ongoing collaborative relationship to ensure consistency regarding system wide health care issues (virtual care, etc)</p> <p>Ontario Medical Students Association: CPSO Council regularly includes a representative from the Ontario Medical Students Association at its Council</p>	<p>In February, CPSO conducted a focus group to discuss the draft policy on Complementary/Alternative Medicine.</p> <p>In May, CPSO conducted a focus group to discuss COVID-19 which also included 14 partner Colleges.</p> <p>Last year, CPSO co-designed a Continuity of Care Guide for Patients and Caregivers with members of the Citizen Advisory Group to reflect their perspectives on how patients can get engaged in their care and improve patient experience. The development of this resource was informed by multiple engagements with the Citizen Advisory Group (i.e. April/May/October) using various formats (i.e. focus groups, online survey).</p> <p>In January 2021, CPSO consulted with the Citizen Advisory Group regarding the importance of diversity among Council members; feedback was incorporated as part of the development of a Council Profile. Having a more diverse Council will enable CPSO to better capture the various perspectives of the public that we serve and will ultimately result in more effective regulation of the medical profession.</p> <p>From time to time, public polling is also conducted which provides a representative sample of Ontarians and their perspective on a given issue. CPSO engaged in two public polling initiatives in February 2020: Medical Education and Complementary/Alternative Medicine (representative sample of 800 Ontarians), Awareness and Reputational metrics (representative sample of 800 Ontarians). The polling results directly inform the policy development process.</p> <p>During the Covid-19 response, CPSO worked closely with government to provide and clarify information to assist with the province’s response to the pandemic; CPSO was a critical source of information for physicians and many patients who were looking for guidance around what to expect regarding their care; CPSO continuously adapted to public expectations and provided the most current information to patients through the website.</p>
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	<p>meetings to engage medical learners in conversations about the regulation of physicians in Ontario</p> <p>Patient and Family Advisory Councils: CPSO maintains positive relationships with various Patient and Family Advisory Councils across the province to gather input from patients, families and caregivers to inform key policies and initiatives</p> <p>Patient Ombudsman: CPSO and the Office of the Patient Ombudsman share a common mandate in serving the public interest; initiated discussions to explore opportunities to collaborate where appropriate</p> <p>Professional Association of Residents of Ontario: CPSO Council regularly includes a representative from the Professional Association of Residents of Ontario at its Council meetings to engage residents in conversations about the regulation of physicians in Ontario</p> <p>Rainbow Health Ontario: CPSO initiated discussions to explore how we can better serve LGBTQ2S communities; we are developing an ongoing relationship with them as well as physicians involved in the care of LGBTQ2S patients</p> <p>Various Community Organizations: CPSO liaises with various community organizations to ensure their perspectives are considered when developing or implementing policies and other key initiatives; examples include Alliance for Healthier Communities</p> <p>Various Medical Education Institutions: CPSO maintains effective relationships with the various medical schools in Ontario to engage medical education providers in conversations about the regulation of physicians in Ontario</p>	<p>CPSO’s responses to the FAQs were informed by feedback/needs assessment done with the Citizen Advisory Group.</p> <p>CPSO uses information gathered through its Patient Help Centre to understand where there could be gaps or challenges with respect to physician practice; this information is used to inform the review and development processes for policies, standards and strategic initiatives.</p>
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DOMAIN 4: INFORMATION MANAGEMENT			
Standard 8: Information collected by the College is protected from unauthorized disclosure.			
Measure	Required evidence	College response	

8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes
		The approach of the CPSO to protect against unauthorized disclosure of information is multi-faceted, incorporating hardware, software and policy solutions. A summary of this approach including the policies and processes used to govern our information is summarized in the following document and was provided to the CPSO's Finance and Audit Committee in February 2021. Click here to access the summary of CPSO's approach.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

DOMAIN 5: REGULATORY POLICIES			
Standard 9: Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.			
Measure	Required evidence	College response	
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none">Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <p>CPSO policies are regularly reviewed and updated to ensure they are current. Generally, CPSO aims to initiate the review process for each policy every 5 years, with adjustments given changing priorities or areas of risk. CPSO Council receives a report at each meeting providing an update on the review status of all policies (see the Policy Report in the December 2020 Council materials as an example).</p> <p>The review process is multi-staged. Once a policy review is launched, a comprehensive literature review (including jurisdictional scan) is completed along with an analysis of any available data regarding complaints, investigations, or discipline findings. An external consultation is conducted giving all</p>	

		<p>stakeholders, all physicians, and all members of the public an opportunity to provide feedback and inform the process. The consultation process involves broad and targeted announcements or direct invitations to participate via an internal database of interested parties. Regularly patient engagement activities are undertaken at this point as well. The research and feedback inform the development of a draft policy, which is then circulated for external consultation again. Revisions may then be made in response to feedback before receiving final approval from CPSO Council. All of this work is undertaken with the assistance of a Policy Review Working Group comprised of physician and public members of Council and CPSO staff.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <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. 	<p>The College fulfills this requirement: Yes</p>
		<ul style="list-style-type: none"> For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. <p>All CPSO draft policies must be approved by Council prior to external consultation and all revised policies must be approved by Council prior to becoming a policy of CPSO. Each decision point is supported by the development of a comprehensive briefing note highlighting the various factors considered for the key policy changes being proposed.</p> <p>Advertising: A new draft <i>Advertising</i> policy was developed in 2020 in response to an evolving practice environment, stakeholder feedback, and changing public attitudes. The briefing notes at each stage outline how this information was relied upon to inform the proposed revisions (Draft stage pg. 157; Final Approval, pg. 273)</p> <p>Medical Records: Significant updates to our Medical Records policies were made to address changing practice environments, to address issues emerging from the widespread adoption of EMRs, and to support patient access to their records in response to concerns raised externally and internally (Final Approval; pg. 94)</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	<p>The College fulfills this requirement: Yes.</p> <p>Requirements are set out in the Registration Regulation, in Policy, and in operations as processes/requirements set out as best practices in credentialing and assessment/source verification and complex credentialing. The CPSO are leaders in the complex assessment of qualifications.</p> <p>The purpose of assessment of qualifications is to establish authenticity. Complex Credentialing is the process of obtaining, verifying, and assessing qualifications. Credentials are documented evidence of licensure, education, training, experience, or other qualifications. Complex Credentialing cross references all of the documentation presenting as part of the application process to ensure:</p> <ul style="list-style-type: none"> • consistency in information reported; • Validity of qualifications; and • completeness of record. <p>Third party source documents are required from the source. We confirm validity of the source documents accessing our robust reference materials, performing a Quality Assurance check re-confirming the authenticity of the document directly with the third party.</p> <p>A variety of tools we utilize in assessing supporting documents sent by third party organizations vary depending on mode of receipt but includes: password protected documents sent from official institutions, documents sent through an email address verifiable through the organization's website, official sealed and stamped envelope from the source organization. Courier delivery is acceptable but documents inside the courier package must be in an official envelope that has been sealed by the source organization, verifying sender's address through organization's website, and our reference database.</p>

³ 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.

	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).	The College fulfills this requirement: Yes
		<ul style="list-style-type: none">• Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out.• Provide the date when the criteria to assess registration requirements was last reviewed and updated. Council recently reviewed Registration requirements at one of its meetings in 2020 and the relevant materials are accessible here
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		We form part of the Federation of Medical Regulatory Authorities of Canada (FMRAC) of which there is a registration specific special interest working group that meets to discuss, establish and review the registration landscape across Canada. Additionally, each existing registration policy is regularly reviewed through a formalized multi-staged process. Finally, CPSO is subject to annual review by way of a Fair Registration Practices report from the Office of the Fairness Commissioner.
		The College fulfills this requirement: Yes

<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<ul style="list-style-type: none"> • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: • List the experts / stakeholders who were consulted on currency: • Identify the date when currency requirements were last reviewed and updated: • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>In 2018, the College’s Policy “Ensuring Competence: Changing Scope of Practice and /or Re-entering Practice” was revised and approved by Council. This policy sets out the College’s expectations regarding scope of practice and defines currency of practice as being engaged in clinical practice or where scope is concerned a particular scope of practice in the proceeding 2 years. Link: https://www.cpsa.on.ca/Physicians/Policies-Guidance/Policies/Ensuring-Competence</p> <p>Additionally the Quality Assurance Regulation https://www.ontario.ca/laws/regulation/940114#BK3 sets out the requirement of all members to participate in a program of continuing professional development (CPD) that includes a self-assessment component and that meets the requirements for continuing professional development. This requirement is captured in our annual membership renewal survey.</p> <p>Questions in the annual membership renewal survey help to determine whether members continually meet their membership requirements, including good character, etc.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
		<p>The College fulfills this requirement: Yes</p>

⁴ 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).

10.3Registration 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).	<ul style="list-style-type: none"> Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: https://www.fairnesscommissioner.ca/en/Professions_and_Trades/Pages/Registration-Practices-Assessment-Report-2016---CPSO.aspx Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> 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: Yes <i>If not, please provide a brief explanation:</i> <p>Quality Care is one of the five components of CPSO’s Strategic Plan. To achieve quality care, CPSO will use evidence to evaluate risk and address the greatest concerns for patient care; guide and support doctors throughout their careers; and respond to emerging trends and new technologies.</p> <p>Each time a policy is updated, an announcement is made through CPSO’s quarterly magazine <i>Dialogue</i> introducing the update and highlighting key changes. Additional announcements are made via email communication to the entire membership aimed at informing them of decisions made at Council</p>

		<p>meetings. CPSO policies are also regularly supported by companion <i>Advice to the Profession</i> resources that provide answers to frequently asked questions and identify some best practices.</p> <p>Click here to access the Dialogue article regarding the newly approved Advertising Policy</p> <p>Click here to access the Advice to the Profession for the Medical Records Documentation Policy</p> <p>CPSO has a Physician Advisory Service that provides assistance to physicians regarding a variety of issues, including but not limited to: general practice issues, assistance in managing challenging situations, clarification of CPSO policies or government legislation and annual renewal, including clarification and/or guidance about specific questions, and help with various technical questions or issues. This service is available to physicians year-round and can be connected with trained and knowledgeable staff who can support them with implementing any required changes to standards of practice or practice guidelines.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁵ .	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> 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; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo 	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: <p>Right Touch Regulation is one of the five components of CPSO’s Strategic Plan. To achieve right touch regulation, CPSO will apply a proportionate, consistent, targeted, transparent, accountable and agile approach to all aspects of medical regulation; work with government to align right touch regulation; continually measure, monitor and report on our progress towards more effective regulation.</p> <p>In addition to the CPSO’s QA Peer Assessment Program, we have recently implemented a Quality Improvement Program option for members. The goal is for every member to go through the QI program once every 5 years. Members who participate in the QI program are exempted from the QA peer</p>

⁵ “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>an assessment activity (and which type if multiple assessment activities); and</p> <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>assessment. There are 3 streams for the QI program: Individual members; Groups of physicians (e.g. Family Health Teams); and Partnerships with Hospitals.</p> <p>Members are asked to complete a number of tools aimed at evaluating their practice and then to identify practice improvement plans for their practice. QI coaches (physicians) evaluate the submission and offer coaching to those registrants who require support.</p> <p><u>Rationale for the CPSOs decision to implement a QI program.</u></p> <p><u>Information about the new QI program can be found on the CPSO’s website.</u></p> <p>All information regarding our Quality Peer Assessment program is available on CPSO’s website and includes the peer assessment process as well as the assessment tools that are used so that the subject physician understands the process. In addition, this information is provided again to the subject physician when their notification package is sent out.</p> <p>The assessment tools are designed to be:</p> <ul style="list-style-type: none">• Discipline-specific (define quality from their discipline perspective; decide on evaluation criteria and define quality improvement priorities for their discipline; create appropriate quality improvement resources).• Purpose-driven (align the peer assessment program with its purpose to “promote continuous quality improvement by providing physicians with feedback to validate appropriate care and show opportunities for practice improvement”)• Consistent (ensure consistency in assessor decision-making with well described assessment procedures (e.g., patient record selection) and use of a psychometrically sound measure of assessor agreement).• Transparent (make publicly available how the peer assessment defines, evaluates and seeks to improve “quality”, i.e. post on CPSO website. Seek feedback from physician groups on the peer assessment content prior to finalization).• Relevant (link peer assessment to other quality initiatives (e.g., “Choosing Wisely” campaign; development of a provincial approach to diagnostic imaging peer review)). <p>Is the process taken above for identifying priority areas codified in a policy: No</p> <p>Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: <u>Rationale for the CPSOs decision to implement a QI program.</u></p> <ul style="list-style-type: none">• Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): Right Touch Regulation was included in CPSO’s Strategic Plan which was implemented in
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		<p>early 2019 and is being operationalized across the organization. Engagement activities have been conducted on the new QI program extensively with our registrants and other stakeholders like the Ontario Medical Association, Ontario Hospital Association and College of Family Medicine</p> <p><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <ul style="list-style-type: none"> - Public No - Employers N/A - Registrants Yes - other stakeholders Yes <p>Insert link to document that outlines criteria to inform remediation activities OR list criteria: Registrants are provided an opportunity to address the Quality Assurance Committee prior to a final decision being rendered. There are 3 different ways that a member can address the Committee.</p> <p>1. Opportunity to Address – Written - This provides the member an opportunity to respond by writing to the Committee to address any of the deficiencies and provide examples of how those changes have been made. The member also has access to a CPSO Medical Advisor, if requested to assist with the written response.</p> <p>2. Opportunity to Address with a Medical Advisor – This is something that was initiated in 2019 and provide the member the opportunity to address the issues identified within the assessment report and provide a summary report which is agreed to by the member and forwarded to the QA Committee. This one-on-one approach has worked well since it has been implemented.</p> <p>3. Opportunity to Address In-Person – The Quality Assurance Committee can request that a member attend in front of the panel, in-person to address the deficiencies within the report. In 2020, the Quality Assurance Committee has moved away from this option since the introduction of the Medical Advisor role, which serves that function.</p>
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes

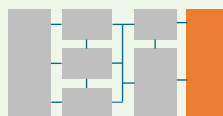
<p>11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The Quality Assurance Committee can request the member undergo a peer and practice reassessment that focuses on the areas of concern to ensure that the member has fulfilled the requirements. This is based on their response to the Opportunity to Address (OTA) avenues described above. These peer and practice reassessments happen within 12 months following the QAC decision.</p> <p>If there are clinical concerns identified following the OTA process and/or the physician has no insight to the deficiencies the QAC has the power under section 80.2 to resolve the matter via SCERP (Specified Continuous Educational Remediation Program). The SCERP is monitored by the College’s Compliance Monitoring and Supervision area. Compliance will notify the QAC when the SCERP elements have been successfully completed and returns the matter to the QAC for a reassessment to ensure that the remediation plan has been successful.</p> <p>If the member wishes to resolve the matter by way of an Educational Undertaking, this undertaking is also monitored by the College’s Compliance Monitoring and Supervision department. The Individual Education Plan is developed in consultation with the QAC which is attached as part of the Undertaking. In these situations, the reassessment is completed by the Compliance Monitoring and Supervision department. Outcomes of the reassessment are not conveyed to the QAC as these matters remain outside of the QAC “black box” of information.</p> <ul style="list-style-type: none"> • Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: <p>https://www.cpsso.on.ca/Physicians/Your-Practice/Quality-Management/Assessments/Peer-Assessment SCERP and Educational Undertakings are public information and placed on the CPSO website, under the physician’s name. These are updated once a member has successfully completed their SCERP and the Educational Undertaking.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
Standard 12: The complaints process is accessible and supportive.		
Measure	Required evidence	College response
		The College fulfills this requirement: Yes

12.1The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<ul style="list-style-type: none"> Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes Does the College evaluate whether the information provided is clear and useful: Yes <p>A link to the complaints process can be accessed here.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<p>While CPSO is meeting the requirements as described by the Ministry of Health, we are aware that there are equity seeking groups who feel that the complaints process is not accessible to them and does not provide a safe mechanism by which to raise their concerns. For example, there are many reports indicating that complaints processes need to be made accessible and safe for Indigenous people.</p> <p>The FMRAC Working Group on anti-racism has specifically called on Medical Regulatory Authorities to examine complaints processes via an anti-racist lens. Similar experiences are often had by patients from Black communities, people of colour, and those identifying as LGBTQ2S. CPSO has begun to examine how it can better apply a diversity, equity and inclusion lens as well as anti-racism praxis to its various functions, policies and processes, including the complaints process. A Diversity, Equity and Inclusion Lead has been appointed to oversee this work across the organisation and we are also engaging with external experts. E.g. San’yas Indigenous Cultural Safety training for all staff.</p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes.
		The CPSO responds to inquiries from the public within 5 business days 97.7% of the time.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	<i>Additional comments for clarification (optional)</i>
		<ul style="list-style-type: none"> List all the support available for public during complaints process: <p>Support available to the public during the complaints process includes:</p>

		<ul style="list-style-type: none"> • Access to an assigned mediator or investigator throughout the entire process; able to communicate via email, telephone or Canada Post • Details of the complaints process on the CPSO website, including how to make a complaint, what to expect, consent and common Q&A • Concerns of the complainant are discussed and confirmed by the mediator/investigator at the initiation of the mediation/investigation • Language translation services are available; either in the moment through a translation service or by sending documents out for translation <ul style="list-style-type: none"> • Most frequently provided supports in CY 2020: <p>Direct connection with a mediator/investigator for information or support throughout the process</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <p>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 ADR; 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</p> <p>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 6 weeks</p>

		<p>Once a matter is referred to discipline, the Witness Support Coordinator establishes and maintains regular contact with witnesses to assist in the coordination of 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 Discipline Committee; provide updates and involve witnesses in penalty hearings; provide some guidance and structure for witness impact statements if required</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	College response
13.1The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: <p>Intake investigators assess each public complaint for risk by considering the following (the guide document is in the form a decision tree and a step by step process):</p> <ul style="list-style-type: none"> Patient safety/public interest Physician’s history with the CPSO, including registration status; previous investigations & outcomes Isolated report vs. multiple sources with similar information Another trusted organization is already investigating Requirements of a public complaint met (e.g. concerns are regarding a physician) Direction provided to investigations regarding decision making supports Checks & balances in place when closing a file without an investigation (investigator -> manager -> registrar/delegate) <p>Triage team assesses all incoming <i>reports</i> for risk and appropriate action, using the principles of right touch regulation</p> <ul style="list-style-type: none"> Provide the year when it was implemented OR evaluated/updated (if applicable): <p>The decision tree guide document for assessing a public complaint was updated in February 2020</p>

		The guide for risk assessment of reports used by the triage team was updated in March 2020
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Right Touch Regulation is one of the five components of CPSO’s Strategic Plan . To achieve right touch regulation, CPSO will apply a proportionate, consistent, targeted, transparent, accountable and agile approach to all aspects of medical regulation; work with government to align right touch regulation; continually measure, monitor and report on our progress towards more effective regulation.
Standard 14: The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes
		Insert a link to policy OR describe briefly the policy: The College routinely shares information with other medical regulators as requested through our certificates of professional conduct (CPC) also known as certificates of standing. Additionally, the College communicates information pertaining to disciplinary findings or a finding of professional misconduct or incompetence by another regulatory licensing authority in any jurisdiction, criminal charges and bail conditions by providing an electronic notice to Medical Regulators and Ontario hospitals. Public Information is also accessible using the Doctor Search function on the College’s website. <ul style="list-style-type: none">Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). Information pertaining to what the College posts on the Public Register is set out here: https://www.ontario.ca/laws/regulation/180261
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (if needed)

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT			
Standard 15: The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes	
		<ul style="list-style-type: none">Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: <p>CPSO’s initial set of Key Performance Indicators were discussed and approved by Council in December 2019 to accompany its Strategic Plan for 2020-2025. The Key Performance Indicators were selected based on how meaningful and relevant they were to the strategic plan and leveraging information that can be collected and monitored in a feasible and timely manner. CPSO successfully met its targets in 2020 and Council discussed and approved a new set of Key Performance Indicators for 2021. Click here to view the relevant Council materials (p. 157-171)</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>Continuous Improvement is one of the five elements of CPSO’s Strategic Plan. To achieve continuous improvement, CPSO will foster a culture of continuous improvement and openness to change; and modernize all aspects of our work to fulfill our mission. Over the past year, staff have been completing training in the LEAN methodology so that it can be applied across all areas of the organization.</p>	
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes	
		<ul style="list-style-type: none">Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes: <p>CPSO publishes an annual report that highlights its accomplishments and its performance against its Strategic Plan. Click here to see the 2019 Annual Report. CPSO’s Key Performance Indicators are presented</p>	

		<p>quarterly to Council by the Registrar. Click here to access the presentation from December 2020 Council meeting where Key Performance Indicators were discussed.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes</p> <p>CPSO applies the LEAN methodology to its work in an effort to continuously improve and gain efficiencies. Below are two examples where the CPSO’s assessment of its performance against the Key Performance Indicators resulted in improvement activities that were approved by Council:</p> <ul style="list-style-type: none"> • Approval of QI program in relation to strategic plan (p. 30) • Changes to Discipline Committee (p. 46) <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>CPSO participated in the Federation of Medical Regulatory Authorities of Canada Integrated Risk Management System (FIRMS) for the first time in 2020. This is a risk management tool used by all medical regulatory authorities across the country which enables benchmarking and identifying common risks among regulators so that common mitigation strategies may be developed where appropriate. This process will further assist CPSO with enhancing its performance.</p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes</p> <p>In 2020, CPSO reported on its performance in the following reports:</p> <p>CPSO 2019 Annual Report - <i>Note that the 2020 Annual Report will be published in Spring 2020</i></p> <p>COVID FAQs – This document was developed to provide guidance and information to the profession and the public on the CPSO’s pandemic response</p> <p>E-dialogue – Provides information related to CPSO activities and performance in a publicly consumable format.</p>

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

PART 2: CONTEXT MEASURES

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

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

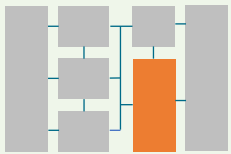
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.



Statistical data collected in accordance with recommended methodology or College own methodology: [Recommended Methodology](#)

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

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

Type of QA/QI activity or assessment	#
i. QI: Practice Improvement Plan submitted	1535
ii. QI: Coaching	235
iii. QA: Peer assessment	344
iv. QA: Out of Hospital Premises Inspection	79
v. QA: Completion of a self-assessment questionnaire	337
vi. <Insert QA activity or assessment>	
vii. <Insert QA activity or assessment>	
viii. <Insert QA activity or assessment>	
ix. <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 = Non-reportable: results are not shown due to < 5 cases

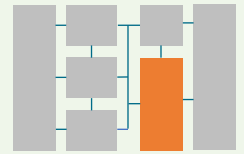
What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how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

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care



Statistical data collected in accordance with recommended methodology or College own methodology: [Recommended Methodology](#)

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

Context Measure (CM)	#	%	
	#	%	What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee. The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 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.
CM 2. Total number of registrants who participated in the QA Program CY 2020	681		
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	53	7.8	

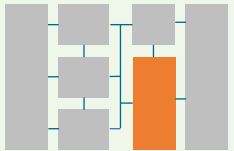
Additional comments for clarification (optional)

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.



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

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

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	28	52.8	
II. Registrants still undertaking remediation (i.e. remediation in progress)	25	47.2	

Additional comments for clarification (if needed)

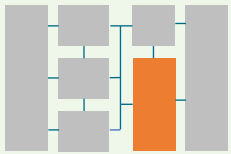
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



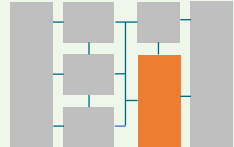
Statistical data collected in accordance with recommended methodology or College own methodology: N/A

If College methodology, please specify rationale for reporting according to College methodology: The CPSO codes investigations upon closure of the file. The issues identified in an investigation is not available for ongoing cases.

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†		<p>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>
Themes:	#	%	#	%	
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**		100%		100%	

<p>* 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 inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.</p>	

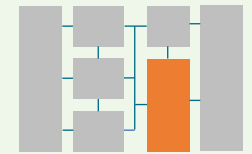
Domain 6: Suitability to Practice			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: Recommended			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	1890		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	200		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020	92		
CM 9. Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	152	8.1	
II. Formal complaints that were resolved through ADR	126	6.7	
III. Formal complaints that were disposed** of by ICRC	1709		
IV. Formal complaints that proceeded to ICRC and are still pending	195	10.3	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	359	16.0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	81	3.4	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	41	2.2	
** Disposals: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).			
* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.			
† ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			
What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.			

<p><i>D The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p><i># May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p><i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p><i>φ Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

Recommended Methodology

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020							
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decision†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	NR	NR	0	0	NR	NR	0
II. Billing and Fees	25	NR	6	NR	5	11	0
III. Communication	266	32	11	17	7	NR	0
IV. Competence / Patient Care	888	238	32	133	72	22	0
V. Fraud	11	0	0	0	NR	5	0
VI. Professional Conduct & Behaviour	128	21	21	6	9	17	0
VII. Record keeping	106	103	22	70	34	18	0
VIII. Sexual Abuse / Harassment / Boundary Violations	47	5	12	6	27	8	0
IX. Unauthorized Practice	9	NR	5	NR	6	5	0
X. Other: Accepting new patients and Termination	9	15	0	NR	0	0	0

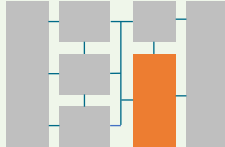
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.

† **NR** = Non-reportable: results are not shown due to < 5 cases.

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

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

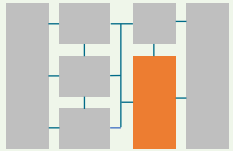
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		Recommended Methodology	Y
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2020	241	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.	
II. A Registrar’s investigation in working days in CY 2020	908		
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).			
* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).			
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

Recommended Methodology

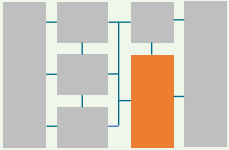
If College methodology, please specify rationale for reporting according to College methodology:

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 2020	541	
II. A contested# discipline hearing in working days in CY 2020	684	
* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).		
^ 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.		
# Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

Recommended Methodology

If College methodology, please specify rationale for reporting according to College methodology: Note that we added the finding 'Suitability to Practice' in item (IV) below, due to numerous findings in 2020

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#
I. Sexual abuse	NR
II. Incompetence	5
III. Fail to maintain Standard	9
IV. Suitability to Practice	8
V. Conduct unbecoming	NR
VI. Dishonourable, disgraceful, unprofessional	30
VII. Offence conviction	
VIII. Contravene certificate restrictions	NR
IX. Findings in another jurisdiction	
X. Breach of orders and/or undertaking	
XI. Falsifying records	
XII. False or misleading document	NR
XIII. Contravene relevant Acts	NR

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

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

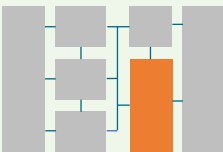
NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		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.
Type	#	
I. Revocation ⁺	8	
II. Suspension ^{\$}	21	
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	21	
IV. Reprimand [^] and an Undertaking	NR	
V. Reprimand [^]	36	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.</p> <p>+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.</p> <p>\$ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none">• Hold himself/herself 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. <p>** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.</p> <p>^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice</p> <p># An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases</p> <p>Additional comments for clarification (if needed)</p>		

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

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Toronto, ON M5G 2K8

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Appendix A: Public Interest

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

PUBLIC INTEREST

in the context of the College Performance Measurement Framework

