

COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO



## College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2021

Introduction ..... 3

    The College Performance Measurement Framework (CPMF) ..... 3

    The Proposed CPMF Reporting Tool ..... 7

Part 1: Measurement Domains ..... 11

    Domain 1: Governance ..... 11

    Domain 2: Resources ..... 19

    Domain 3: System partner ..... 21

    Domain 4: Information management ..... 23

    Domain 5: Regulatory policies ..... 24

    Domain 6: Suitability to practice ..... 25

    Domain 7: Measurement, reporting, and improvement ..... 34

Part 2: Context Measures ..... 36

**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.

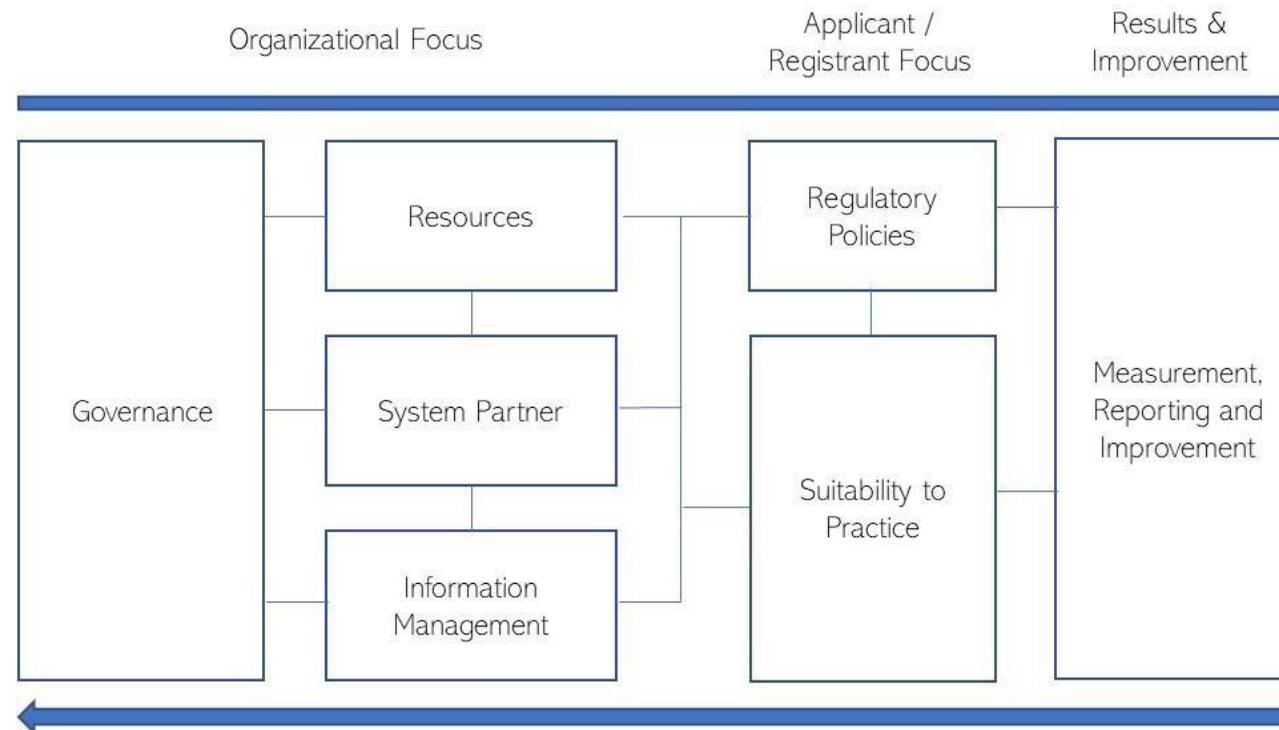
a) Components of the CPMF:

<b>1</b>	<b>Measurement domains</b>	<input type="checkbox"/> Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
<b>2</b>	<b>Standards</b>	<input type="checkbox"/> Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
<b>3</b>	<b>Measures</b>	<input type="checkbox"/> Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
<b>4</b>	<b>Evidence</b>	<input type="checkbox"/> Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
<b>5</b>	<b>Context measures</b>	<input type="checkbox"/> Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
<b>6</b>	<b>Planned improvement actions</b>	<input type="checkbox"/> 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	<b>Governance</b>	<ul style="list-style-type: none"> <li>The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance.</li> <li>Integrity in Council decision making.</li> <li>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.</li> </ul>
2	<b>Resources</b>	<ul style="list-style-type: none"> <li>The College’s ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.</li> </ul>
3	<b>System Partner</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
4	<b>Information Management</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
5	<b>Regulatory Policies</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
6	<b>Suitability to Practice</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
7	<b>Measurement, Reporting and Improvement</b>	<ul style="list-style-type: none"> <li>The College continuously assesses risks, and measures, evaluates, and improves its performance.</li> <li>The College is transparent about its performance and improvement activities.</li> </ul>

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.

## 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:

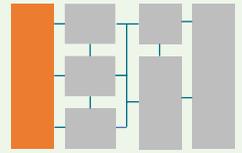
- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.<sup>1</sup>

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<sup>1</sup> 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.

**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.	a. Professional members are eligible to stand for election to Council only after:	The College fulfills this requirement:    Yes <input type="checkbox"/> <b>Partially</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>
	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"> <li>• The competency/suitability criteria are public:    <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>  <i>If yes, please insert link to where they can be found, if not please list criteria: <b>While not a competency-based criteria, the College ensures that anyone wishing to run for election meets the criteria in <a href="#">By-Law 10.09- Eligibility for Election</a>. This by-law deals with whether a registrant is registered in good standing and does not sit on any other boards that are or may be perceived as a conflict of interest, among other items.</b></i></li> <li>• Duration of orientation training: <b>Currently, this happens after a Council member is elected and occurs every August for a full day.</b></li> <li>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): <b>In-person (virtual in 2020) with presentation and discussion. External speakers (e.g. College legal counsel, auditors, staff from another regulatory college, etc.) are invited to provide additional perspectives. Some current Council members attend to share their experiences as a board member.</b></li> <li>• Insert a link to website if training topics are public <b>OR</b> list orientation training topics: <b>Training topics include:</b> <ul style="list-style-type: none"> <li>• The role of College and the role of Council</li> <li>• Where Council's role begins and ends, and the role of staff</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Duties and responsibilities of a Council member (e.g. conflict of interest)</li> <li>• Financial reporting and analysis</li> <li>• Expectations for meetings</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>At its December 2020 Council meeting, staff presented a draft <i>Council and Committee Competency Profile</i> for Council’s consideration. This profile details the knowledge, skill, judgement and attitude requirements the College is looking for in potential Council and committee members. The profile will help in the selection of candidates for election to Council and appointment to the College’s committees.</p> <p>The profile will be posted for feedback for 60 days and discussed at the March 2021 Council meeting. Later in 2021, staff will also present proposed by-law changes that will allow for a competency-based election and selection process. If approved, the by-law changes will be posted for feedback for 60 days. Part of this process will be to develop an in-depth orientation/training program for new Council members and on-going yearly training.</p>
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	<p>b. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> <li>i. met pre-defined competency / suitability criteria, and</li> <li>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</li> </ul>	<p><i>Additional comments for clarification (optional):</i></p> <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• The competency / suitability criteria are public: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  <i>If yes, please insert link to where they can be found, if not please list criteria: While not a competency-based criteria, the College ensures that anyone wishing to run for election meets the criteria in <a href="#">By-Law 10.09- Eligibility for Election</a>. For non-Council committee members (the College’s By-Laws allow for registrants of the College who are not on Council to serve on committees), there are separate criteria outlined in <a href="#">By-Law 13.11- Eligibility for Appointment to a Committee</a>. These by-laws deal with whether a registrant is registered in good standing and does not sit on any other boards that are or may be perceived as a conflict of interest, among other items.</i></li> <li>• Duration of each Statutory Committee orientation training: <b>Each committee holds an orientation session that is at least half a day at its first meeting following the annual September Council meeting.</b></li> <li>• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): <b>In-person (virtual in 2020) with presentation and discussion. External speakers (e.g. College legal counsel, auditors, etc.) may be invited to provide additional perspective.</b></li> <li>• Insert link to website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee: <b>Training topics include:</b> <ul style="list-style-type: none"> <li>• <b>Role and purpose of the Committee and its place within the College structure</b></li> <li>• <b>Decision-making within the Committee’s legal realm</b></li> <li>• <b>Duties and responsibilities of a Committee member (e.g. conflict of interest)</b></li> </ul> </li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><b>At its December 2020 Council meeting, staff presented a draft <i>Council and Committee Competency Profile</i> for Council’s consideration. This profile details the knowledge, skill, judgement and attitude requirements the College is looking for in potential Council and committee members. The profile will help in the selection of candidates for election to Council and appointment to the College’s committees.</b></p>
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		<p>The profile will be posted for feedback for 60 days and discussed at the March 2021 meeting. Later in 2021, staff will also present proposed by-law changes that will allow for a competency-based election and selection process. If approved, the by-law changes will be posted for feedback for 60 days. Part of this process will be to develop an in-depth orientation/training program for new Council members and on-going yearly training.</p>
		<p><i>Additional comments for clarification (optional):</i></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: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Duration of orientation training: <b>Because public appointees may be appointed at various times throughout the year, staff organizes a shorter version (no more than half a day) of its annual August training session for any new public appointees as they are appointed.</b></li> <li>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): <b>In-person (virtual in 2020) with presentation and discussion. External speakers (e.g. College legal counsel, auditors, staff from another regulatory college, etc.) are invited to provide additional perspective. Some current Council members attend to share their experiences as board members.</b></li> <li>• Insert link to website if training topics are public <b>OR</b> list orientation training topics: <b>Training topics include:</b> <ul style="list-style-type: none"> <li>• The role of College and the role of Council</li> <li>• Where Council’s role begins and ends, and the role of staff</li> <li>• Duties and responsibilities of a Council member (e.g. conflict of interest)</li> <li>• What a registered kinesiologist does and information on their educational training</li> </ul> </li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><b>As part of the introduction of a competency-based election/selection process, a new and in-depth orientation/training program for all new Council members (professional and public) and on-going yearly training will be developed.</b></p>

		<i>Additional comments for clarification (optional):</i>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings;</li> <li>ii. Council</li> </ul>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Year when Framework was developed <b>OR</b> last updated: <b>The Council Effectiveness Review Framework was developed in 2014 and has not been updated since.</b></li> <li>• Insert a link to Framework <b>OR</b> link to Council meeting materials where (updated) Framework is found and was approved: <b>The framework was approved on June 17, 2014 (see page 10 of the minutes); however, a copy has never been shared publicly.</b></li> <li>• Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> <li>• <i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed: Results are discussed at a meeting behind closed doors.</i></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><b>The College will be looking for ways to improve how it evaluates the effectiveness of Council. The College will also try to work with other colleges to share resources on board evaluation and best practices, and perhaps collaborate on external evaluations.</b></p> <p><i>Additional comments for clarification (optional)</i></p> <p><b>In 2014 Council approved the Council Effectiveness Review Framework. The Framework includes a chair (president) performance feedback survey; a Council member self-reflection survey; and a committee effectiveness evaluation survey. All Council and committee members participate by completing at least one component and the surveys are administered every two years.</b></p>
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, how often over the last five years? &lt;insert number&gt;</i></li> <li>• Year of last third-party evaluation: <i>&lt;insert year&gt;</i></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><b>The College will be looking for ways to improve how it evaluates the effectiveness of Council. The College will also try to work with other colleges to share resources on board evaluation and best practices, and perhaps collaborate on external evaluations.</b></p>

	<p>c. Ongoing training provided to Council has been informed by:</p> <ul style="list-style-type: none"> <li>i. the outcome of relevant evaluation(s), and/or</li> <li>ii. the needs identified by Council members.</li> </ul>	<p><i>Additional comments for clarification (optional)</i></p> <p>The College fulfills this requirement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training: <b>Council training needs are identified through the Council Effectiveness Review Framework noted above, and during Council meetings as gaps are noted by staff or Council members.</b></li> <li>• Insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>• Describe briefly how this has been done for the training provided <u>over the last year</u>: <b>In 2020, Council received training on the following items:</b> <ul style="list-style-type: none"> <li>• Conflict of interest (<a href="#">see page 4 of the September 2020 Council meeting materials</a>)</li> <li>• Human resources oversight (<a href="#">see page 111 of the September 2020 Council materials</a>)</li> <li>• The role of the Discipline Committee (At the September 2020 Council meeting)</li> <li>• Some Council members attended governance training provided by the Health Profession Regulators of Ontario</li> <li>• Training to all committee chairs and any other interested Council members. This training that focuses on the legislated role of committees and other governance topics and is delivered by an external facilitator.</li> </ul> </li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>The College will continue improving training for Council and committee members. As part of the competency development process, the College will look for additional methods to provide training. Where possible, the College will also work with other colleges to develop training resources.</b></p> <p><i>Additional comments for clarification (optional):</i></p>
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**Standard 2**  
**Council decisions are made in the public interest.**

Measure	Required evidence	College response
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented <b>OR</b> last evaluated/updated: <b>While not a policy, the College has a conflict of interest by-law. Both the Code of Conduct and the Conflict of Interest By-Law are found in the College’s By-laws, which were approved in 2009. Council decided to publish minutes in 2011; minutes from 2009 are not publicly available.</b></li> </ul> <p>The Code of Conduct has not been updated since it was approved in 2009. The Conflict of Interest By-law was updated in 2013. Details can be found in the <a href="#">minutes of the May 14, 2013 Council meeting</a>.</p> <ul style="list-style-type: none"> <li>Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved:                             <ul style="list-style-type: none"> <li><a href="#">Code of Conduct</a></li> <li><a href="#">Conflict of Interest By-Law</a></li> </ul> </li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College has developed a conflict of interest policy that Council will consider later in 2021.</p>

	<p>b. The College enforces cooling off periods<sup>2</sup>.</p>	<p><i>Additional comments for clarification (optional)</i></p> <p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Cooling off period is enforced through: Conflict of interest policy: <input type="checkbox"/> <b>By-law:</b> <input type="checkbox"/>  <b>Competency/Suitability criteria:</b> <input type="checkbox"/> Other &lt;please specify&gt;</li> <li>• The year that the cooling off period policy was developed <b>OR</b> last evaluated/updated: <b>Cooling off periods are addressed in the following by-laws:</b> <ul style="list-style-type: none"> <li>- <b>By-Law 10.09-</b> eligibility for election, which was updated in 2012 to clarify cooling off periods.</li> <li>- <b>By-Law 13.11-</b> eligibility to become a non-Council committee member, which was approved in 2009 and has not been updated.</li> <li>- <b>By-Law 16.10-</b> staff cooling off periods, which was approved in 2009 and has not been updated.</li> </ul> </li> <li>• How does the college define the cooling off period? <ul style="list-style-type: none"> <li>- Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced: <a href="#">By-Law 10.09</a>, <a href="#">By-Law 13.11</a> and <a href="#">By-Law 16.10</a>. <b>During and after a call for election nominations and when recruiting non-Council committee members, staff review all nominations/applications against the criteria in By-Law 10.09 or By-Law 13.11. To date, staff have not had to disqualify someone who has not followed the cooling off provisions. The College has not had to enforce By-law 16.10.</b></li> <li>- insert a link to Council meeting where cooling of period has been discussed and decided upon; <b>OR</b> where not publicly available, please describe briefly cooling off policy: <b>There are cooling off periods specific to kinesiologists and individuals wishing to become staff. For kinesiologists running for election, they cannot have been:</b> <ul style="list-style-type: none"> <li>• an employee, officer or director of any professional association or certifying body in the healthcare and health-related fields for one year before the date of nomination; and</li> <li>• a member of the staff of the College at any time within the last three years.</li> </ul> <b>For a kinesiologist applying to be a member-at-large on a committee, they cannot:</b> <ul style="list-style-type: none"> <li>• be an employee, officer or director of any professional kinesiology association; and</li> </ul> </li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• have been a member of the staff of the College at any time within the preceding three years.</li> </ul> <p>Council or committee members cannot hold any other position, contract or appointment with the College while serving as a member of Council or its committees. If a Council or committee member wishes to apply for a staff position, there is a one-year waiting period before they may apply for a staff or consultant position with the College. For full details, click the links to the by-laws above.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College has developed a conflict of interest policy that Council will consider later in 2021. The implementation of the competency profile may also include further by-law changes that enhance cooling off periods. This will be determined as the College researches governance trends.</p> <p><i>Additional comments for clarification (optional)</i></p>
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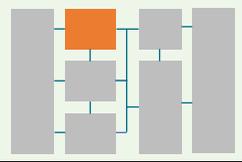
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<sup>2</sup> Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

	<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"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>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</li> <li>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>.</li> </ul>	<p>The College fulfills this requirement:      Yes <input type="checkbox"/> <b>Partially</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• The year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated: <b>N/A</b>.</li> <li>• Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: <b>Always</b> <input checked="" type="checkbox"/> (See comments below) Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/></li> <li>• Insert a link to most recent Council meeting materials that includes the questionnaire: <b>N/A</b></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><b>The College will implement a conflict of interest questionnaire later in 2021.</b></p> <p><i>Additional comments for clarification (optional)</i></p> <p><b>While the College does not have a questionnaire, before each Council and committee meeting begins, Council and committee members are given an opportunity to verbally declare any conflicts of interest with items on the agenda. Upon election to Council or appointment to a committee, all members must complete a professional affiliations form, confirming that they do not and will not hold a position that may conflict with their role as a Council or committee member.</b></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>	<p>The College fulfills this requirement:      Yes <input type="checkbox"/>      Partially <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Describe how the College makes public interest rationale for Council decisions accessible for the public: <b>N/A</b></li> <li>• Insert a link to meeting materials that include an example of how the College references a public interest rationale: <b>N/A</b></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><b>The College will begin detailing the public interest rationale for each of the item on the agenda in its meeting materials later in 2021.</b></p> <p><i>Additional comments for clarification (if needed)</i></p>

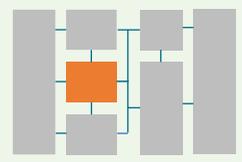
Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes 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: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert link to webpage where Council minutes are posted: <b>Council minutes have been posted since 2011 and can be found on the <a href="#">Council meeting minutes webpage</a>. Minutes are posted once they are approved (i.e. at the next meeting).</b></li> </ul>
		<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). <ol style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>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</li> <li>iv. if decisions will be ratified by Council.</li> </ol>	The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to webpage where Executive Committee minutes / meeting information are posted: <b>Executive Committee meeting materials are posted on the <a href="#">Council and Committee Meetings webpage</a>. The College began posting this information in the summer of 2020. On this page, notice of Council and Executive Committee meetings and meeting minutes will be published.</b></li> </ul>
		<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>

	<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: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to the College’s latest strategic plan and/or strategic objectives: <a href="#">College’s strategic plan for 2019-2022</a>. Previous strategic plans can be found on the <a href="#">Corporate Documents webpage</a>.</li> </ul> <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>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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>Notice of meetings and meeting materials are posted on the College’s <a href="#">Council and Committee meeting webpage</a>.</p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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>Notice of Discipline hearings can be found on the <a href="#">Upcoming Discipline Hearings webpage</a>.</p> <p>Outcomes from the Discipline Committee can be found on the <a href="#">Discipline Committee Decisions webpage</a>.</p>

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.  <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.	The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to Council meeting materials that include approved budget <b>OR</b> link to most recent approved budget: <b>The most recent approved budget can be found on <a href="#">page 47 of the June 2020 Council meeting materials</a>.</b></li> </ul>
		<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>  The College’s annual budget is developed based on the College’s strategic plan so that the College has the financial resources to achieve its strategic goals. The budget and strategic plan compliment each other.

	<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: <b>Yes</b> <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> <li>• Insert a link to “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved: <b>Council first considered a financial reserve policy in 2011 (before the College made meeting materials public). The reserve policy was revised in April 2014 (see page 2 of the April 9, 2014 minutes) and in December 2018 (see page 39 of the December 2018 Council meeting).</b></li> <li>• Insert most recent date when “financial reserve policy” has been developed <b>OR</b> reviewed/updated: <b>The policy was last updated in 2018. Please see page 39 of the December 2018 Council meeting</b></li> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/></li> </ul> <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>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 planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/></i></p>

	<p><i>Additional comments for clarification (optional)</i></p> <p><b>While no formal human resource plan exists, the Finance and Planning Committee is kept informed of staffing needs. Succession planning is also addressed in the College's Risk Management Plan.</b></p> <p><b>Staff is developing an updated human resources plan that will first be presented to the Finance and Planning Committee. Once reviewed by this Committee, this will be presented to Council.</b></p>
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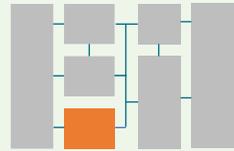
DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure 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>	

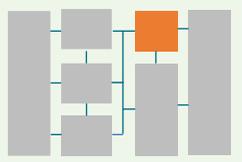
<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a 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"> <li>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.</li> </ul>	<p><b>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.</b></p> <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"> <li><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></li> <li><b>At the beginning of the COVID-19 pandemic, the College convened all the professional associations in kinesiology to share developments from the Ministry of Health and the Chief Medical Officer of Health. While all registrants were receiving regular updates from the College, staff felt it prudent to engage the associations as another avenue to disseminate important information and updates. This group met once and this initial call led to open and on-going dialogue between the College and associations. Staff noticed an increase in questions from the executive directors, asking for updates and/or clarification on advice and guidance. This dialogue ensured that all registrants received information from multiple, reputable sources. College staff keep in contact with association executives throughout the year and the associations are on the College’s email list and receive all updates, and vice-versa.</b></li> <li><b>Before regulated health professionals were allowed to return to practice following revisions to Directive 2 by the Chief Medical Officer of Health (CMOH), the College convened a working group of the colleges of Massage Therapists, Occupational Therapists and Physiotherapists to create return to practice guidance for practitioners. This group was chosen because these practitioners often work together in multi-disciplinary teams. These colleges agreed that it was important to have similar guidance to avoid conflicting information in the practice setting. The guidance was developed by considering information from the Ministry, CMOH, Public Health Ontario and other jurisdictions in Canada who had already eased some COVID-19 restrictions for health professionals. This guidance follows all public health recommendations and is sufficiently flexible to allow the colleges to tailor some aspects to their specific profession. <a href="#">View the guidance.</a> The guidance was shared outside this small group with any colleges that wished to use it.</b></li> <li><b>Where possible, College staff reached out to staff at the colleges of professionals who work alongside kinesiologists to try and align messaging on essential vs. non-essential care, providing services virtually, infection prevention and control, return to work and re-deployment, among other topics. The College was also part of a group of practice advisors from several colleges who met regularly to discuss common practice issues and interpretation of guidance. These interactions enabled the College to adjust its messaging as necessary to better serve the needs of patients/clients, who still relied on the services of kinesiologists during the shutdown.</b></li> <li><b>The College convened another working group of the colleges of Massage Therapists, Occupational Therapists and Physiotherapists to coordinate a training webinar for regulated health professionals delivered by Public Health Ontario. The College felt it was important to be proactive on questions it would eventually receive as the province moved into later stages of re-opening. The purpose of the webinar was</b></li> </ul>
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	<p>to focus on infection prevention and control in the context of COVID-19. Over 1200 practitioners attended the live event and over 200 questions were received. The recording was distributed to all 26 health profession regulators and has been viewed over 650 times. <a href="#">View the webinar.</a></p>	
	<p><b>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</b></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"> <li>• <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></li> <li>• <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></li> <li>• <b>College staff are leading participants on several working groups among the regulated health professions. For example, College staff currently chair the Communications Committee of the Health Profession Regulators of Ontario (HPRO); co-chair HPRO’s Quality Assurance (QA) Working Group; and actively participate in the Ontario Regulators for Access Consortium (ORAC). Participation on these groups provides a forum for discussion of common issues and resource sharing. For example, throughout the COVID-19 pandemic, staff regularly reached out to colleagues on the Communications Committee and QA Working Group to clarify</b></li> </ul>	<p><b>Standard 7: The College responds in a timely and effective manner to changing public expectations.</b></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"> <li>• <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></li> <li>• <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i></li> <li>• <b>As a partner college with the Citizen Advisory Group, the College participated in a focus group in May to gauge patient/client expectations of regulated health professionals when providing care during the pandemic. This collaboration with other colleges allowed staff to seek feedback directly from patients/clients to inform the development of return to work guidance to kinesiologists.</b></li> <li>• <b>Recognizing that the public, applicants and registrants want information that is easy to find and understand, the College launched a new corporate website in July 2020. As a member of</b></li> </ul>

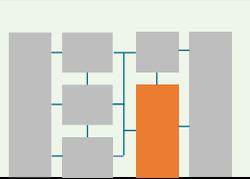
<p>direction and align messaging where possible. The College also leveraged ORAC to adjust its processes for applicants to submit documents for registration during the pandemic.</p> <ul style="list-style-type: none"> <li>• The College participated on HPRO’s Governance Working Group, which worked to develop a council and committee competency and eligibility profile. The College is in the process of customizing the document to suit its own purposes and preparing proposed by-law changes to enable competency-based Council and Committee elections/appointments and training processes. This change will increase transparency and confidence in the election process because a set of rigorous and well-researched criteria for effective board governance will be used by the College in the election/selection of people for Council and committees.</li> <li>• The College is an active participant in HPRO’s marketing and communications efforts on behalf of all 26 health regulatory colleges. Each year, the Communications Committee executes marketing tactics that promote the role of colleges, how to find regulated health professionals, and how to submit a concern or complaint. These tactics (sponsored articles, videos, Google Ads and social media posts) drive users to the <a href="http://www.ontariohealthregulators.ca">www.ontariohealthregulators.ca</a> (OHR) website. The website serves as a gateway to all the regulated health professions and from the site, users can access each college’s website, their public register and find information on the complaints process. The OHR website also has a page that lists all active public consultations at the colleges. From here, the public can provide input into consultation processes. Through this collaboration and resulting campaigns, the College has seen increases in traffic to its website from members of the public.</li> <li>• The College participates on HPRO’s Anti-BIPOC Racism Working Group. The group’s goal is to create tools and resources for all colleges to help them and their registrants address systemic racism.</li> <li>• In 2020 the College joined a group of nine colleges that is working to find efficiencies and ways to collaborate in its operations. The</li> </ul>	<p>the Citizen Advisory Group (CAG), the College consulted various reports from previous CAG meetings to help inform its website re-design. The College was able to benefit from this partnership with other colleges to inform its re-design process. All content was reviewed and revised to ensure it was written in plain language. The site map was more intuitively labelled by audience to enable visitors to quickly find what they were looking for. Understanding that most web users do not take the time to scroll through a website menu, a robust search feature was added throughout the site to make finding information by key word easier. An enhanced news feature was also added. <a href="#">Visit the website.</a></p> <ul style="list-style-type: none"> <li>• A new look and revised content was only one component of this launch. In response to calls for more transparency around college processes, staff added more information on the website about the role and expectations of Council members, such as the Code of Conduct and Conflict of Interest By-Law. The College also provided links to explain how public members are appointed to the College’s Council. In the summer, the College began posting notice of Executive Committee meetings, which includes the date and time, agenda, and short purpose of the meeting. <a href="#">View the Council webpage.</a></li> </ul>
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	<p>group is discussing issues such as physical space, human resources and data. One project the group is currently collaborating on are ways to understand and report College Performance Measurement Framework (CPMF) data. This project will benefit the public because the colleges are trying to achieve some consistency in reporting to avoid significant differences when reporting the same data elements. The collaborations on administrative and HR matters allows the colleges to share resources and find financial savings. These savings can then be diverted to matters that benefit the public, such as increased marketing of college resources, increased peer and practice assessments and improved functionality to find practitioners on the public register.</p> <ul style="list-style-type: none"> <li>• In 2013 the College created the CKO-Universities Liaison Committee. It serves as a forum for discussion between the College and academic institutions. Members of this Committee come from the various Ontario universities offering kinesiology or similar programs. The Committee meets annually, and each school receives information and updates from the College throughout the year. This partnership has led to schools modifying curriculum to align with the College’s entry-to-practice competencies (e.g. adding ethics courses, courses on business skills, etc.), increased sharing of information about the College from faculty (e.g. sharing of College e-newsletters and its Jurisprudence e-Learning Module) and increased student interaction with the College with the opportunity to complete a co-op at the College.</li> </ul>	
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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 <input type="checkbox"/> <b>Partially <input checked="" type="checkbox"/></b> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to policies and processes <b>OR</b> provide brief description of the respective policies and processes: <b>The way the College protects against the unauthorized disclosure of information is covered in several documents:</b> <ul style="list-style-type: none"> <li>The Risk Management Plan, which is reviewed annually (<a href="#">see page 57 of the June 2020 Council meeting minutes</a>)</li> <li>In 2015 staff developed a guideline for handling privacy issues and a privacy applications chart. The guideline defines a privacy breach, provides an overview of applicable privacy legislation and describes how the College will address breaches. The applications chart details areas across the College where sensitive information is stored, how it is protected and who is accountable for that information.</li> <li>The College also has several policies around records management. These policies describe how the College stores information, how long information is retained and how it should be destructed.</li> </ul> </li> </ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> <b>No <input checked="" type="checkbox"/></b>
		Additional comments for clarification (optional)

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.	The College fulfills this requirement: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center; background-color: yellow;">Partially <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> </table> <ul style="list-style-type: none"> <li>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 <b>OR</b> 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): <b>Many of the College’s practice standards, practice guidelines and policies have scheduled review dates. However, these dates are not always adhered to because of shifting priorities and the need to complete other organizational projects. However, practice standards, practice guidelines and policies are revised based on an identified need. If a standard or guideline needs updating, the appropriate staff lead will conduct an environmental scan and literature review. The revised standard or guideline is then presented to the appropriate committee, which will consider the revisions. The committee then recommends that Council approve the document for posting for feedback. Once the deadline for comment closes, staff reviews feedback and edits the document as necessary. At its next meeting, Council approves the final document for posting. Policies follow a similar approach, except they are not posted for feedback, in most cases.</b></li> </ul> <p><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"/></p> <p><b>Staff will be looking to develop a policy that states how all corporate policies, standards and guidelines are updated and when.</b></p> <p><i>Additional comments for clarification (optional)</i></p>	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>		
b. Provide information on when policies, standards, and practice guidelines have been	The College fulfills this requirement: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; background-color: yellow;">Yes <input type="checkbox"/></td> <td style="text-align: center;">Partially <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>			

	<p>newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none"> <li>i. evidence and data,</li> <li>ii. the risk posed to patients / the public,</li> <li>iii. the current practice environment,</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</li> <li>v. expectations of the public, and</li> <li>vi. stakeholder views and feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• 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) <b>OR</b> describe it in a few words.</li> </ul> <p><b>Throughout the COVID-19 pandemic, health professionals could be re-deployed from their normal place of work to another setting to provide support. In response, the College created a draft practice guideline for kinesiologists on their responsibilities when re-deployed. The purpose was to help ensure that no matter where a kinesiologist is deployed during a health emergency, they are always responsible for providing service that is in the patient’s/client’s best interest. The College sought feedback on a <a href="#">draft Practice Guideline- Working Outside Scope of Practice during a Health Emergency</a>. Based on feedback received, the guideline was re-formatted into <a href="#">frequently asked questions</a> that can be easily updated during a rapidly evolving situation. The College also developed a <a href="#">consultation report that summarizes the feedback received</a>.</b></p> <p><b>Before regulated health professionals were allowed to return to practice in spring 2020 following an easing of COVID-19 restrictions, the College convened a working group of the colleges of Massage Therapists, Occupational Therapists and Physiotherapists to create return to practice guidance for practitioners. This group was chosen because these practitioners often work together in multi-disciplinary teams. These colleges agreed that it was important to have similar guidance to avoid conflicting information in the practice setting. The guidance was developed by considering information from the Ministry, the Chief Medical Officer of Health, Public Health Ontario and other jurisdictions in Canada who had already eased some COVID-19 restrictions for health professionals. This guidance follows all public health recommendations and is sufficiently flexible to allow the colleges to tailor some aspects to their specific profession. <a href="#">View the guidance</a>.</b></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>
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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
<p>10.1 Applicants meet all College requirements before they are able to practice.</p>	<p>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.)<sup>3</sup>.</p>	<p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> describe in a few words the processes and checks that are carried out: <b>As part of the initial assessment process, new applicants for registration in the General Class are required to submit several documents. The College’s registration decisions are based on these documents. The documentation required will vary, but generally includes the following:</b> <ul style="list-style-type: none"> <li>A. Proof of language proficiency</li> <li>B. Evidence of successful completion of a university bachelor’s degree program in Kinesiology or a program that may be deemed substantially equivalent by the Registration Committee (e.g. human kinetics or physical education)</li> <li>C. Evidence of successful completion of the College’s entry-to-practice exam</li> <li>D. Evidence of successful completion of the Jurisprudence e-Learning Module</li> <li>E. Proof of Canadian Police Information Centre (CPIC) criminal record check</li> <li>F. Evidence of professional liability insurance</li> </ul> </li> </ul> <p>The <a href="#">Policy- Required Documents</a> outlines the submission requirements for documents required for registration. The College understands that getting documents for registration may be difficult during the COVID-19 pandemic and has implemented alternative means of submission of documents, such as acceptance of electronic copies of any documents. The <a href="#">Policy- Referral of a Registration Application to the Registration Committee</a> describes how the Registration Committee reviews applications for registration.</p> <p>Insert a link <b>OR</b> provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other</p>

	<p>jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): <b>Required documents are assessed in keeping with the Colleges registration policies and the General Registration Regulation of the <i>Kinesiology Act 2007</i>. The College reviews documents upon submission to verify their authenticity. Where applicable and where an alternative means of submission is not identified, all documents must:</b></p> <ul style="list-style-type: none"> <li>- be submitted directly to the College by the issuing body;</li> <li>- have a seal of authentication affixed;</li> <li>- be submitted within a specified timeframe to ensure currency.</li> </ul> <p><b>Applicable policies:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Language Proficiency</a></li> <li>• <a href="#">Translation</a></li> <li>• <a href="#">Good Conduct</a></li> <li>• <a href="#">Professional Liability Insurance</a></li> <li>• <a href="#">Alternative Documents</a></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p><b>The College will be updating the Policy- Required Documents to include timelines for submission for specific documents where currency is required.</b></p>
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<sup>3</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>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).</p>	<p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>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 <b>OR</b> describe in a few words the process and checks that are carried out.</li> </ul> <p>The Office of the Fairness Commissioner (OFC) tracks and provides Ontario regulators open access to its <a href="#">Exemplary Practices Database</a>. The Exemplary Practices Database identifies commendable practices to assist regulated professions in the development and improvement of their registration practices.</p> <p>The College also learns of best practices in registration through its involvement in the <a href="#">Ontario Regulators for Access Consortium</a> (ORAC) registration working group.</p> <p>Lastly, the College regularly reviews its <a href="#">registration policies</a> and processes to ensure their continued defensibility.</p> <ul style="list-style-type: none"> <li>Provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>This date varies as there are multiple policies that govern our registration processes. <a href="#">View the registration policies</a>.</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>10.2 Registrants continuously</p>	<p>a. Checks are carried out to ensure that currency<sup>4</sup> and other ongoing</p>	<p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

<p>demonstrate they are competent and practice safely and ethically.</p>	<p>requirements are continually met (e.g., good character, etc.).</p>	<ul style="list-style-type: none"> <li>• 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 <b>OR</b> provide a brief overview: <b>In accordance with <a href="#">section 7(1) 2 of the General Registration Regulation of the Kinesiology Act, 2007</a> (the Registration Regulation), a registrant holding a General Class certificate of registration is required to have practised kinesiology for at least 1500 hours during every three-year period beginning on the date of their registration. The requirement of 1500 practice hours is one of the means whereby the College assess registrant’s currency of practice skills.</b></li> </ul> <p>Section 9(3) of the Registration Regulation details the requirements that must be sufficed for Inactive Class registrants to be reissued a General Class certificate of registration:</p> <p><i>A member who holds an inactive certificate of registration may be reissued a general certificate of registration if the member,</i></p> <ul style="list-style-type: none"> <li><i>(a) applies in writing to the Registrar for reinstatement;</i></li> <li><i>(b) pays any fee, penalty or other amount owed to the College;</i></li> <li><i>(c) provides the College with any information that it has required of the member;</i></li> <li><i>and</i></li> <li><i>(d) satisfies a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a general certificate of registration</i></li> </ul> <p>Kinesiologists, and those who employ or work with them, have obligations to report certain important information to the College and/or other bodies. This is known as mandatory reporting. Mandatory reporting ensures that the College becomes aware of and can investigate incidents of possible professional misconduct, incompetence or incapacity, which help protect the public.</p> <p>Kinesiologists are also required to self disclose information specific to their professional conduct on their annual renewal application and throughout the registration term. Information required to be reported includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• An offence under the Criminal Code or the <i>Controlled Drugs and Substances Act</i> of Canada; or any other offence, whether inside or outside of Canada</li> </ul>
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- Subjection of bail or similar conditions imposed by a court or other competent authority in any jurisdiction
- Finding of professional misconduct, incompetence, incapacity, or any similar finding, in any jurisdiction
- Being the subject of an investigation or proceeding by a regulatory body or licensing authority regarding professional misconduct, incompetence, incapacity, or any similar matter, in any jurisdiction
- Finding of professional negligence, malpractice, or any similar finding, in any jurisdiction
- Termination of employment or revocation, suspension, or restrictions of employee privileges for reasons of professional misconduct, incompetence, or incapacity
- Dissolution of partnerships, associations, or health professional corporation for reasons of professional misconduct, incompetence, or incapacity

Applicable Links:

- [Good Conduct Policy](#)
- [Mandatory Reporting Requirements](#)
- [Mandatory Reporting Guidelines](#)
- [Inactive Certificate of Registration and Reinstatement to the General Class Policy](#)

- List the experts / stakeholders who were consulted on currency:

The Registration Regulation includes a practice hours requirement that was circulated for feedback to stakeholders and experts in 2010/2011 that included the following groups and individuals:

- Other health regulatory colleges;
- The Ministry of Health and Long-Term Care;
- University faculty members providing kinesiology degree programs and degree programs similar to kinesiology;
- Professional associations in kinesiology

	<ul style="list-style-type: none"> <li>• <b>The public</b></li> </ul> <ul style="list-style-type: none"> <li>• Identify the date when currency requirements were last reviewed and updated:</li> </ul> <p><b>Same as above</b></p> <ul style="list-style-type: none"> <li>• Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p>The College monitors the practice hours requirement by registrant’s self declaration on their annual renewal form. Further, kinesiologist who are registered in the Inactive Class for more than two years are referred to a panel of the Registration Committee and must satisfy the panel that they possess current knowledge, skill and judgement in kinesiology. These registrants are required to submit a self-assessment on their reinstatement application form of the continuing education activities they have been engaged in during their period of inactivity amongst other things.</p> <p>If the panel is satisfied with the information the registrant has submitted it will re-issue a certificate of registration in the General Class. If the panel is not satisfied, it may direct the registrant to complete a retraining or refresher program, or it may impose terms, conditions and/or limitations on their certificate of registration. Registrants may also be required to undergo a peer and practice assessment once they have been reinstated.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p>The College is in the process of updating the Inactive Class Policy. A proposed change to the policy involves requiring kinesiologists who apply for reissuance to the General Class, who have practised kinesiology less than 1,500 hours in the three years preceding the date of their application, be referred by the Registrar to a panel of the Registration Committee for review of their currency of knowledge, skill and judgement in the profession. This change is in keeping with the legislative benchmark of 1500 practice hours under the Registration Regulation and helps to identify and address any gaps in a kinesiologist knowledge, skill, and judgement prior to them returning to active practise.</p> <hr/> <p><i>Additional comments for clarification (optional)</i></p>
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<sup>4</sup> 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).

<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>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).</p>	<p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<p>Insert a link to the most recent assessment report by the OFC <b>OR</b> provide summary of outcome assessment report: <b>The College was audited by the OFC in 2016. <a href="#">View the report.</a></b></p> <ul style="list-style-type: none"> <li>Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> <b>No Action Plan Issued</b> <input checked="" type="checkbox"/></li> </ul>
		<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
11.1 The 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: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>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"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> </ul> <p><b>In 2018, the College developed and implemented the Prevention of Sexual Abuse e-Learning Module to help registrants understand:</b></p> <ul style="list-style-type: none"> <li>what constitutes a boundary violation and sexual abuse;</li> <li>how to recognize warning signs and how to act on them to protect the client; and</li> <li>what to do if boundary violations occur.</li> </ul> <p>The module also covers the expectations of registrants with respect to mandatory reporting. A multiple-choice quiz helps test registrants' ability to analyze the relevant issues, apply the standard and guidelines, and identify learning opportunities.</p> <p>Each year, new General Class registrants or registrants re-issued General Class certificates who have yet to complete the module, are required to do so. Registrants who neglect to complete the module are eligible for peer and practice assessment and may be referred to the Inquiries, Complaints and Reports Committee for non-compliance. In 2020, over 400 new General Class registrants completed the module. Eighty nine percent completed the module by the 90-day deadline.</p> <p>Aggregate data informs the development of further resources to support registrants' understanding of standards and guidelines (e.g., newsletter articles, coaching opportunities)</p>

	<p>during peer and practice assessments). For example, the College published an article <i>“Do you know what you need to report?”</i> on the website as well as a dedicated <a href="#">Mandatory Reporting practice resource webpage</a> that includes a Mandatory Reporting Checklist.</p> <p>The feedback survey reported the following:</p> <ul style="list-style-type: none"> <li>• 96.6% said “The module is relevant to a variety of kinesiology settings and reflects my practice area.”</li> <li>• 98.4% said “The module helps me understand the College's practice standards and guidelines as they apply to my practice.”</li> <li>• 97.1% said “The instructions were clear, and the online platform was user-friendly.”</li> <li>• 86.2% said “The module helped me identify areas for improvement.”</li> </ul> <p>In addition, the peer and practice assessment question pertaining to professional boundaries was modified to ask participants to describe a situation, real or hypothetical, that goes beyond the professional boundaries of a patient/client-therapist relationship. Peer assessors were trained to provide coaching around the standard, guidelines, and e-learning module.</p> <ul style="list-style-type: none"> <li>• Does the College always provide this level of support: Yes <input type="checkbox"/> <b>No <input checked="" type="checkbox"/></b>  <i>If not, please provide a brief explanation:</i></li> </ul> <p>The College has not implemented a learning module for each new/revised practice standard or guideline due to resource constraints, and to demonstrate sensitivity to registrants’ time. The College has introduced a prescribed Ethics and Professionalism e-Learning Module that helps registrants better understand the application of the Code of Ethics and the process of making ethical decisions.</p> <p>These resources, along with webinars, explainer videos, and newsletter articles are the types of supports provided to registrants when new legislation is introduced, or standards and guidelines are developed or revised.</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"/> <b>No <input checked="" type="checkbox"/></b></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation<sup>5</sup>.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> <li>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;</li> <li>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and</li> <li>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</li> </ul>	<p>The College fulfills this requirement:      Yes <input type="checkbox"/>      <b>Partially</b> <input checked="" type="checkbox"/>      No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> link to website where this information can be found:</li> </ul> <p><b>The <i>Essential Competencies of Practice for Kinesiologists in Ontario</i> informs all regulatory functions including self-assessment, and peer and practice assessment. The relevance of competencies and performance indicators depends upon the individual kinesiologist’s practice setting, role, responsibilities, and patients/clients. The development and validation of the <i>Essential Competencies</i> involved a province-wide validation survey to obtain data on the relevance of the competencies and performance indicators, and to assess their importance to practice and the public interest.</b></p> <p><b>Peer and practice assessments (PPA) involve a structured interview based on the behaviour-based interview methodology. The interview is tailored to an individual kinesiologists’ practice using a pre-assessment questionnaire, which determines "trigger" questions based on areas of practice identified by the registrant. Not all competencies can be measured during the PPA, and not all competencies can be measured using a single tool. These assumptions formed the basis of the blueprint for the tool development process. Focus groups ranked the competencies, the level of importance to assess, and provided feedback on assessment type. The rating of importance and frequency was reviewed and adjusted based on importance to public protection. For clinical and mixed practice, the assessment includes a situation-based interview, case-based interview, and a chart review. For non-clinical practice, the assessment includes a situation-based interview, and questions specific to the member's non-clinical area of practice. Read: <a href="#">The Development of the College of Kinesiologists of Ontario Peer and Practice Assessment Final Report</a></b></p> <p><b>Over the years, the College has gathered aggregate data on areas of risk through the self-assessment, peer and practice assessment, practice inquiries and professional conduct program, which is used to enhance the overall Quality Assurance Program.</b></p> <ul style="list-style-type: none"> <li>• Is the process taken above for identifying priority areas codified in a policy:    Yes <input type="checkbox"/>    <b>No</b> <input checked="" type="checkbox"/></li> </ul> <p><i>If yes, please insert link to policy</i></p> <p><i>The above process is outlined in the following document:</i></p> <p><b><a href="#">The Development of the College of Kinesiologists of Ontario Peer and Practice Assessment Final Report</a></b></p>
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- 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:
- [The Development of the College of Kinesiologists of Ontario Peer and Practice Assessment Final Report](#)
- [White Paper – The Validity of Behaviourally Based Interviews](#)
- [Professional Quality Assurance and Competency Assessment – A Scoping Review](#)
- [McMaster Health Forum: Evidence Brief – Modernizing the Oversight of the Health Workforce in Ontario, 21 September 2017](#)

- Provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable):

The PPA was introduced in 2015. In October of 2019, the Quality Assurance Committee reviewed and adopted revisions to the PPA tools. During the summer and fall of 2019, the tools and processes were reviewed and modified based on feedback from registrants and peer assessors to focus on areas of risk for the profession, reduce redundancies, and reduce the time it takes for kinesiologists to prepare for and participate in the assessment. Behaviour-based interview questions and the patient/client record review were compressed.

*If evaluated/updated, did the college engage the following stakeholders in the evaluation:*

- Public Yes  No
- Employers Yes  No
- Registrants Yes  No
- other stakeholders Yes  No

- Insert link to document that outlines criteria to inform remediation activities **OR** list criteria:

The [Competency Enhancement Policy \(3.5\)](#) and [Mentorship Program Information Package](#) are available on the College website.

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?* Yes  No

	<p><i>Additional comments for clarification (optional)</i></p> <p><b>The College will continue to find ways to enhance risk-based programming, and to codify in policy criteria that will inform selection for assessment and remediation.</b></p>
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<sup>5</sup> “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>11.3 The 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 College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> describe the process:</li> </ul> <p><b>The Director of Quality Assurance tracks registrants’ completion of remediation activities following Quality Assurance Committee (QAC) dispositions.</b></p> <p>The Quality Assurance Program <a href="#">Competency Enhancement Policy (3.5)</a> outlines the process when the QAC determines that a kinesiologist has not demonstrated sufficient knowledge, skill, or judgement, and a registrant is required to participate in Competency Enhancement (remediation). Competency Enhancement may involve completing one or more of the following: a demonstrated change report, a course/learning module, a mentorship program, a second Peer and Practice Assessment, and/or any other action specified by the QAC.</p> <p>The decision and reasons letter clarifies the action required to demonstrate compliance with the practice standards and Essential Competencies that were assessed. A kinesiologist directed to complete a Demonstrated Change Report must provide a submission within 30 days in accordance with the <i>Peer and Practice Assessment: General Requirements Policy</i>. The Director, Quality Assurance, ensures that the submission is received, and the submission is presented to the QAC for review and approval to render a subsequent/final decision at the next QAC meeting.</p> <p>Occasionally the Committee directs a registrant to complete a mentorship program. The <a href="#">Mentorship Program Information Package</a> outlines the steps involved in developing, implementing, and evaluating a Mentorship Program.</p> <p>The mentor and kinesiologist review their progress in meeting the learning goals before the interim evaluation and again before the final evaluation. The mentor and kinesiologist sign the learning plan and evaluation, and submit a copy to the Director, Quality Assurance for review and approval. The Director reviews and considers whether the Mentorship Program has been successfully completed based on the indicators in the learning plan, the mentor’s final evaluation and comments, and the QAC’s disposition. The Director notifies the kinesiologist of the outcome of the program and informs the kinesiologist of any follow-up activity that is necessary.</p>
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		<ul style="list-style-type: none"> <li>• Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> describe the process:</li> </ul> <p><b>Kinesiologists are required to demonstrate the requisite knowledge, skills, and judgement through competency enhancement (remediation).</b></p> <p><b>Kinesiologists directed to complete a Demonstrated Change Report review the relevant College practice resources and/or legislation and submit to the QAC evidence of what they have learned; changes made to their practice based on the new knowledge; and how the new knowledge impacts patient/client care/service. For example, a Panel may direct the registrant to complete a Demonstrated Change Report regarding the need to have a master list/legend of abbreviations and acronyms in their practice. The kinesiologist demonstrates competence through the report and submits a legend/list for the practice site. No further action is required.</b></p> <p><b>Occasionally the QAC directs a registrant to complete a mentorship program. The Director, Quality Assurance reviews and approves the learning plan, the mentor’s final evaluation and final comments. The kinesiologist may be required to undergo a second PPA after completing the mentorship program, in accordance with the QAC’s original decision.</b></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>
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Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The 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).	<p>The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:  <a href="#">Complaints webpage</a>- Describes the complaints process and how to submit a complaint.  <a href="#">Understanding sexual abuse webpage</a>- Describes sexual abuse and how the College handles these matters. This page also describes how a patient/client can access funding for therapy/counselling following an allegation of sexual abuse.  <a href="#">Complaints Form</a>- Fillable form that anyone wishing to make a complaint can complete and submit to the College.</li> <li>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:  <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></li> <li>Does the College evaluate whether the information provided is clear and useful:  <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></li> </ul> <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>In early 2021, staff will engage the Patient Relations Committee in a review of the website materials for sexual abuse to ensure it is clear and meets public expectations.</b></p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>The College fulfills this requirement: Yes <input type="checkbox"/> <b>Partially</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)</li> </ul>

	<p>In the 2020 reporting year, the College received 3 inquiries from the public related to its complaints process. Of the 3 inquiries, 2 were responded to within 5 business days. In the 2020 reporting year, the College responded to 66.6% of inquiries within 5 business days, with follow-up timelines as necessary. The calculation is as follows:</p> <p><i>(Numerator = 2): Number of responses provided to the initial public inquiry within 5 days</i>  <i>(Denominator = 3): Number of all inquiries from the public related to the College’s complaints process</i></p> <p><b><i>Numerator / Denominator = 2/3 = 66.6%</i></b></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 checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> <li>• List all the support available for public during complaints process:                             <ul style="list-style-type: none"> <li>• <b>Members of the public are provided with direct support from the assigned College investigator, who is available via phone or email as a resource for questions related to the process or potential outcomes.</b></li> <li>• <b>Members of the public are referred to the Complaints section of the College website, which has a frequently asked questions section and addresses topics of a general nature, such as how long the process may take, who makes the decision about the complaint and how to appeal the decision.</b></li> <li>• <b>Members of the public who confirm a complaint receive specific information about the possible decisions that can be issued by the Inquiries, Complaints and Reports Committee (ICRC) and if they will appear on the kinesiologist’s profile on the Public Register. The complaint confirmation letter also states that the ICRC has no ability to direct the kinesiologist to pay money or make a refund.</b></li> </ul> </li> <li>• Most frequently provided supports in CY 2020:                             <ul style="list-style-type: none"> <li>• <b>Complaint confirmation letter</b></li> <li>• <b>Referrals to the website</b></li> <li>• <b>Direct inquiries to investigator from complainant</b></li> </ul> </li> </ul> <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>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.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: <b>Yes <input checked="" type="checkbox"/></b> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• 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 <b>OR</b> provide a brief description:                             <ul style="list-style-type: none"> <li>• <b>Once the complaint is confirmed, the complaint confirmation letter serves to accurately summarize the specific issues that require investigation by the College and a response from the registrant. The letter also provides an overview of the process and the timelines.</b></li> <li>• <b>Both the complainant and the registrant are provided with the contact information</b></li> </ul> </li> </ul>

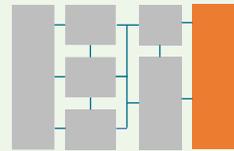
		<p>of the College staff or investigator that is facilitating the case and this person is available to answer any process related questions at any time from either party.</p> <ul style="list-style-type: none"> <li>Both the complainant and the registrant are updated at key milestones in the complaints process, including the deadlines for written responses and date of the ICRC meeting where the case will be discussed.</li> <li>In the unlikely event that the case should extend beyond 150 days from the date that the complaint was confirmed by the complainant, a delay letter is sent to both parties explaining the reason for the delay. No delay letters were required during the reporting period.</li> </ul>
		<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
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>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>	<p>The College fulfills this requirement:      Yes <input type="checkbox"/>      <b>Partially <input type="checkbox"/></b>      No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to guidance document <b>OR</b> describe briefly the framework and how it is being applied: <b>The College assesses risk on intake using a three- point risk matrix from:</b> <ul style="list-style-type: none"> <li><b>1 – Low</b></li> <li><b>2 – Medium</b></li> <li><b>3 – High</b></li> </ul> </li> </ul> <p><b>This risk value is assigned on intake and updated at after the registrant responds and before the matter appears before the ICRC. Risk levels are used to prioritize case investigations and scheduling for ICRC meetings. There is currently no formal decision matrix or triage protocol. All complaints, reports and investigations conducted in the calendar year were completed within established statutory timelines.</b></p> <ul style="list-style-type: none"> <li>Provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable): <b>The risk assessment and case management system was implemented in mid-2020.</b></li> </ul>

	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><b>The College is planning on improving the established risk assessment matrix over the next reporting period by including formal, written criteria to the existing 3-point matrix and expanding this to include measures of complexity such as volume of issues or volume of evidence required for a complete investigation.</b></p> <p><i>Additional comments for clarification (optional)</i></p>
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Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:      Yes <input type="checkbox"/> <b>Partially <input checked="" type="checkbox"/></b> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Insert a link to policy <b>OR</b> describe briefly the policy: <b>The College currently posts on the Public Register all findings of the Discipline Committee related to a particular registrant. The College also posts on the Public Register a decision of the ICRC that is more serious than advice and recommendations.</b></li> <li>• 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’): <b>The College did not need to coordinate or proactively share information with other regulators or partners regarding concerns with individuals in the last year.</b></li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>    <b>Yes <input checked="" type="checkbox"/></b>    No <input type="checkbox"/></p> <p><b>The College is planning to develop consistent criteria for disclosure of concerns about a registrant with other regulators or external partners, such as law enforcement.</b></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

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.	<p>The College fulfills this requirement: <span style="background-color: yellow;">Yes</span> <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>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 <b>OR</b> list KPIs and rationale for selection: <b>KPIs are defined in both the College’s <a href="#">strategic plan</a> and it’s annual operational plans (see page 50 of the June 2020 Council materials).</b> KPIs in the strategic plan are chosen with the help of an external facilitator, who guides Council and staff in prioritizing needs and how to realistically achieve the strategic objectives. KPIs in the operational plans are chosen to ensure staff are achieving the overall strategic objectives.</li> </ul> <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>
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	<p>The College fulfills this requirement: <span style="background-color: yellow;">Yes</span> <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>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: <b>Council reviewed and approved the Risk Management Plan in June 2020 (see <a href="#">page 57 of the College’s June 2020 meeting package</a>).</b></li> </ul>

	<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>
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		<i>Additional comments for clarification (if needed)</i>
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <a href="#">See page 29 of the June 2020 Council meeting materials.</a></li> </ul>
		<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>
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement: <b>Yes</b> <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to College’s dashboard or relevant section of the College’s website: <b>Dashboard updates are provided at each quarterly Council meeting. For an example, see <a href="#">page 23 of the December 2020 Council meeting package.</a> The College also posts all annual reports on its <a href="#">Corporate Documents webpage.</a></b></li> </ul>
		<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>

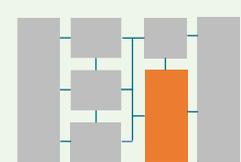
## PART 2: CONTEXT MEASURES

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.

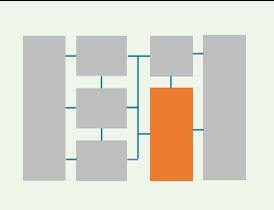
<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>		
<b>Standard 11</b> The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
<b>Context Measure (CM)</b>		
<b>CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*</b>		<p><i><b>What does this information tell us?</b> Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 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</i></p>
Type of QA/QI activity or assessment	#	
i. Self-Assessment 2020/2021	2310	
ii. Ethics and Professionalism e-Learning Module	321	
iii. Prevention of Sexual Abuse e-Learning Module	412	
iv. Peer and Practice Assessment (BBI, Patient Record Review)	0	
v. Competency Enhancement: Demonstrated Change Report	2	
vi. Competency Enhancement: Mentorship Program	1	
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

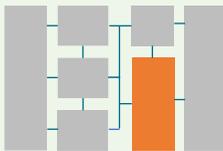
**NR** = Non-reportable: results are not shown due to < 5 cases

13(a) of Standard 11.

*Additional comments for clarification (if needed)*  
 General Class registrants who are registered prior to the beginning of the self-assessment period (December 1<sup>st</sup>) are required to complete the Self-Assessment. Registrants who move to the Inactive Class during the period are not required to complete the Self-Assessment. Numbers above based on data snapshot on January 28, 2021.  
 All kinesiologists registered in the General Class must complete the College’s mandatory e-learning modules at least once.  
 In 2020, Peer and Practice Assessments were paused due to the on-going COVID-19 pandemic and changing restrictions. In Spring 2021, PPAs will resume and will be conducted virtually to ensure kinesiologists provide safe, ethical, and competent services.  
 PPA participants are provided two opportunities to make submissions to the Quality Assurance Committee (QAC) to demonstrate sufficient knowledge, skills, and judgment. During the reporting period, the QAC issued eight kinesiologists notices of intent to direct participation in competency enhancement, specifically to complete a demonstrated change report. After reviewing the kinesiologists’ submissions following the notice, only two kinesiologists were directed to complete a demonstrated change report.  
 One mentorship program was initiated and completed during the reporting period based on a PPA from a previous cycle. The kinesiologist will be re-assessed through a second PPA in Spring 2021.

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>			
<b>Standard 11</b>			
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:			<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
<b>Context Measure (CM)</b>	<b>#</b>	<b>%</b>	<b>What does this information tell us?</b> 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
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2020	<b>2310</b>	<b>100</b>	

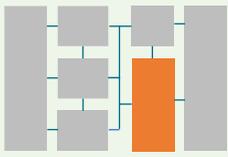
<p><b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *</p>	<p><b>2</b></p>	<p><b>8.7%</b></p>	<p><i>is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.</i></p> <p><i>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.</i></p>
<p><i>Additional comments for clarification (optional)</i></p> <p><i>CM 2. All General Class kinesiologists are required to participate in the Self-Assessment (2310 number based on data snapshot of General Class kinesiologists on January 28, 2021). Some of these registrants underwent multiple QA activities during the reporting period (e.g., e-learning modules, remediation, etc.).</i></p> <p><i>CM 3. At CKO, the policy is that all registrants who participate in PPA are referred to QAC, who review assessors’ reports and participants’ submissions. Twenty-three reports were reviewed by the QAC during the reporting period for PPAs conducted in 2019 that were carried over. PPA participants are provided two opportunities to make submissions to QAC to demonstrate sufficient knowledge, skills and judgment before a final decision is rendered (e.g., no further action, complete remediation). During the reporting period, the QAC issued eight kinesiologists notices of intent to direct participation in competency enhancement, specifically to complete a demonstrated change report. After reviewing the kinesiologists’ submissions following the notice, only two kinesiologists were directed to complete a demonstrated change report.</i></p> <p><i>No registrants were referred to the QAC in the reporting year for neglecting to complete mandatory QA program requirements (e.g., e-learning modules). There were no PPAs conducted in 2020. The registrants who were referred to QAC in the reporting year were registrants who undertook PPA in the previous year.</i></p>			
<p><i>* NR = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</i></p>			

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>			
<b>Standard 11</b> 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: <span style="float: right; margin-left: 20px;"> <input checked="" type="checkbox"/> Recommended                     <span style="margin-left: 20px;"><input type="checkbox"/> College methodology</span> </span>			
If College methodology, please specify rationale for reporting according to College methodology:			
<b>Context Measure (CM)</b>			
<b>CM 4.</b> Outcome of remedial activities in CY 2020*:	#	%	<b><i>What does this information tell us?</i></b> 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**	2	100	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0		
Additional comments for clarification (if needed) One of the two kinesiologists directed to complete a Demonstrated Change Report completed the report and demonstrated requisite competencies in January 2021. The kinesiologist directed to complete a mentorship program, completed the mentorship program in the reporting year and will be re-assessed through PPA in 2021.			
* 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.

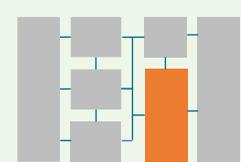


Statistical data collected in accordance with recommended methodology or College own methodology:  Recommended  College methodology

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

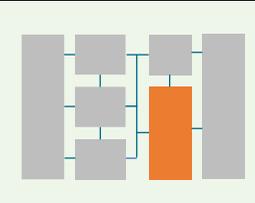
Context Measure (CM)					
<b>CM 5.</b> Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		<p><b>What does this information tell us?</b> This information facilitates transparency to the public, registrants 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	1	50			
II. Billing and Fees					
III. Communication	1	50			
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour			3	100	
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <please specify>					
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>2</b>	<b>100 %</b>	<b>3</b>	<b>100 %</b>	

<p>* <b>Formal Complaint:</b> 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><b>Registrar's Investigation:</b> 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>‡ <b>NR</b> = Non-reportable: results are not shown due to &lt; 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>	
<p><i>Additional comments for clarification (if needed)</i></p>	

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>			
<b>Standard 13</b> 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: <span style="float: right; margin-left: 20px;"> <input checked="" type="checkbox"/> Recommended                     <input type="checkbox"/> College methodology                 </span>			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2020	<b>2</b>		
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	<b>3</b>		
<b>CM 8.</b> 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	<b>3</b>		
<b>CM 9.</b> Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed** of by ICRC	<b>2</b>	<b>40%</b>	
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant <input type="checkbox"/>			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	<b>3</b>	<b>60%</b>	
** <b>Disposal:</b> 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). * <b>Formal Complaints:</b> 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.			
<b>What does this information tell us?</b> 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.			

† **ADR:** Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

<p><input type="checkbox"/> <i>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><input type="checkbox"/> <b>Registrar's Investigation:</b> <i>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><b>NR = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</b></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>							
<b>Standard 13</b>							
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: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:							
Context Measure (CM)							
<b>CM 10.</b> Total number of ICRC decisions in 2020							
Distribution of ICRC decisions by theme in 2020*							
# of ICRC Decisionst							
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		1					
II. Billing and Fees							
III. Communication					1		
IV. Competence / Patient Care							
V. Fraud							
VI. Professional Conduct & Behaviour						3	
VII. Record keeping							
VIII. Sexual Abuse / Harassment / Boundary Violations							
IX. Unauthorized Practice							
X. Other <please specify>							

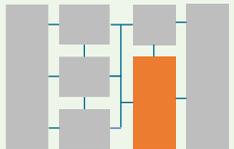
*\* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.*

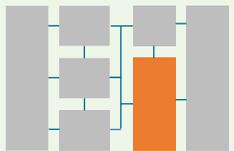
*† NR = Non-reportable: results are not shown due to < 5 cases.*

++ 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)*

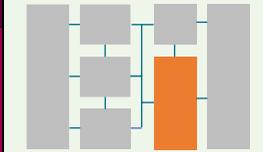
<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>		
<b>Standard 13</b>		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal* of:	Days	<b>What does this information tell us?</b> 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	<b>93</b>	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	<b>126</b>	
* <b>Disposal Complaint:</b> 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).		
* <b>Disposal Registrar’s Investigation:</b> 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).		
<i>Additional comments for clarification (if needed)</i>		

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>		
<b>Standard 13</b> 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:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal* of:	Days	<b><i>What does this information tell us?</i></b> 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	<b>2</b>	
II. A contested# discipline hearing in working days in CY 2020	<b>0</b>	
* <b>Disposal:</b> 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). ^ <b>Uncontested Discipline Hearing:</b> 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. # <b>Contested Discipline Hearing:</b> 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

College methodology

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

**Context Measure (CM)**

**CM 13. Distribution of Discipline finding by type\***

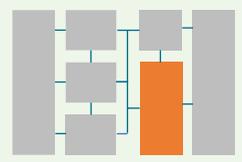
Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	2
IV. Improper use of a controlled act	0
V. Conduct unbecoming	0
VI. Dishonourable, disgraceful, unprofessional	2
VII. Offence conviction	0
VIII. Contravene certificate restrictions	0
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	0
XI. Falsifying records	1
XII. False or misleading document	0
XIII. Contravene relevant Acts	2

**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)

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>		
<b>Standard 13</b> 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: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
<b>CM 14.</b> Distribution of Discipline orders by type*		<p><i><b>What does this information tell us?</b> This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i></p>
Type	#	
I. Revocation <sup>+</sup>	0	
II. Suspension <sup>\$</sup>	2	
III. Terms, Conditions and Limitations on a Certificate of Registration <sup>**</sup>	0	
IV. Reprimand <sup>^</sup> and an Undertaking <sup>#</sup>	0	
V. Reprimand <sup>^</sup>	2	
<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"> <li>• Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),</li> <li>• Practice the profession in Ontario, or</li> <li>• Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.</li> </ul> <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><sup>^</sup> 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 # 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><b>NR = Non-reportable: results are not shown due to &lt; 5 cases</b></p>		

*Additional comments for clarification (if needed)*

**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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**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

