

College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

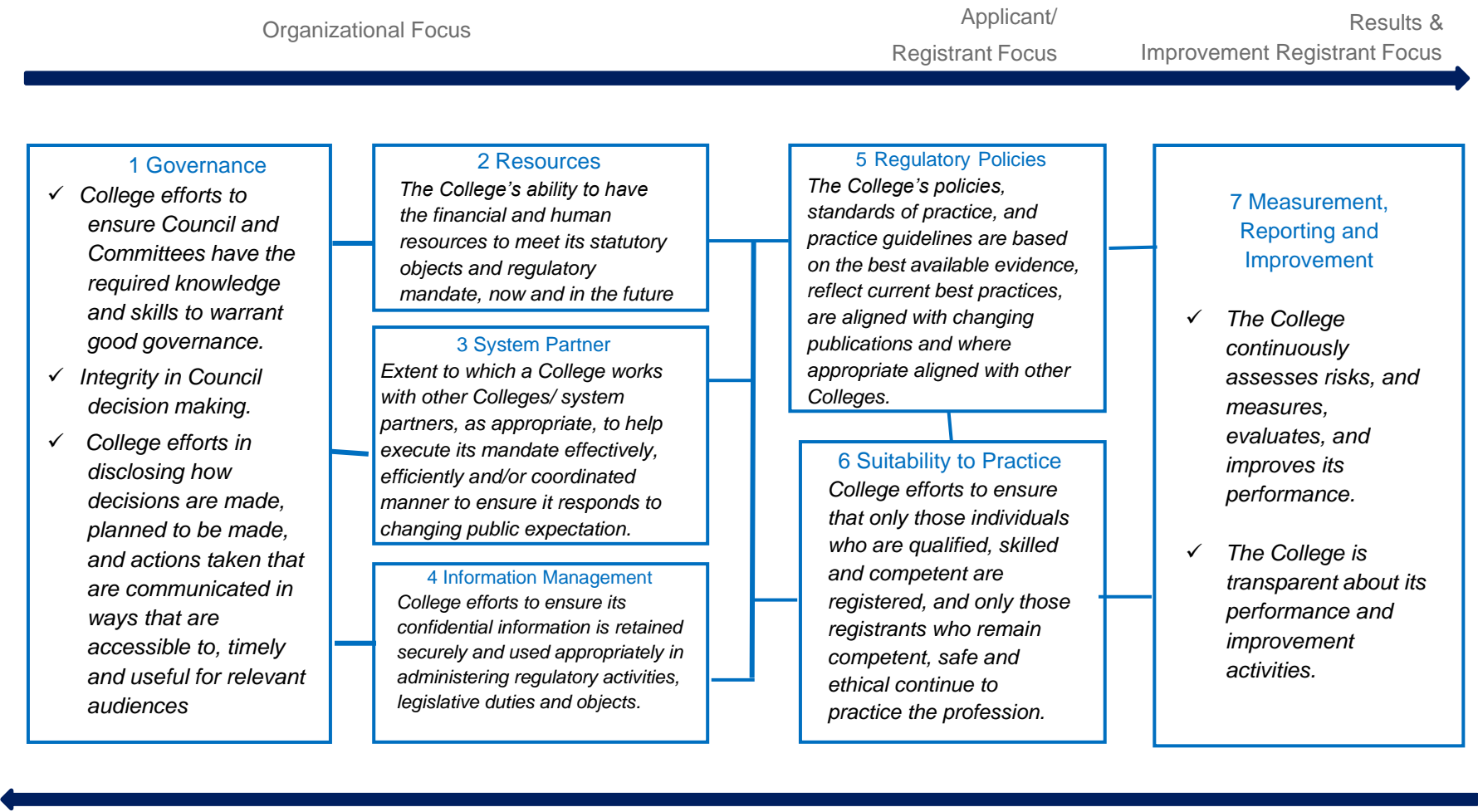


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

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

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

Completing the CPMF Reporting Tool

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

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

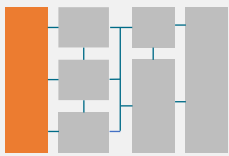
What has changed in 2021?

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

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with ‘Meets Standard’ to illustrate that the current response is consistent with last year’s response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

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

Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after:	The College fulfills this requirement: <div>Yes</div>
		i. meeting pre-defined competency and suitability criteria; and	<ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>The Council and Committee Competency Profile and election eligibility are available on the Council elections page of the college website: https://www.coko.ca/about/council-elections/</p> <p>Eligibility Criteria: https://www.coko.ca/wp-content/uploads/2020/05/Eligibility-for-Election-Website.pdf Competency Profile: https://www.coko.ca/wp-content/uploads/2021/06/APPROVED-Council-and-Committee-Competency-Profile-FINAL.pdf</p> <p>The Profile document was adapted from the <i>Health Profession Regulators of Ontario (HPRO) Boards/Councils Competencies and Eligibility Disqualification Criteria</i> document to strengthen alignment. The competencies are defined throughout and the profile distinguishes between competencies for Council members and those required of committee members.</p> <p>The competencies were approved by Council in March 2021 and will be implemented in this year's Council election cycle. The new Competency Profile and competency-based assessment process have been communicated to registrants through the College's website and e-newsletter.</p>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

		<i>Additional comments for clarification (optional):</i>
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		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Duration of orientation training. Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Please insert a link to the website if training topics are public OR list orientation training topics. <p>Prior to the COVID-19 pandemic, the College facilitated full-day orientation training for new Council and committee members. The College has shifted to virtual training over the past two years in response to the pandemic. Orientation training topics include:</p> <ul style="list-style-type: none"> Governance Overview of healthcare regulation Duties and responsibilities of a Council member (e.g. conflict of interest) What a registered kinesiologist does and information on their education and training Overview of Portfolios Expectations for meetings Financial stewardship and planning <p>In September 2021, Council approved by-law 10 amendments introducing changes to eligibility criteria for those asking for election to Council to include criteria that registrants have successfully completed a qualification process as established by Council. The new online Council orientation module will be released in 2022.</p> <p>The College also provides annual training to Committee members regarding the functions and terms of reference of each committee on which the member serves.</p> <p>College by-laws can be found here: https://www.coko.ca/wp-content/uploads/2022/02/College-By-Laws-Updated-December-2021.pdf</p>	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			<p><i>Additional comments for clarification (optional):</i></p> <p>The College in collaboration with a group of health regulatory colleges has re-purposed another College's online Council orientation module. The College intends to implement the new Council and committee online orientation module for the 2022 Council election cycle. The module may include a knowledge retention testing component at the end. Registrants' participation and successful completion will be tracked through an online form.</p>	
		b. Statutory Committee candidates	The College fulfills this requirement:	Yes

	<p>have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p>	<ul style="list-style-type: none">• The competency and suitability criteria are public: Yes• <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>Brief descriptions of each of the College’s committees are located here:</p> <p>https://www.coko.ca/about/council-and-committees/committees/</p> <p>The Council and Committee Competency Profile is available on the Council elections page of the College website: https://www.coko.ca/about/council-elections/, with specific competency information found here: https://www.coko.ca/wp-content/uploads/2021/06/APPROVED-Council-and-Committee-Competency-Profile-FINAL.pdf</p> <p>The Profile document was adapted from the <i>Health Profession Regulators of Ontario (HPRO) Boards/Councils Competencies and Eligibility/Disqualification Criteria</i> document to strengthen alignment. The competencies are defined throughout and the profile distinguishes between competencies for Council members and those required of committee members. Additional committee-specific competencies will be developed and communicated in advance of marketing and recruitment.</p> <p>The competencies were approved by Council in March 2021 and will be implemented for this year’s committee appointment process. The Competency Profile and competency-based assessment process have been communicated to registrants through the College’s website and e-newsletter.</p>
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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. <p>Each committee holds an orientation and training session as it is first meeting following the annual September Council meeting. Topics covered include:</p> <ul style="list-style-type: none"> - Committee mandate, terms of reference and applicable legislation - Committee portfolio and accountabilities - Decision-making framework - Governance (e.g. conflict of interest, confidentiality, etc.) <p>In December 2021, Council approved by-law 13 amendments, introducing changes to eligibility criteria for those seeking Committee appointment, to include criteria that a registrant is eligible for appointment to committee if “before the appointment, the member has successfully completed any qualification process (i.e. orientation program) established by the Council.</p> <p>College by-laws can be found here: https://www.coko.ca/wp-content/uploads/2022/02/College-By-Laws-Updated-December-2021.pdf</p> <p>This training has been conducted virtually (via teleconferencing software and applications) during the COVID-19 pandemic.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional):</i>	
			<p>The College, in collaboration with a group of health regulatory colleges, has re-purposed another College’s online Council orientation module. The College intends to implement the new Council and Committee online orientation module in 2022. The module may include a knowledge retention testing component at the end. Registrants’ participation and successful completion will be tracked through an online form.</p>	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. <p>To date, College staff have facilitated full-day and half-day orientation training for public appointees subsequent to their appointments throughout the year and prior to their first Council meeting. This has involved a series of presentations, with opportunities for new Council members to ask questions throughout the session. The President has often attended to share their experience as a board member.</p> <p>Orientation training topics include:</p> <ul style="list-style-type: none"> - Governance - Financial Planning and Stewardship - Chair training (where necessary and applicable) - The role of College and the role of Council - Where Council's role begins and ends, and the role of staff - Duties and responsibilities of a Council member (e.g. conflict of interest) - What a registered kinesiologist does and information on the educational requirements to enter the practice of kinesiology in Ontario <p>In March 2021, Council approved a resolution codifying the need for public appointees to Council to complete an orientation and training before they attend their first meeting/30 days after their first meeting. It is expected that public appointees will complete the same rigorous orientation training course as professional Council and committee members regarding the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

Additional comments for clarification (optional):

The College, in collaboration with a group of health regulatory Colleges, has re-purposed another College’s online Council orientation module. The College intends to implement the new Council and committee online orientation module for 2022. The module may include a knowledge retention testing component at the end. Registrant’s participation and successful completion will be tracked through an online form.

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	<p>The College fulfills this requirement:</p>	Yes met in 2020, continues to meet in 2021
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i> <p>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. This document has not been shared publicly (outside of results as shared during Council meetings, which are open to the public, and as described in meeting materials which are publicly available).</p> <p>At the June 28, 2021 Council meeting, a report was given on Committee and Council effectiveness evaluation surveys: https://www.coko.ca/wp-content/uploads/2021/06/FINAL-June-28-Meeting-Materials-Merged-merged.pdf</p> <p>This was the last item on the Council Agenda for that meeting.</p> <p>Council and committee members were given an opportunity to report on their perceptions of Council and Committee strengths and areas for improvement.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes
<p><i>Additional comments for clarification (optional)</i></p> <p>The College is collaborating with the Health Profession Regulators of Ontario (HPRO) regarding establishing a framework for the assessment of Council effectiveness. This project currently involves requests for expressions of interest from third-party consultants to develop this evaluation framework. The deadline for expressions of interest is February 18, 2022. Information regarding project completion timelines, and the format/nature of key deliverables, will be posted as it becomes available.</p>		

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			<ul style="list-style-type: none">A third party has been engaged by the College for evaluation of Council effectiveness: No<i>If yes, how often over the last five years?</i>Year of last third-party evaluation.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> In March 2021, Council approved a motion to implement an evaluation process for Council and Committee performance and directed staff to prepare a project plan for development of a Council and committee evaluation framework, to be returned to Council for consideration. In the 2022/2023 fiscal year, the College will explore developing a Council performance evaluation framework with a third-party vendor to evaluate Council members individually and as a group, Committees, and Chairs. The College is collaborating with a Health Profession Regulators of Ontario (HPRO) working group regarding establishing such a process for the third-party assessment of Council effectiveness. This project currently involves requests for expressions of interest from interested third-party consultants to develop and potentially implement this evaluation framework and process. The deadline for expressions of interest was February 18, 2022. Information regarding project completion timelines, and the format/nature of key deliverables, will be shared as it becomes available.	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>In 2021, Council received training on the following items:</p> <ul style="list-style-type: none"> - Competency-based assessment of Council candidates standing for election, and ongoing competency-based assessment of Council from a Governance perspective. (https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes-March-1-2021.pdf) - On January 27, 2022, facilitation training was provided to Council members, specifically to Committee Chairs and Vice-Chairs. College staff were also present at this training. - On March 4, 2022, Governance training was provided to Council members. - Some Council members and staff attended Equity, Diversity, Inclusion and anti-Bias training hosted by HPRO, as well as participating in an associated workshop provided by Dr. Javeed Sukhera, on September 29, 2021. - 	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
			<p><i>Additional comments for clarification (optional):</i></p> <p>The College will continue improving training for Council and committee members. As part of the competency development process, the College will explore novel approaches to training and subject matter. Where possible, the College will also work in collaboration with other regulatory Colleges to develop training resources.</p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p>	Partially
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>The College By-Laws identify Risk Management as a priority for the College of Kinesiologists.</p> <p>https://www.coko.ca/wp-content/uploads/2022/02/College-By-Laws-Updated-December-2021.pdf</p> <p>Risk management approaches are documented here pertaining to the following:</p> <ul style="list-style-type: none"> - College investment processes/financial resource management - Exam item writing committee (IWC) - Examination committee <p>The College of Kinesiologists also adopts an internal risk management approach regarding business processes and decision making. Risks to College operations are evaluated on a bi-annual basis by each of the College's operational departments. An example of recent discussions of risk management at a Council meeting is included in the minutes of the June 28, 2021 Council meeting.</p> <p>https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes-June-28-2021.pdf</p> <p>On September 29, 2021, some Council members and staff attended an EDI-B training session and workshop provided by HPRO. It was determined that attendance would give Council and staff additional insights into risk management from the developing public interest perspectives of Equity, Diversity, Inclusion and anti-Bias.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes
			<p><i>Additional comments for clarification (optional):</i></p> <p>The College will continue to improve risk management training for Council and committee members. As part of the competency development process, the College will seek new training approaches and perspectives. Where possible, the College will continue collaborative efforts with other regulatory Colleges to develop and implement effective and meaningful shared resources.</p> <p>As progress is made on EDI-B initiatives, the College will ensure that Council receives appropriate training on any tools that are developed or approaches that are recommended for adoption.</p> <p>At present, the College is engaged with an HPRO working group focused on EDI-B. This working group has identified the development of an Equity Impact Assessment (EIA) tool, as well as a deeper investigation of race-based data collection, as two key deliverables. Council and committees will be kept apprised of developments regarding this initiative.</p>	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>
			<ul style="list-style-type: none"> Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review. <p>In September 2021, Council considered and approved proposed amendments to By-law 16 (Conflict of Interest) for external consultation, and a new Conflict of Interest Policy.</p> <p>Following the consultation period, final By-law 16 amendments were approved by Council in December 2021.</p> <p>The College’s By-laws are posted here: https://www.coko.ca/wp-content/uploads/2022/02/College-By-Laws-Updated-December-2021.pdf</p> <p>The following link will direct the reader to the Conflict of Interest Policy: APPROVED-Council-Committee-and-Volunteer-COI-Policy-September-27-2021.doc (live.com)</p> <p>The revised Conflict of Interest Policy defines and described conflicts of interest and sets out procedures for avoiding and managing conflicts of interest should they arise. A table of examples of conflicts of interest is appended to the Policy.</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
		Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. <p>The following links access the College's By-laws, including Code of Conduct and Conflict of Interest), and the most recent Council discussions of By-laws:</p> <p>https://www.coko.ca/wp-content/uploads/2022/02/College-By-Laws-Updated-December-2021.pdf</p> <p>https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes-December-6-2021.pdf</p>	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the college define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; Insert a link to Council meeting where cooling off period has been discussed and decided upon; OR Where not publicly available, please describe briefly cooling off policy. <p>Cooling off periods are addressed in the following by-laws:</p> <ul style="list-style-type: none"> By-law 10.09: eligibility for election (updated 2021) By-law 13.11: eligibility to become a non-Council committee member (updated 2021) By-law 16.10: staff cooling-off periods (approved 2009 and has not been updated). <p>The cooling-off periods prescribed in By-laws 10.09 and 13.11 were increased to three years, in-line with best practices and recommendations in a Professional Standards Authority report by Sir Harry Cayton:</p> <p><u>An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</u></p>	

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional)</i> Registrants of the College seeking Council or Committee leadership positions: <ul style="list-style-type: none"> - Cannot have been in a leadership position including but not being limited to being an employee, officer or director of any professional association or certifying body related to the profession in the previous three years; and - Cannot have held a responsible position in an organization/group whose mandate or interests conflict with those of the College. 	
		c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u>	The College fulfills this requirement:	Yes
		i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire. <p>As per the conflict of interest by-law (found here: https://www.coko.ca/wp-content/uploads/2020/05/COI-By-Law-Website.pdf), all Council members are required to complete a Conflict of Interest declaration form (available from the Registrar or via the College’s website, here: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.coko.ca%2Fwp-content%2Fuploads%2F2022%2F02%2FConflict-of-Interest-Disclosure-Form.docx&wdOrigin=BROWSELINK).</p> <p>Conflicts of interest are declared at the start of each Council and Committee meeting (see: https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes.-December-6-2021.pdf for a recent Council meeting. COI declaration is item 3 of the agenda/in the minutes).</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none">• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. <p>Council meeting materials include briefing notes and decision notes that set out the background for each item, which includes the public interest mandate, and links to the College’s strategic priorities.</p> <p>Some Council documents and decision notes are accompanied by documentation such as an environmental scan and regulatory impact assessment.</p> <p>Archived Council meeting materials can be found here: https://www.coko.ca/about/council-and-committees/council-meetings/</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (if needed)</i> <p>The College will work to enhance briefing notes for each agenda item, such that they clearly articulate the public interest rationale and link to the College’s strategic direction.</p>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. <p>As part of orientation, new Council members are provided with updates regarding the College’s Enterprise Risk Management, Business Continuity and Disaster Preparedness planning. The most recent Council meeting at which this was addressed was June 28, 2021:</p> <p>https://www.coko.ca/wp-content/uploads/2021/06/FINAL-June-28-Meeting-Materials-Merged-merged.pdf</p> <p>The relevant materials were reviewed as item 14 of the Council Agenda for the June 28, 2021 meeting.</p> <p>8 types of risks to College operations were identified: Financial, Information Management, Loss/Damage of Capital Equipment/Furnishings, Loss/Compromise of Examination, Human Resources, Loss of Public/Registrant Confidence, Governance and Compliance. Risks were assessed on a matrix, which considered the likelihood of a event occurring and the impact/consequence or severity of the event, should it occur. The risk priority (the urgency of intervention and need for adjustment to College operations) was determined as a combination of risk impact and risk likelihood.</p> <p>Council is provided ongoing opportunities to review and approve the College’s risk management plan.</p> <p>To facilitate risk management, all College staff members are trained on workplace safety measures, including fire safety/evacuation procedures. Local workplace training and pandemic return-to-work guidance is also provided to all College staff.</p> <p>Beginning in 2021, risk management plans are reviewed by Council biannually. This will typically be done during the March and September Council meetings.</p>	Yes
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

		economic, political and/or natural factors that happen outside of the organization.	<i>Additional comments for clarification (if needed)</i>
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DOMAIN 1: GOVERNANCE	STANDARD 3	Measure			
		3.1 Council decisions are transparent.			
		Required Evidence	College Response		
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please insert a link to the webpage where Council minutes are posted.• Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Council minutes have been posted since 2011 and can be found on the Council meeting minutes page of the College’s website: https://www.coko.ca/about/council-and-committees/council-meetings/council-minutes/ Minutes are posted once they are approved.</p> <p>Status updates regarding previous decisions are typically documented in the minutes from each Council meeting, particularly where included as Action Items from previous Council meetings. In some cases, where issues or items have been moved forward across one or more Council meetings, such decisions are noted in all relevant Council minutes.</p>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (optional)					

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on 	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. <p>Information regarding Executive meetings (notice of meeting, any publicly available documents posted prior to the meeting) are posted here: https://www.coko.ca/about/council-and-committees/council-meetings/</p>	
			<p>Executive Committee approved minutes are posted here: https://www.coko.ca/about/council-and-committees/council-meetings/council-minutes/</p> <p>Note that Executive Committee meeting minutes for meetings that are considered in-camera (particularly those pertaining to Human Resources or legal advice) may not be posted on the website.</p> <p>Executive Committee meeting highlights, where permitted (meeting was not conducted in-camera), are posted here: https://www.coko.ca/about/council-and-committees/council-meetings/council-highlights/</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

		<p>matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	<p><i>Additional comments for clarification (optional)</i></p>
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Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>Council meeting materials are to be posted two weeks in advance and can be found here: https://www.coko.ca/about/council-and-committees/council-meetings/</p> <p>Meeting summaries and highlights can be found here: https://www.coko.ca/about/council-and-committees/council-meetings/council-highlights/</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please insert a link to the College’s Notice of Discipline Hearings. <p>Notice of Discipline hearings can be found on the Upcoming Discipline Hearings webpage: https://www.coko.ca/patients-and-clients/concerns-and-complaints/upcoming-discipline-hearings/</p>	
	<p>Outcomes from the Discipline Committee can be found on the Discipline Committee Decisions webpage https://www.coko.ca/patients-and-clients/concerns-and-complaints/discipline-committee-decisions/</p>	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		Measure		
		3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.		
		Required Evidence	College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:		No	
	<ul style="list-style-type: none"> Please insert a link to the College’s DEI plan. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. <p>On June 28, 2021, some Council and staff attended a workshop and training session sponsored by HPRO and facilitated by Dr. Javeed Sukhera regarding EDI-B in the regulatory environment.</p> <p>While the College does not formally have a DEI plan or policy in place, the College is committed to the principles of DEI and has made efforts to create an accessible and inclusive environment with policies such as those found here: AODA Policy: https://www.coko.ca/wp-content/uploads/2020/05/Accessibility-for-Persons-with-Disabilities-Policy-December-2014.pdf Registration Accommodations Policy: https://www.coko.ca/wp-content/uploads/2020/06/Accommodations-Policy-June-2012.pdf Quality Assurance anti-Bias Policy: https://www.coko.ca/wp-content/uploads/2020/06/Bias-Policy-April-2015.pdf The College has also published a statement opposing systemic racism: https://www.coko.ca/college-statement-on-systemic-racism/</p>			
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes	

Additional comments for clarification (optional)

The College is currently collaborating with an HPRO working group focused on development of common DEI standards for health care regulatory Colleges. The working group's goals include:

- Develop policy framework (including tie-in to CPMF) and identify or develop an Equity Impact Assessment appropriate to the regulatory College environment
- Work towards consensus on the collection of race-and-other-population-based data
- Create “Community of practice”
- Write to Public Appointment Secretariat regarding public appointee diversity

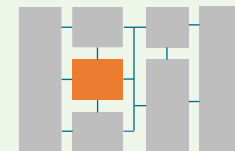
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	The College fulfills this requirement:	No
			<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes
			<p><i>Additional comments for clarification (optional)</i></p> <p>Through the HPRO EDI-B/anti-BIPOC racism working group, the College has become aware of the following EIA tools:</p> <p>https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf</p> <p>https://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx</p> <p>The College has also become aware of and is monitoring the activities of Ontario's Anti-Racism Directorate. The College expects to continue work on this issue on an ongoing basis through 2022 and beyond.</p> <p>The College is participating in a working group, facilitated by HPRO, that has agreed to focus on the identification and adoption (or development and adoption) of an EIA suitable for the regulatory College environment.</p>	

		Measure	
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	<div>The College fulfills this requirement:</div> <div>Yes</div> <div><ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to most recent approved budget.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</div> <div>The most recent approved budget and operational plan can be found on pages 67-73 of the June 28, 2021 Council meeting materials (https://www.coko.ca/wp-content/uploads/2021/06/FINAL-June-28-Meeting-Materials-Merged-merged.pdf)</div> <div>This budget came into effect Sept. 1 2021.</div> <div>Pages 69-72 of this meeting (June 28, 2021) also describe the performance report, which was guided by and will influence the strategic plan on an ongoing basis.</div>
		<div>Further clarification:</div> <div>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.</div>	<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
			Additional comments for clarification (optional)

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>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 - https://www.coko.ca/wp-content/uploads/2020/05/Minutes-April-9-2014.pdf) and in December 2018 (see page 39 of the December 2018 Council meeting (https://www.coko.ca/wp-content/uploads/2020/05/Council-Package-December-3-4-2018.pdf)).</p> <p>The policy was last updated in 2018. Please see page 39 of the December 2018 Council meeting (https://www.coko.ca/wp-content/uploads/2020/05/Council-Package-December-3-4-2018.pdf)</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
			<p><i>Additional comments for clarification (if needed)</i></p> <p>The College will remain aware of developments in regulatory financial best practices, and will review all relevant/applicable policies on an ongoing basis.</p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>On September 27, 2021, Council succession and mentorship planning was reviewed. https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes-Sept-27-2021.pdf</p> <p>This succession and mentorship planning policy is included in the College's Risk Mitigation Strategies in the Disaster Recovery and Business Continuity plans as part of the College's Risk Management Assessment and Strategy.</p> <p>The College has an internal Human Resources manual and set of policies that have been reviewed and approved by Council, most recently on September 14, 2020 https://www.coko.ca/wp-content/uploads/2020/12/Minutes-September-14-2020.pdf (Agenda Item 14)</p> <p>The Planning and Finance Committee and Executive Committee discuss operational and human resources matters and reports to Council regarding such matters. These Committees report to Council at each Council meeting (Planning and Finance) and on an as needed basis (Executive), and addresses specific issues on an as-required basis:</p> <p>https://www.coko.ca/about/council-and-committees/council-meetings/council-minutes/</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
			<p><i>Additional comments for clarification (optional)</i></p> <p>The College will work to revise its staffing and succession plan in 2022.</p>	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College's information technology and data management responsibilities are fulfilled third-party service providers. The College relies on these third-party service providers to manage College data and processes securely and respond to emerging and ongoing threats, as well as ensure that College operations that require or are facilitated by information technology operate efficiently.</p> <p>The College is aware of the risks posed by cybersecurity threats such as malware and unauthorized access to College databases and records and is constantly working with its third-party data management and information technology service providers in order to remain aware of and able to respond to novel and ongoing threats to information and process security.</p>	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			<i>Additional comments for clarification (optional)</i> <p>At this time, the College is reviewing its options for third-party and information technology service and support provider.</p> <p>The College is also reviewing updates and upgrades to its information management software and platforms.</p> <p>The College has moved to a primarily online/virtual entry-to-practice examination, effective April 2022. Appropriate safeguards are being put into place to ensure that the examination is delivered in an efficient manner. Security measures will be put into place to ensure that exam integrity is upheld.</p>	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>	
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry 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>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>Quality Assurance Program:</p> <ul style="list-style-type: none">- CKO Director, Quality Assurance co-chaired HPRO QA Working Group in 2020 and 2021- worked with other counterparts in other health regulatory colleges to problem solve pivoting peer and practice assessments to virtual environment during the pandemic, to maintain the rigor and veracity of the legislated program component- sharing resources on virtual HPRO portal to strengthen alignment in programming- consolidation of evidence on AGPs- evaluation of RCDSO positions in guidance <p>Registration:</p> <ul style="list-style-type: none">- Engagement with ORAC Working Group. Sharing of best practices on:- Moving to an online exam administration. Discussions with other health regulators helped CKO in its planning and development of an online exam administration for 2022. Addressing exam deferrals and applicants access to the profession stemming from impact of COVID-19 Pandemic).	

	<ul style="list-style-type: none">- Entry to Practice Competencies and Education Equivalency Review. Discussion with other regulators to discuss recent updates to their entry to practice competencies educational equivalency framework. Beneficial in assisting CKO in the initiation of its own review)- Alternatives to meeting application and registration requirements during COVID -19 Pandemic- Engagement on policy initiatives – Namely, Inactive Class and Reinstatement policy- Participated in and conducted environmental scans on various registration topics specific to CKO strategic goals. <p>Universities/Students:</p> <ul style="list-style-type: none">- Discussions via College University Liaison Committee on curriculum changes informing CKO program and policy development- Sharing feedback on applicant survey post exam to solicit feedback on how degree programs prepared students to write the exam and areas for improvement. <p>Practice Guidance:</p> <ul style="list-style-type: none">- Participation in HPRO EDI-B (Equity, Diversity, Inclusion and anti-Bias) working group. Current working group focus includes the development of an EDI-B resource/toolkit for regulatory Colleges.- Connection with CMTO Professional Practice regarding Practice Standard review and revision from a outcome-based/right touch perspective.- Participation in an informal working group of rehabilitation-focused regulatory Colleges.- Participation in the Citizen's Advisory Group (CAG) for review of College policies as appropriate.- Participation in HPRO working group for Practice Advisors. <p>Governance:</p> <ul style="list-style-type: none">- We are in process of working with small group of colleges to import a version of an online council orientation module and adapt for individual organizations. Small group of colleges meeting to discuss potential for collaboration and contributing to content.- Have reached out to certain colleges regarding their Council performance evaluation frameworks to gather information. This piece will be developed once the orientation module, and competency-based assessment and education processes are underway.- We have also reached out to numerous colleges in conducting enviro scan of conflict of interest policies for Council members, resulting in comprehensive COI Policy adopted by Council. In process of receiving feedback on draft COI declaration forms. Intend to implement draft form at December Council meeting.-exchanging information and conducting jurisdictional scans of other regulators to inform proposed changes to by-law amendments pertaining to:<ul style="list-style-type: none">- election of Council members (considered and approved by Council in September 2021);- selection of committee members (by-law amendments out for external circulation);- by-law amendments pertaining to conflict of interest (currently out for external consultation); and- development of Conflict of Interest Policy and annual and pre-meeting COI declaration forms (considered and approved by Council in September 2021).- HPRO sub-committee regarding framework and process for third-party review of Council effectiveness. <p>Corporate Services</p> <ul style="list-style-type: none">- Collaboration as part of HPRO Corporate Services Group. Sharing salary/compensation information across regulatory colleges.- Sharing operational policies and information, including service providers, benefits packages.
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	- Review of human resources practices and policies.
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	<p>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</p> <p>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none">• <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i>• <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> <p>Governance:</p> <ul style="list-style-type: none">- Participation in HPRO-wide discussions regarding proposed updates and reforms to regulatory governance practices and legislation. <p>Registration:</p> <ul style="list-style-type: none">- Signed statement of Work (in November 2021) with a third-party provider to administer the entry-to-practice examination as a online/virtual examination.- OFC - Participated and responded to the OFC on key initiatives - Risk Informed Compliance Framework <p>Universities/Students:</p> <ul style="list-style-type: none">- Discussions via College University Liaison Committee on curriculum changes informing CKO program and policy development- Engage with university partners regarding regulatory matters such as registration, examination, practice and quality assurance- Sharing feedback on applicant survey post exam to solicit feedback on how degree programs prepared students to write the exam and areas for improvement.- Webinars to exam applicants in preparation for the CKO entry-to-practice examination and competency requirements.- Engagement with Students on a yearly basis in kinesiology and non-kinesiology programs providing presentation on the role of the College, registration exam and registration requirements.
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COVID-19:

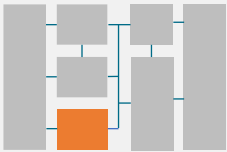
- Shared public material updates on College website with other Regulatory Colleges for review and information to promote message clarity and consistency during Omicron wave.
- Communication with Ministry of Health to confirm understanding of CMOH Directives pertaining to Registrants and accuracy of College messaging regarding Directives.
- Updated College website guidance regarding practice during COVID-19 pandemic in response to changing circumstances, as well as incorporating registrant practice inquiries into publicly available guidance (website, electronic newsletter to registrants).
- Attended HIROC/OHA Risk Forums (presented virtually) throughout 2021 and into 2022.
- Daily dissemination of COVID-19 updates to College staff.

Public Awareness Campaign:

- Contracted 2 companies to provide public awareness campaign regarding the College of Kinesiologists and regulation of Kinesiology.
- Campaign included video and print media.
- Campaign included social media engagement.
- Public Awareness Campaign duration: video campaign: 6 months. Print campaign: February-March 2021.

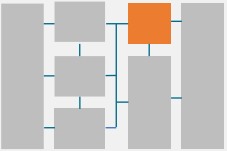
- Outreach to service providers regarding updates to College infrastructure in response to evolving technology needs and expectations of the public and registrants.

- Transition to virtual examination model to meet specific, situational needs during COVID-19 pandemic, but also with an eye to EDI-B and prudent asset management.

		Measure 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	<div> <div>The College fulfills this requirement:</div> <div>Yes</div> </div> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>The way the College protects against the unauthorized disclosure of information is covered in several documents:</p> <ul style="list-style-type: none"> -The Risk Management Plan, which is reviewed annually (see page 74 of the June 28, 2021 Council meeting minutes): https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes-June-28-2021.pdf - 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. - 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 disposed of or destroyed. The following documents are relevant to disclosure of and requests for information: <ul style="list-style-type: none"> - Records Management Policy - Records Management File Plan and Retention Schedule - Records Destruction Procedure - Access to Records Policy - Document Imaging Policy - Email Management Policy The College's Risk Management Plan, Disaster Recovery Plan and Business Continuity Plan reflect the College's assessment of the probability, impact and priority assigned to risks associated with information disclosure. The most recent Council review and approval of these documents, with associated risk mitigation strategies, occurred at the September 27, 2021 Council meeting: https://www.coko.ca/wp-content/uploads/2022/03/Council-Minutes-Sept-27-2021.docx Information regarding inquiries, complaints, reports and discipline proceedings is relayed to other regulatory Colleges where the subject of a proceeding is registered with that other College as well as the College of Kinesiologists. Such notification may include notification that an investigation is proceeding, as well as sharing evidence as required.

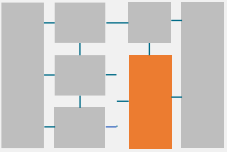
		<p>In the event of a discipline committee finding regarding a registrant of the College of Kinesiologists, the College reports this finding by:</p> <ul style="list-style-type: none"> - Updating the College's website and Public Register - Notifying the employer of the registrant who is the subject of the finding - The College also has the option of bringing this matter to the attention of the registrant base through the College's newsletter (the finding may be published, in appropriate format, as a "case of the month" or newsletter article). 	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>The College will review its policies pertaining to privacy and disclosure/receipt of information regarding its registrants and applicants. Policies will be evaluated from a risk management perspective in order to ensure we have the regulatory tools required to continue to operate effectively.</p>	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College's Risk Management Plan (pp. 26-48 of the September 2021 Council meeting materials), Business Continuity Plan (pp. 49-54 of the September Council meeting materials) and draft Disaster Recovery Plan (pp. 55-75 of the September 2021 Council meeting materials):</p> <p>https://www.coko.ca/wp-content/uploads/2021/09/Board-Materials-Sept27.pdf</p> <p>Measures include (but are not limited to):</p> <ul style="list-style-type: none">- cybersecurity and ransomware insurance- backup systems and records kept and maintained- measures in place to control and limit access (physical and virtual) to the College's resources- training provided to staff, Council, committee members and others associated with the College regarding information security <p>Note that the College's information technology and cybersecurity is managed by a third-party service provider.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> The College, in partnership with third-party service providers, is maintaining an awareness of extant and emerging threats to cybersecurity and information technology risks. The College will be proactive in responding/reacting to situations that may occur in order to preserve operational capacity and protect against unauthorized disclosure of information.	

		Measure 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES STANDARD 8		Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: <div> <div>Partially</div> <div> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). </div> </div> <p>Current evaluation process:</p> <ul style="list-style-type: none"> - Standards, Guidelines and other materials are reviewed and evaluated based on environmental awareness and updates to legislation or other regulatory documents (such as by-laws, policies or other materials published by the College). - Evaluation of policies, practice standards and other documents could also be triggered by the College's Strategic Planning process, or by Council-initiated review (or internal document review initiated by the Registrar or other staff). - Stakeholders engaged may include other regulatory Colleges (either independently consulted or in concert with a working group facilitated by HPRO), the Ministry of Health (where required), registrants of the College, public advocacy groups/stakeholder forums and, again where necessary, the College's legal counsel.
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <div>Yes</div>
			<i>Additional comments for clarification (optional)</i> Full review and revisions of Practice Standards, Guidelines and other materials to be completed by end of calendar year 2022. Review will focus on content and some format updates for consistency between documents. Other published materials, including multimedia (e-Learning, webinars) to be reviewed in 2022. The College will develop a guideline pertaining to policy, standard, guideline and other document review timelines.

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p>	<p>The College fulfills this requirement:</p> <p>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process.</p> <p>Current evaluation process:</p> <p>- Standards, Guidelines and other materials are reviewed and evaluated based on environmental awareness. Changes in legislation or changes in best practices may trigger review of applicable standards and guidelines.</p> <p>- Consultation with relevant stakeholders regarding current status of a given document and proposed changes or amendments.</p> <p>- Environmental scans are conducted, including outreach to and review of materials and best practices published by other, similar regulatory Colleges. College similarity is determined by size of the College, structure of the College, scope of practice of registrants. Environmental scan includes direct outreach for collaboration opportunities, as well as review of publicly available materials.</p> <p>- Standard and guideline review is then conducted based on information gathered during environmental scan, combined with review of relevant regulatory framework and legislation.</p> <p>- Registrant feedback may be solicited regarding proposed changes to standards and/or guidelines.</p> <p>- Draft standards/guidelines/policies may be submitted to Citizens' Advocacy Group for feedback from public perspective.</p> <p>- Draft changes of standards and guidelines are then submitted to the relevant Committee for review and suggested changes/revision.</p> <p>- Draft standards and guidelines are referred to Council following Committee review and revision.</p> <p>- Council then decides whether to accept standards and/or guidelines as drafted, propose further changes or recommend further study/review.</p> <p>Examples of revised documents in the current reporting Cycle:</p> <p>https://www.coko.ca/wp-content/uploads/2022/02/College-By-Laws-Updated-December-2021.pdf - specifically By-Laws 10, 13 and 16 (Election of Council Members; Committee Composition and Selection; and Conflicts of Interest). These changes were made in keeping with governance modernization initiatives.</p>	Yes
			<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	Choose an item.
			<p>Additional comments for clarification (optional)</p>	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none"> Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>The College's Code of Ethics does not include specific DEI content: https://www.coko.ca/wp-content/uploads/2020/12/R.Kin-Code-of-Ethics.pdf</p> <p>However, the Code of Ethics does promote principles of ethical conduct, including:</p> <ul style="list-style-type: none"> - Respect - Excellence (as pertains to professional practice) - Value for patient autonomy and well-being - Communication, collaboration and advocacy - Honesty and Integrity <p>Also, the Essential Competencies of Practice include references to behaviours, conduct and values that are consistent with the goals of DEI initiatives:</p> <p>https://www.coko.ca/wp-content/uploads/2020/06/Essential-Competencies-of-Practice-for-Kinesiologists-in-Ontario-March-2018.pdf</p> <p>This material is covered in Unit 3: Professionalism and Ethics and Unit 4: Collaboration, Collaboration and Advocacy</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<p><i>Additional comments for clarification (optional)</i></p> <p>The College continues to engage with an HPRO working group regarding DEI in order to ensure that these principles are meaningfully included in College decision-making and implementation processes.</p>	

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ² .	<div> <div>The College fulfills this requirement:</div> <div>Yes</div> </div> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>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:</p> <p>A. Proof of language proficiency</p> <p>B. Evidence of successful completion of a university bachelor's degree program in Kinesiology (or a program that may be deemed to be substantially equivalent by the Registration Committee (e.g. human kinetics or physical education)</p> <p>C. Evidence of successful completion of the College's entry-to-practice exam</p> <p>D. Evidence of successful completion of the College's Jurisprudence e-Learning Module</p> <p>E. Proof of Canadian Police Information Centre (CPIC) criminal record check</p> <p>F. Evidence of valid professional liability insurance</p> <p>The Policy – Required Documents (https://www.coko.ca/wp-content/uploads/2020/06/Required-Documents-Policy-March-2016.pdf) 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 Policy- Referral of a Registration Application to the Registration Committee (https://www.coko.ca/wp-content/uploads/2020/06/Referral-of-a-Registration-Application-the-Registration-Committee-Policy-June-2012.pdf) describes how the Registration Committee reviews applications for registration.</p> <p>Required documents are assessed in keeping with the College's registration policies and the General Registration Regulation of the Kinesiology Act 2007. 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:</p>

		<ul style="list-style-type: none">- Be submitted directly to the College by the issuing body,- Have a seal of authentication affixed;- Be submitted within a specified time frame to ensure currency. <p>Applicable policies:</p> <ul style="list-style-type: none">- Language Proficiency: https://www.coko.ca/wp-content/uploads/2020/06/Language-Proficiency-Policy-May-2012.pdf (currently under review)- Registration Timeline Policy - New - Also governs process for closing inactive application files- Translation Policy: https://www.coko.ca/wp-content/uploads/2020/06/Translation-Policy-May-2012.pdf- Good Conduct: https://www.coko.ca/wp-content/uploads/2020/06/Good-Conduct-Policy-formerly-Police-Background-Check-Policy-June-2017.pdf- Professional Liability Insurance: https://www.coko.ca/wp-content/uploads/2020/06/Professional-Liability-Insurance-Policy-June-2017.pdf- Alternative Documents: https://www.coko.ca/wp-content/uploads/2020/06/Alternative-Documentation-Policy-June-2012.pdf <p>To further ensure that applicants meet the prescribe registration requirements the College has a processing checklist in place for each applicant type. This is a secondary means of verification that requires sign off by the department lead and or registrar.</p>
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² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	
			Additional comments for clarification (optional)		
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out.• Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The Office of the Fairness Commissioner (OFC) tracks and provides Ontario regulators open access to its Exemplary Practices Database. 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 Ontario Regulators for Access Consortium (ORAC) (https://regulatorsforaccess.ca/ registration working group).</p> <p>Lastly, the College regularly reviews its registration policies and processes to ensure their continued defensibility.</p> <p>The registration requirement criteria review date varies as there are multiple policies that govern our registration processes. View the registration policies: https://www.coko.ca/about/corporate-documents/</p>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	
			Additional comments for clarification (optional)		

Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
a. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">• Please briefly describe the currency and competency requirements registrants are required to meet.• Please briefly describe how the College identified currency and competency requirements.• Please provide the date when currency and competency requirements were last reviewed and updated.• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>As per section 7 (2) of the General Registration Regulation of the Kinesiology Act 2007, registrants issued a General class certificate of registration must practise the profession for at least 1,500 hours during every three-year period where the first three-year period begins on the first September 1 following the day that the member is issued a general certificate of registration and each subsequent three-year period begins on the first anniversary of the commencement of the previous period.</p> <p>The College ensures that this requirement is met by requiring that registrants self report their practice hours yearly as part of the annual renewal process. Registrants who fail to suffice the minimum practice hours requirement are referred to the Quality assurance department and may be required to undergo a peer and practice assessment to ensure their continued competency in kinesiology.</p> <p>All kinesiologists registered in the General class must complete a self-assessment every two years. The 90-day self-assessment period begins on December 1 and ends March 1 of the next calendar year. The self-assessment asks kinesiologists a series of questions related to the practice standards and Essential Competencies that allows them to assess their knowledge, skills and judgement. Kinesiologists are required to identify a minimum of three learning goals, which form the basis of step two of the Quality Assurance Program: Continuing Professional Development (CPD). The College does not require kinesiologists to collect a certain number of CPD hours or credits per year, and CPD activity does not need to be pre-approved by the College. Rather, learning is self-directed. Registrants are encouraged to select learning activities based on their own needs and goals, and to reflect on how learning impacts their individual practice.</p> <p>Lastly, kinesiologists have specific mandatory reporting requirements to the College as it relates to their conduct and the conduct of other kinesiologists. Kinesiologists must file a mandatory or self-report with the College if they:</p> <ul style="list-style-type: none">- believe a patient/client may have been or is being sexually abused by a kinesiologist. (Special rules apply to how this type of report is made. Kinesiologists should consult the Mandatory Reporting Guideline or consult with the College).- end a partnership, health profession corporation or association with a kinesiologist or other regulated health professional for reasons of professional misconduct, incompetence or incapacity.	

	<ul style="list-style-type: none">- have been charged with or found guilty of an offence, or are subject to any bail or similar restrictions.- have a finding of professional malpractice or negligence.- have a finding or proceeding by another regulatory body. <p>Such reports can be made as part of the annual renewal process or at anytime throughout the year.</p> <p>The College maintains its mandate of public protection and ensures that all kinesiologists have the requisite competency, skill and judgement to practice the profession safely through its robust quality assurance program. Further, via mandatory reports the College assesses kinesiologists' conduct to ensure that they are fit to practice. The College reviews all reports of findings of guilt and assesses whether there is a reasonable belief that the offence may be relevant to suitability to practise. If the College has reason to believe this, an investigation is initiated, which is reviewed by the Inquiries, Complaints and Reports Committee. If an investigation is initiated, the kinesiologist is notified and provided the opportunity to respond. In other cases, the College may take informal action by contacting the kinesiologist to ensure that they understand their legal and ethical duties as a regulated health professional. For matters that do not raise concerns, the information will be kept on the kinesiologist file, but no further action is taken.</p> <p>Peer and Practice Assessment: https://www.coko.ca/kinesiologists/quality-assurance-pages/peer-and-practice-assessment/</p> <p>Self Assessment and CPD: https://www.coko.ca/kinesiologists/quality-assurance-pages/self-assessment/</p> <p>Mandatory Reporting: https://www.coko.ca/kinesiologists/mandatory-reporting/</p>		
	<table><tr><td><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr></table>	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.		
	<i>Additional comments for clarification (optional)</i>		

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

Measure		
9.3 Registration practices are transparent, objective, impartial, and fair.		
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	<div>The College fulfills this requirement:</div> <div> <div>Yes</div> <div> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued </div> </div> <div>The College was audited by the OFC in 2016. View the report.</div> <div>https://www.fairnesscommissioner.com/en/Professions_and_Trades/Pages/Registration-Practices-Assessment-Report-2016---Kinesiologists.aspx</div> <div>Annual Registration Fair Practices reports can be found here:</div> <div>https://www.fairnesscommissioner.ca/en/Professions_and_Trades/Pages/College-of-Kinesiologists-of-Ontario.aspx</div> <div>Fair Practices Reports can also be found on the College's website:</div> <div>https://www.coko.ca/applicants/start-an-application/fair-registration-practices/</div>
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: No <i>If not, please provide a brief explanation:</i>
		<p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>Yes met in 2020, continues to meet in 2021</p> <p>In 2018, the College developed and implemented the Prevention of Sexual Abuse e-Learning Module to help registrants understand:</p> <ul style="list-style-type: none"> - what constitutes a boundary violation and sexual abuse; - how to recognize warning signs and how to act on them to protect the client; and - what to do if boundary violations occur. <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 during peer and practice assessments). For example, the College published an article "Do you know what you need to report?" on the website as well as a dedicated Mandatory Reporting practice resource webpage that includes a Mandatory Reporting Checklist.</p> <p>The feedback survey reported the following:</p> <ul style="list-style-type: none"> - 96.6% said "The module is relevant to a variety of kinesiology settings and reflects my practice area." - 98.4% said "The module helps me understand the College's practice standards and guidelines as they apply to my practice." - 97.1% said "The instructions were clear, and the online platform was user-friendly." - 86.2% said "The module helped me identify areas for improvement."

		<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> <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. 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>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (optional)</i> The College is in the process of reviewing e-Learning modules and other materials and will follow the above process to ensure effective and efficient implementation and dissemination of new materials as they are published.	

Measure:		
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .		
a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. Is the process taken above for identifying priority areas codified in a policy: No <i>If yes, please insert link to policy:</i> <p>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.</p> <p>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: The Development of the College of Kinesiologists of Ontario Peer and Practice Assessment Final Report</p> <p>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. The above process is outlined in the following document: The Development of the College of Kinesiologists of Ontario Peer and Practice Assessment Final Report</p>	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

			<p><i>Additional comments for clarification (optional)</i></p> <p>The College is committed to implementing a strategic and evidence-informed approach to identify and address potential areas of risk for its registrants through assessment, and to develop policy and guidelines that set out stratified random sampling selection criteria for assessment.</p> <ul style="list-style-type: none">· College staff conducted a cross-functional review to identify potential areas of risk for the profession to inform the development of stratified random sampling selection criteria for peer and practice assessment.· The College does not currently have a significant number of complaints or reports in the Professional Conduct Portfolio, nor is there any identifiable pattern in the complaints that have been received that would enable the College to draw correlations between practice issues and specific demographics of the profession to target through peer and practice assessment. <p>Stratified random sampling as an assessment criterion has not previously been utilized by the College. However, it has been identified as a useful tool to focus the assessment process and to assist in the use of risk-based analysis. College staff have identified certain compliance-related issues that may warrant stratified random sampling selection for peer and practice assessment, which will be presented to the Quality Assurance Committee for consideration.</p>
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⁴ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	<p>The College fulfills this requirement:</p> <p>Partially</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> Public No Employers No Registrants Yes other stakeholders Yes <p>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.</p> <p>https://www.coko.ca/wp-content/uploads/2021/03/Development-of-PPA-Final-Report-March-2015-Abbreviated-February-2021.pdf</p> <p>https://www.coko.ca/wp-content/uploads/2021/03/White-Paper-The-Validity-of-Behaviourally-Based-Interviews.pdf</p> <p>Professional Quality Assurance and Competency Assessment - A Scoping Review</p> <p>McMaster Health Forum: Evidence Brief - Modernizing the Oversight of the Health Workforce in Ontario, 21 September 2017</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Yes</p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College is committed to implementing a strategic and evidence-informed approach to identify and address potential areas of risk for its registrants through assessment, and to develop policy and guidelines that set out criteria for assessment and remediation. Registrants are currently selected for Peer and Practice Assessments (PPA) based on criteria outlined in the Quality Assurance Regulation and Peer and Practice Assessment: General Requirements Policy (e.g., non-compliance with self-assessment and continuing professional development program requirements, insufficient currency, etc.). College staff conducted a cross-functional review to identify potential areas of risk for the profession, that may warrant stratified random sampling selection for peer and practice assessment and are researching and developing a briefing note for the Quality Assurance Committee's consideration.</p>
		iii. criteria that will inform the remediation activities a	<p>The College fulfills this requirement:</p> <p>Yes</p>

		registrant must undergo based on the QA assessment, where necessary.	<ul style="list-style-type: none">Please insert a link to the 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

		<i>Additional comments for clarification (optional)</i> 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.			
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.			
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><ul style="list-style-type: none">Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process.Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process.<p>The Director of Quality Assurance tracks registrants’ completion of remediation activities following Quality Assurance Committee (QAC) dispositions.</p><p>The Quality Assurance Program (https://www.coko.ca/about/corporate-documents/Competency Enhancement Policy (3.5)) 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 Peer and Practice Assessment: General Requirements Policy.</p><p>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 https://www.coko.ca/about/corporate-documents/Mentorship Program Information Package 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></td></tr></table>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes				
<ul style="list-style-type: none">Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process.Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>The Director of Quality Assurance tracks registrants’ completion of remediation activities following Quality Assurance Committee (QAC) dispositions.</p> <p>The Quality Assurance Program (https://www.coko.ca/about/corporate-documents/Competency Enhancement Policy (3.5)) 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 Peer and Practice Assessment: General Requirements Policy.</p> <p>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 https://www.coko.ca/about/corporate-documents/Mentorship Program Information Package 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>					

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (if needed)</i> Kinesiologists are required to demonstrate the requisite knowledge, skills, and judgement through competency enhancement (remediation). 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. 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.	

DOMAIN 6: SUITABILITY TO STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.		
	Required Evidence	College Response	
	a. The different stages of the complaints process and all relevant supports available to complainants are:	The College fulfills this requirement: <div> <ul style="list-style-type: none"> Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. </div> <p>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:</p> <p>Complaints webpage- Describes the complaints process and how to submit a complaint. https://www.coko.ca/patients-and-clients/concerns-and-complaints/</p> <p>Understanding sexual abuse webpage- 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. https://www.coko.ca/patients-and-clients/understanding-sexual-abuse/</p> <p>Complaints Form- Fillable form that anyone wishing to make a complaint can complete and submit to the College. https://www.coko.ca/wp-content/uploads/2020/05/Complaints-Form.pdf</p> <p>Upon receipt of a complaint, College representatives contact the complainant in order to describe and explain the complaints process, possible outcomes and the available resources.</p>	Yes
	i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy);	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

		and	<i>Additional comments for clarification (optional)</i>
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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. - College representatives communicate directly with complainants throughout the complaints process. During these communications, College representatives are able to confirm whether the complainant understands and is comfortable with the complaints process on an ongoing basis. - As per the Terms of Reference of the Inquiries, Complaints and Reports Committee, the committee is tasked with ensuring that all complaints and reports are addressed according to statutory provisions, but also the principles of administrative and procedural fairness. - College staff have received training on complaints intake, including how to appropriately respond to a complaint regarding sensitive matters, such as sexual abuse. 	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes
			Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). The current policy regarding follow-up and response timelines can be found here: https://www.coko.ca/wp-content/uploads/2020/05/Client-Service-Policy-December-2014.pdf	
			Follow-up and response timelines are prescribed for telephone, mail and electronic inquiries. Other follow-up timelines can be found here (in the FAQ section at the bottom of the page): https://www.coko.ca/patients-and-clients/concerns-and-complaints/	
			For 2021: Total responses within 5 days: 5; Total number of inquiries: 5. Response rate: 100% If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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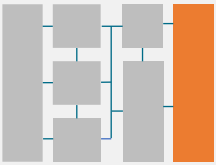
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please list supports available for public during complaints process.• Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <ul style="list-style-type: none">- 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.- Members of the public are referred to the Complaints section of the college website, which has a frequently asked questions section, which 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.- Members of the public who confirm a complaint receive specific information regarding the range of decisions that can be issued by the ICRC and if they will appear on the member's profile on the public register. The Complaint Confirmation Letter also states that the ICRC has no ability to direct the member to pay money or make a refund.- The College also posts information on its website pertaining to the Discipline process, Understanding sexual abuse, Addressing sexual abuse and the Fitness to Practice program: <p>https://www.coko.ca/patients-and-clients/concerns-and-complaints/discipline/</p> <p>https://www.coko.ca/patients-and-clients/understanding-sexual-abuse/</p> <p>https://www.coko.ca/patients-and-clients/understanding-sexual-abuse/addressing-sexual-abuse/</p> <p>https://www.coko.ca/patients-and-clients/concerns-and-complaints/fitness-to-practise/</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
Measure				
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.				
a. Provide details about how the	The College fulfills this requirement:		Yes	

		<p>College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<div> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. <p>- Once the complaint is confirmed, the Complaint Confirmation Letter serves to accurately summarize the specific issues that require investigation by the college as well as a response from the registrant. The letter also provides an overview of the process and the timelines.</p> <p>- Both the complainant and the registrant are provided with the contact information 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> <p>- Both the complaint and the registrant are updated at key milestones in the complaints process including the deadlines for written responses as well as the date of the ICRC meeting where the case will be discussed.</p> <p>- 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.</p> </div> <div> <div> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </div> <div> <p>Choose an item.</p> </div> </div>
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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12		Additional comments for clarification (optional)	
		Measure		
		12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to guidance document OR please briefly describe the framework and how it is being applied.• Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>- The College assesses risk on intake using a three point risk matrix from: 1 - Low, 2 - Medium, 3 - High. This risk value is assigned on intake and updated at after the member response and before the matter appears before the ICRC.</p> <p>- Risk levels are used to prioritize case investigations and scheduling for ICRC meetings there is currently no formal decision matrix or triage protocol.</p> <p>- All complaints, reports and investigations conducted in the calendar year were completed within established statutory timelines.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
Additional comments for clarification (optional) The College plans on developing and implementing a Professional Conduct manual and guide.				

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the policy OR please briefly describe the policy. Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'). <p>The College has received and, as required, acted upon information regarding registrants from other regulatory Colleges and from registrants of other regulated professional Colleges regarding potential misconduct or other matters.</p> <p>The College is planning to update and improve upon the existing performance in this area over the next reporting period to include consistent criteria for disclosure of concerns about a registrant with other regulators or external partners, such as law enforcement.</p> <p>- The College also has and abides by a Mandatory Reporting Practice Guideline:</p> <p>https://www.coko.ca/wp-content/uploads/2020/12/Mandatory-Reporting-Guideline-Revised-December-2017.pdf as well as a web page relating to Mandatory Reporting: https://www.coko.ca/kinesiologists/mandatory-reporting/</p> <p>- The College also provides a Mandatory Reporting Checklist:</p> <p>https://www.coko.ca/wp-content/uploads/2020/06/Mandatory-Reporting-Checklist.pdf</p> <p>When concerns are received regarding a registrant who is also registered with another regulatory College in Ontario, the College of Kinesiologists notifies that College that an investigation has been initiated. The College also shares information and evidence with the other regulatory College as required. If another College contacts the College of Kinesiologists with a concern regarding a registrant, the registrar. The registrar determines whether there are reasonable and probable grounds for an investigation, which would then be referred to the Inquiries, Complaints and Reports Committee.</p> <p>In the event that the College's Discipline Committee makes a finding regarding a registrant of the College, the College will notify:</p> <ul style="list-style-type: none"> - the registrant's employer - other registrants of the College may also be notified, as appropriate, of the finding and the situation through the College's monthly newsletter, in particular the "Case of the Month" article. - the public by updating the Public Register and the College's website 	Partially
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Yes

			<p><i>Additional comments for clarification (if needed)</i></p> <p>The College will, as part of the Practice Standard/Guideline and other policy and material review, ensure that procedures are in place to promote public protection through effective reporting and communication.</p>
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		Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	STANDARD 14	Required Evidence	College Response
		a. Outline the College’s KPI’s, including a clear rationale for why each is important.	<div> <div>The College fulfills this requirement:</div> <div>Yes</div> </div> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection. <p>KPIs are defined in both the College's strategic plan: https://www.coko.ca/wp-content/uploads/2020/05/2019-2022-Strategic-Plan-scaled.jpg and it's annual operational plans (see pp. 69-72 of the June 2021 Council materials (https://www.coko.ca/wp-content/uploads/2021/06/FINAL-June-28-Meeting-Materials-Merged-merged.pdf)).</p> <p>Council is updated at each meeting regarding the College's performance with respect to KPIs in the form of quarterly financial reports and dashboards.</p> <p>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.</p> <ul style="list-style-type: none"> - Client Service Policy in place for CKO response times: https://www.coko.ca/wp-content/uploads/2020/05/Client-Service-Policy-December-2014.pdf - Tracking of open rates / bounce back rates for e-mail correspondence. This is to ensure delivery of key targeted communication to registrants, applicants and stakeholders. - Tracking engagement on external communication platforms (Youtube, LinkedIn, Facebook, Twitter) - Ongoing review and update of College internal and external policies, practice documents and other materials - Ongoing review and update of College business and regulatory processes - Improved decision-making capacity by review and update to Governance policies and processes <p>The College ran a social media campaign in 2021 that enhanced engagement and reach. This was a critical step toward increasing</p>

		Ontarians' awareness of the College and supporting public safety and wellness. It also provides a benchmark for subsequent years' outreach targets.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed)
		b. The College regularly reports to Council on its performance and risk review against:	<div>The College fulfills this requirement:</div> <div>Yes</div>
		i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management	<ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes. - These items were discussed by Council on June 28, 2021: https://www.coko.ca/wp-content/uploads/2021/06/FINAL-June-28-Meeting-Materials-Merged-merged.pdf - The Risk Management Plan was also discussed on September 27, 2021: https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes-Sept-27-2021.pdf - Specifically, Council was advised that the Risk Management Plan would be regularly (twice per year) reviewed by staff and would be revised and updated accordingly.
			<div>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>

		approach.	<i>Additional comments for clarification (if needed)</i>
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Measure		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. Performance and risk reviews are done biannually and presented to Council. The most recent review of risks, business continuity planning and disaster preparedness planning was done on September 27, 2021: https://www.coko.ca/wp-content/uploads/2022/03/Council-Minutes-Sept-27-2021.docx Also, see pp. 5-7 of the June 2021 Council meeting minutes, which includes discussion of the Council's budget and performance indicators.: https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes-June-28-2021.pdf Also see pp. 136-143 of the June 28, 2021 Council meeting materials: https://www.coko.ca/wp-content/uploads/2021/06/FINAL-June-28-Meeting-Materials-Merged-merged.pdf	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	
Measure		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	<ul style="list-style-type: none">Please insert a link to the College’s dashboard or relevant section of the College’s website. Dashboard updates are provided at each quarterly Council meeting. For an example, see page 2 of the September 2021 Council meeting package: https://www.coko.ca/wp-content/uploads/2022/02/Council-Minutes-Sept-27-2021.pdf The College also posts all annual reports on its Corporate Documents webpage. https://www.coko.ca/about/corporate-documents/	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

		<i>Additional comments for clarification (if needed)</i>
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Part 2: Context Measures

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

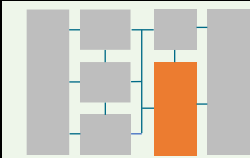
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Self Assessment	2310		
ii. Ethics and Professional Boundaries e-Learning Module	194		
iii. Prevention of Sexual Abuse e-Learning Module	201		
iv. Peer and Practice Assessment Review	24		
v. Competency Enhancement: Demonstrated Change	0		
vi. Competency Enhancement: Mentorship Program	0		
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<p><i>* 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.</i></p> <p><u>NR</u></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>i. Self-Assessment</p> <p>ii. Ethics and Professionalism e-Learning Module</p> <p>iii. Prevention of Sexual Abuse e-Learning Module</p> <p>iv. Peer and Practice Assessment</p> <p>*The 2020/2021 Self-Assessment began on December 1, 2020 and concluded on March 1, 2021.</p> <p>**Additional registrants were selected to participate in the Fall/Winter 2021 PPA Cycle: these 19 PPAs are being conducted in January - March 2022.</p>	

Table 2 – Context Measures 2 and 3

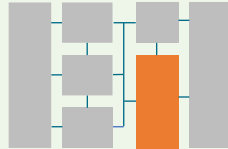
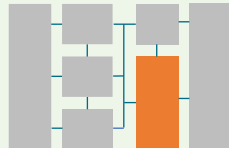
DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 11				
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
		#	%	What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2.	Total number of registrants who participated in the QA Program CY 2021	2310	100	
CM 3.	Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	3	0.13	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.
NR				
Additional comments for clarification (if needed)				
*All General Class registrants are required to complete self-assessment.				
*3 of the 24 registrants who were selected to participate in the Spring/Summer PPA 2021 Cycle were directed to participate in remediation. The Quality Assurance Committee has yet to render dispositions on the Fall/Winter 2021 PPA Cycle files.				

Table 3 – Context Measure 4

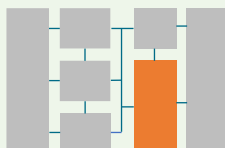
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)	3	100	
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
Statistical data is collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d					
If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021		Formal received	Complaints	Registrar Investigations initiated	
Themes:		#	%	#	%
I. Advertising				1	50
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care		1	33		
V. Intent to Mislead including Fraud					
VI. Professional Conduct & Behaviour		2	66		
VII. Record keeping				1	50
VIII. Sexual Abuse					
IX. Harassment / Boundary Violations					
X. Unauthorized Practice					
XI. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**			100%		100%
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.					

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

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

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d					
If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2021	3	What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.		
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	2			
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2021	3			
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#			%
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0			0
II.	Formal complaints that were resolved through ADR	0			0
III.	Formal complaints that were disposed of by ICRC	1			33
IV.	Formal complaints that proceeded to ICRC and are still pending	2			66
V.	Formal complaints withdrawn by Registrar at the request of a complainant	0	0		
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation # May relate to Registrar’s Investigations that were brought to the ICRC in the previous year. ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	1						
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour	1						
VII. Record Keeping					1		
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X.	Unauthorized Practice						
XI.	Other <please specify>						
<p><i>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2021.</i></p> <p><i>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</i></p> <p>NR</p>							
<p><i>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.</i></p>							
<p><i>Additional comments for clarification (if needed)</i></p>							

Table 7 – Context Measure 11

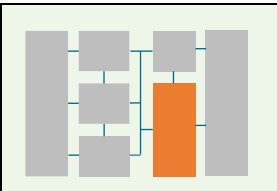
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2021	115	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 2021	86		
Disposal			
Additional comments for clarification (if needed)			

Table 8 – Context Measure 12

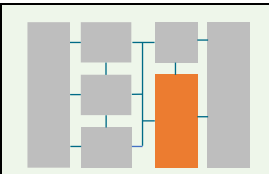
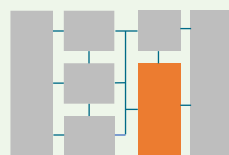
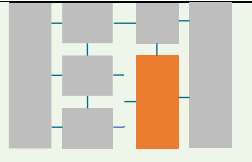
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>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>	
I. An uncontested discipline hearing in working days in CY 2021	0		
II. A contested discipline hearing in working days in CY 2021	1		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
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	0	
XII. False or misleading document	1	
XIII. Contravene relevant Acts	0	

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

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	0		
II. Suspension	0		
III. Terms, Conditions and Limitations on a Certificate of Registration	0		
IV. Reprimand	0		
V. Undertaking	0		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR			
Additional comments for clarification (if needed)			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 5](#)

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

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)