



# College Performance Measurement Framework (CPMF) Reporting Tool

March 2021

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## INTRODUCTION

### THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

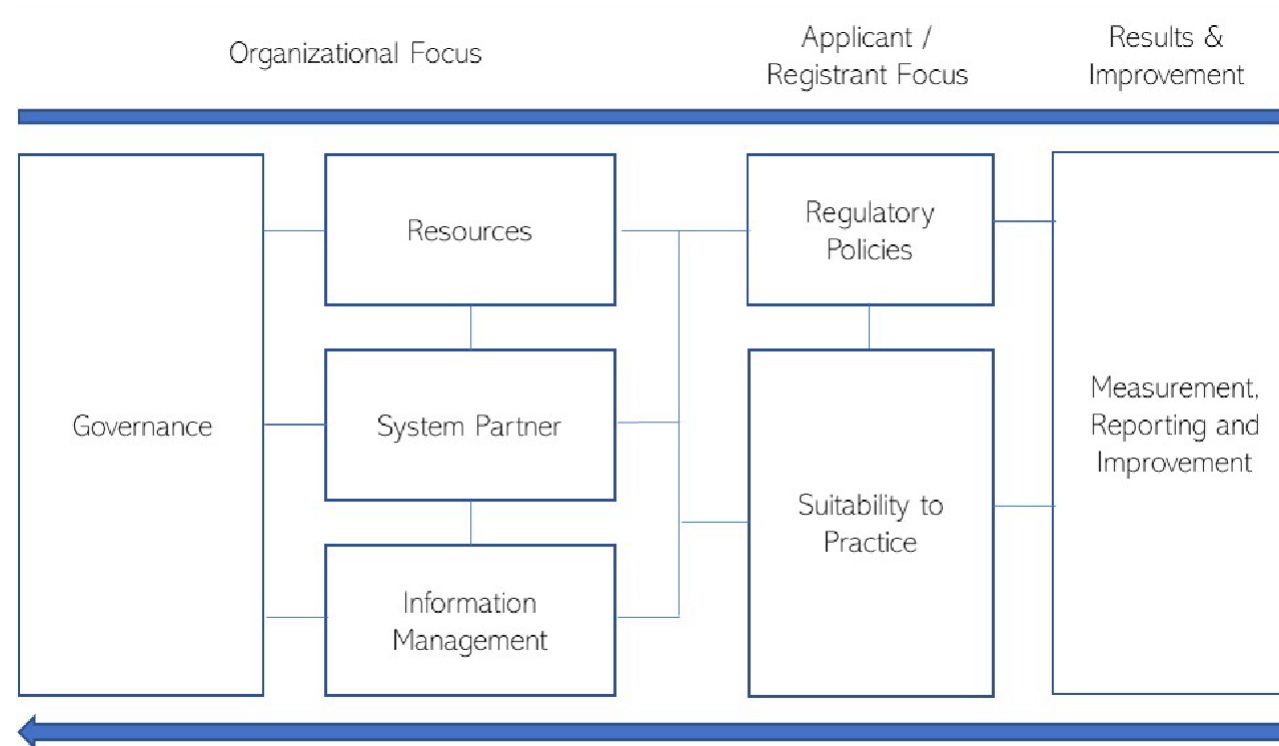
a) Components of the CPMF:

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

b) Measurement domains:

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

**Figure 1:** CPMF Model for measuring regulatory excellence



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

**Table 1:** Overview of what the Framework is measuring

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

c) Standards, Measures, Evidence, and Improvement:

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

*Example:*

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

## THE CPMF REPORTING TOOL

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

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

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

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

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

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

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

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



## Completing the CPMF Reporting Tool

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

Furthermore,

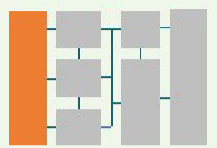
- where a College fulfills the “required evidence” it will have to:
  - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is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

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

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

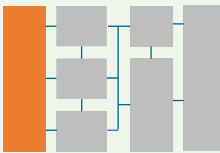
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

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

## PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> <li>i. meeting pre-defined competency / suitability criteria, and</li> <li>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</li> </ul>	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> <li>• <u>The competency/suitability criteria are public:</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> </ul> <p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <ul style="list-style-type: none"> <li>• <b>Competency/Suitability criteria:</b> (1) basic familiarity with College regulation; (2) up-to-date registration with the College</li> <li>• <b>Duration of orientation training:</b> 2 hours (general orientation); 1 hour (financial literacy)</li> <li>• <b>Format of orientation training</b> (e.g. in-person, online, with facilitator, testing knowledge at the end): in-person via videoconference</li> </ul> <ul style="list-style-type: none"> <li>• <u>Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</u></li> </ul> <p><b>Governance Segment:</b></p> <ul style="list-style-type: none"> <li>• Duties of the College; duties and responsibilities of Council; College committees</li> <li>• Key Legislation</li> <li>• <i>Regulated Health Professions Act</i> and the Health Professions Procedural Code</li> <li>• <i>Optometry Act, 1991</i>; General Regulations; Registration Regulation; Designated Drugs Regulation</li> </ul>

		<ul style="list-style-type: none"> <li>• <i>Personal Health Information Protection Act</i></li> <li>• Expectations: conflict of interest; confidentiality; compliance with mandate; cooperation; attendance; concerns</li> <li>• Role of the committee chair; role of the committee member</li> </ul> <p><b>Financial Literacy Segment:</b></p> <ul style="list-style-type: none"> <li>• Statement of Financial Position (Balance Sheet)</li> <li>• Statement of Revenue and Expenditures (Income Statement)</li> <li>• Statement of Cash Flows</li> <li>• Audit Report</li> <li>• Financial Statement – Items to note as Council Members</li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>The College provides training for its professional members (re. the College’s mandate, etc.), typically early in the year after a new Council composition is set, but this currently happens after the member is elected to Council, not before; therefore, we selected “partially” for this category.</p>
	<p>b. Statutory Committee candidates have:</p> <p>i. met pre-defined competency / suitability criteria, and</p> <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>The competency / suitability criteria are public:</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> </ul> <p><i>If yes, please list insert link to where they can be found, if not please list criteria:</i></p> <ul style="list-style-type: none"> <li>• Members are chosen based on their competency in the area relevant to the specific committee: for example, familiarity with the disciplinary processes of College practice would lead to someone being considered for the Disciplinary Committee. <a href="#">In an email</a> that was sent to members to interest them in applying to be volunteers on College committees, the application form asks members to list their committee experience. This information is reviewed by the Governance/HR Committee before recommendations are made by the Committee for committee appointments.</li> <li>• <b>Duration of each Statutory Committee orientation training:</b> 2 hours</li> <li>• <b>Format of each orientation training</b> (e.g. in-person, online, with facilitator, testing knowledge at the end): in-person via videoconference</li> </ul>

		<ul style="list-style-type: none"> <li>• <u>Insert link to website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee:</u></li> <li>• Training and orientation that describes the committee and the member’s responsibility as it relates to the committee’s work</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College is exploring the possibility of making its training materials and suitability criteria public on the website.</p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Duration of orientation training:</u> 2 hours (general orientation); 1 hour (financial literacy)</li> <li>• <u>Format of orientation training</u> (e.g. in-person, online, with facilitator, testing knowledge at the end): in-person via videoconference</li> <li>• <u>Insert link to website if training topics are public <b>OR</b> list orientation training topics:</u></li> </ul> <p><b>Governance Segment:</b></p> <ul style="list-style-type: none"> <li>• Duties of the College; duties and responsibilities of Council; College committees</li> <li>• Key Legislation</li> <li>• <i>Regulated Health Professions Act</i> and the Health Professions Procedural Code</li> <li>• <i>Optometry Act, 1991</i>; General Regulations; Registration Regulation; Designated Drugs Regulation</li> <li>• <i>Personal Health Information Protection Act</i></li> <li>• Expectations: conflict of interest; confidentiality; compliance with mandate; cooperation; attendance; concerns</li> <li>• Role of the committee chair; role of the committee member</li> </ul> <p><b>Financial Literacy Segment:</b></p> <ul style="list-style-type: none"> <li>• Statement of Financial Position (Balance Sheet)</li> <li>• Statement of Revenue and Expenditures (Income Statement)</li> <li>• Statement of Cash Flows</li> <li>• Audit Report</li> </ul>

		<ul style="list-style-type: none"> <li>Financial Statement – Items to note as Council Members</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings;</li> <li>ii. Council</li> </ul>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li><u>Year when Framework was developed <b>OR</b> last updated:</u></li> <li><u>Insert a link to Framework <b>OR</b> link to Council meeting materials where (updated) Framework is found and was approved:</u></li> <li><u>Evaluation and assessment results are discussed at public Council meeting:</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></li> <li><u>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</u></li> </ul> <p>Council meetings and materials became available online beginning November 2018, so this particular discussion, which took place during an April 9, 2018 Council meeting, is not available on the College’s website.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College has tools in place to evaluate effectiveness, such as post-meeting surveys. Continuing to use these and other tools is a goal for the College and its governance/policy team in 2021.</p>
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li><u>A third party has been engaged by the College for evaluation of Council effectiveness:</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, how often over the last five years? 1</i></li> <li><u>Year of last third-party evaluation:</u> 2017</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (optional)</i></p> <p>Third-party reviews took place in 2012 and 2017, but these are not yet part of a regularly scheduled process, though the College has every intention of conducting them when required.</p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <p>i. the outcome of relevant evaluation(s), and/or</p> <p>ii. the needs identified by Council members.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to documents outlining how outcome evaluations and/or needs identified by member have informed Council training;</u></li> <li>• <u>Insert a link to Council meeting materials where this information is found <b>OR</b></u></li> <li>• <u>Describe briefly how this has been done for the training provided over the last year:</u></li> </ul> <p>Over the last year all committee chairs completed self-assessment surveys to give a sense of their core strengths and weaknesses. A different survey is filled out by all Council members after each Council meeting, indicating, among other things, what additional information and background material could be useful to guide effective decision-making. Both surveys inform the development of training.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
<p><b>Standard 2</b>  <b>Council decisions are made in the public interest.</b></p>		
<p><b>Measure</b></p>	<p><b>Required evidence</b></p>	<p><b>College response</b></p>
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented <b>OR</b> last evaluated/updated: 2021</u></li> <li>• <u>Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved: Part 11 of the <a href="#">College By-Laws</a></u></li> </ul>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Council members are also asked to sign a code of conduct agreement when they begin their terms.</p>
	<p>b. The College enforces cooling off periods<sup>2</sup>.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Cooling off period is enforced through:</u>                      Conflict of interest policy <input type="checkbox"/> By-law <input checked="" type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other &lt;please specify&gt;</li> <li>• <u>The year that the cooling off period policy was developed <b>OR</b> last evaluated/updated:</u> 2020</li> <li>• <u>How does the college define the cooling off period?</u> <ul style="list-style-type: none"> <li>– <u>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</u></li> <li>– <u>insert a link to Council meeting where cooling of period has been discussed and decided upon; <b>OR</b></u></li> <li>– <u>where not publicly available, please describe briefly cooling off policy:</u>                              Section 11.04 of <a href="#">College By-Laws</a></li> </ul> </li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
		<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

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

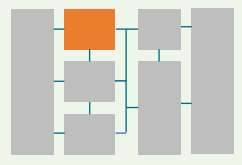


	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<ul style="list-style-type: none"> <li>• <u>The year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated: 2020</u> (review of COI section of bylaws took place)</li> <li>• <u>Member(s) update his or her questionnaire at each Council meeting based on Council agenda items:</u> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input checked="" type="checkbox"/></li> <li>• <u>Insert a link to most recent Council meeting materials that includes the questionnaire:</u></li> </ul> <p>As described in “additional comments” below, there is no COI questionnaire. Council members are vetted to ensure they are not in conflict, and then asked to declare any conflicts at the beginning of Council meetings.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p> <p>Council members are vetted to ensure they are not in a conflict by becoming members of Council. Then, at the beginning of each Council meeting, members are asked to declare any conflicts as they relate to the agenda. There is not a COI form per se, and no such form attached as an appendix to each Council meeting package, but the declaration of conflicts that takes place at each meeting is recorded in the minutes and may make an added COI questionnaire redundant. This process seems to work and has highlighted COI issues in the past, which is why we selected “no” in response to planned improvements. If, however, it became apparent that a COI questionnaire is a standard best practice then the College would consider implementing one.</p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Describe how the College makes public interest rationale for Council decisions accessible for the public:</u></li> </ul> <p>The public interest elements of all Council decisions are made clear in the supporting materials that are circulated ahead of meetings.</p> <ul style="list-style-type: none"> <li>• <u>Insert a link to meeting materials that include an example of how the College references a public interest rationale:</u></li> </ul> <p><a href="https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/Council-Meeting-Dec-4-2020-Briefing-Materials.pdf">https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/Council-Meeting-Dec-4-2020-Briefing-Materials.pdf</a> (pp. 34, 38, 40)</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>All supporting materials are public, but the minutes do not currently link back to these materials, which is why we selected “partially” for this section. The College is now exploring ways to more closely connect Council meeting minutes to the public interest rationale outlined in meeting materials. The rationale will often be apparent in the minutes themselves, but not always.</p>
<p><b>Standard 3</b>  <b>The College acts to foster public trust through transparency about decisions made and actions taken.</b></p>		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert link to webpage where Council minutes are posted:  <a href="https://www.collegeoptom.on.ca/about-us/council-meetings/">https://www.collegeoptom.on.ca/about-us/council-meetings/</a></li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The status of motions and action items are currently included in Council briefing materials and are updated with every meeting.</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). i. the meeting date;	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to webpage where Executive Committee minutes / meeting information are posted:</li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>

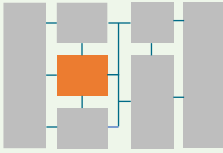
	<p>ii. the rationale for the meeting;          iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and          iv. if decisions will be ratified by Council.</p>	<p><i>Additional comments for clarification (optional)</i></p> <p>Executive Committee decisions made on behalf of Council are shared with Council members, but they are not posted on the College’s website (nor is a rationale for meetings made public). Council members are currently discussing how executive meetings operate and how decisions, materials, etc., related to executive meetings are shared. This will be discussed in future meetings, either at the full Council level or at a meeting of the Governance/HR Committee.</p>
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to the College’s latest strategic plan and/or strategic objectives:</u> <ul style="list-style-type: none"> <li>• The College’s strategic plan is posted in two locations:  <a href="https://www.collegeoptom.on.ca/about-us/">https://www.collegeoptom.on.ca/about-us/</a>  <a href="https://www.collegeoptom.on.ca/resources/college-publications/">https://www.collegeoptom.on.ca/resources/college-publications/</a></li> </ul> </li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>Meeting dates and supporting materials (e.g., agenda, briefing materials, how the public can access the meeting) are posted in <a href="#">the College calendar</a>, as well as to <a href="#">the Council meeting page</a> at least one week in advance of Council meetings.</p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<i>Additional comments for clarification (optional)</i>
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DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.  <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>  • <u>Insert a link to Council meeting materials that include approved budget <b>OR</b> link to most recent approved budget:</u> <a href="https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/Council_Minutes_Dec-4-2020_APPROVED.pdf">https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/Council_Minutes_Dec-4-2020_APPROVED.pdf</a> (page 5 lines 181-194)  <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  <i>Additional comments for clarification (optional)</i>  For reasons that are outlined in the response to Domain 7 – 15.1a, the College has not yet finalized a strategic action plan. However, when the development of a strategic action plan begins, our Manager, Finance will be closely engaged throughout the process to provide support in budgetary considerations.
	b. The College:	

	<p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p><u>If applicable:</u></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved:</u> <a href="https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/Council_Minutes_September_19_2017_APPROVED.pdf">https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/Council_Minutes_September_19_2017_APPROVED.pdf</a> (page 2 lines 35-46)</li> <li>• <u>Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated:</u> September 19, 2017</li> <li>• <u>Has the financial reserve policy been validated by a financial auditor?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> </ul>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>The Finance – Investment Policy and Guidelines governs the management and investment of both operating and reserve funds held by the College, and the College possesses the level of reserve set out in this policy. The Audit/Finance/Risk Committee is scheduled to review and update this policy in 2021.</p> <p>The College provides a copy of this policy to its auditors on a yearly basis. No issues or concerns have been conveyed by the auditors regarding the College’s compliance with this policy.</p> <p>The College would like to take this opportunity to comment on the use of the word “validated” in the question above – this term has legal implications and because “validation” of financial policies is not generally within the normal scope of an audit process, it is misleading and confusing as to whether this is or should be a performance requirement for colleges under the CPMF.</p> <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.</u></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>

	<p>planning, as well as current staffing levels to support College operations).</p>	<p><i>Additional comments for clarification (optional)</i></p> <p>The College’s human resource plan is discussed with the Audit/Finance/Risk Committee annually as part of the budget planning process. Going forward, a briefing note will be prepared for the Committee ahead of the budget planning process for the upcoming year.</p>
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<p><b>DOMAIN 3: SYSTEM PARTNER</b></p>		
<p><b>Standard 5</b>                  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><b>Standard 6</b>                  The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</p>		
<p><b>Standard 7</b>                  The College responds in a timely and effective manner to changing public expectations.</p>		
<p>Measure / Required evidence: N/A</p>	<p style="text-align: center;"><b>College response</b></p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p><b>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</b></p> <ul style="list-style-type: none"> <li>• <b>Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.</b></li> </ul>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li>• <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.)</i> <ol style="list-style-type: none"> <li>1. The College’s engagements with two system partners have strengthened our registration practices. First, the College has been working with <b>Touchstone Institute</b> since 2019 to ensure consistent competencies among registrants. The outcomes of the collaboration include (1) the smooth administration of the Internationally Graduated Optometrist Evaluating Examination (IGOEE) and (2) the development of a new National Competency Profile that can be used moving forward by all optometry regulators and the Optometry Examining Board of Canada. Moreover, the College’s participation in the <b>Ontario Regulators for Access (ORAC)</b> group, which comprises 40 health and non-health regulatory colleges, in its annual meetings resulted in collaborations on matters related to access to registration in Ontario by internationally trained individuals. The engagement with ORACT further generated an action to pursue registration best practices. For example, through an ORAC member survey, the College learned that the College of Homeopaths of Ontario has a 750 practice-hour minimum requirement for its members. Unlike the College of Optometrists, however, the College of Homeopaths has flexibility in its legislation in that its members are not automatically subjected to a practice assessment or evaluation at their cost if they do not meet the minimum requirement. Our College noted this to the Ministry of Health during a meeting on October 16, 2020 and has since made a formal request for greater flexibility in the College’s Registration Regulation.</li> <li>2. The College has a bi-weekly standing call with the <b>Ontario Association of Optometrists (OAO)</b> for the purpose of information sharing. Since the OAO job action was launched on June 15, 2020, the College has kept in regular contact with the OAO to discuss issues such as ancillary testing for patients who are OHIP-insured and upholding applicable areas of the Commitment to the Future of Medicare Act. The College communicated with optometrists on multiple occasions to clarify expectations regarding the provision of care during a job action and sent personalized letters to optometrists who were specifically reported to the College by OHIP. The engagement with the OAO and the subsequent communications to optometrists ensured that the public continued to have access to safe, high-quality optometric care during the job action.</li> <li>3. <b>Health Profession Regulators of Ontario (HPRO)</b> is an organization that facilitates collaboration among the 26 regulatory colleges in Ontario. The ongoing engagement of the College in HPRO working group meetings helped shape the College’s response to the pandemic and amendments to the standards of practice. In particular, the following partnerships supported execution of the regulatory mandate: <ul style="list-style-type: none"> <li>• <b>Quality Assurance Working Group (QAWG):</b> The QAWG meets on a bi-annual basis. Ongoing engagement in the QAWG through information and resources sharing has led to the following initiatives: <ul style="list-style-type: none"> <li>○ <i>May 2020 – Present:</i> research on best practices and the development of a self-assessment module that would be linked to a learning plan, participation in CE and other learning opportunities, and self-reflection.</li> <li>○ <i>March 2020 – Present:</i> response to COVID-19 pandemic and directives from the Ministry, including: <ol style="list-style-type: none"> <li>a) common approach to put practice assessments on hold and plans for resuming them after gradual return to work</li> <li>b) replace in-person with virtual remediation opportunities; and</li> </ol> </li> </ul> </li> </ul> </li> </ol></li></ul>
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**Final Report – College of Optometrists of Ontario**

	<p>c) optometrists randomly selected for practice assessments are asked to provide information on changes in clinical procedures and any additional infection control practices that have been implemented in response to changing public/patient expectations.</p> <ul style="list-style-type: none"> <li>• <b>Practice Advisors Working Group (PAWG):</b> The PAWG typically meets three times per year. PAWG meetings facilitate discussions around common standards, guidelines and issues that affect all regulated health professions. Recent topics during the COVID-19 pandemic have included Infection Prevention and Control (IPAC), telehealth, and urgent and non-urgent care. In addition to the PAWG, COVID-19 related information from the <b>Ministry of Health (MOH) Emergency Operations Centre</b> has assisted the College’s practice advisor navigate Ministry directives, IPAC measures, and return-to-work policies during the pandemic. The application of information gathered from the PAWG and the MOH partnerships have informed revisions to the College’s standards of practice in light of COVID-19, including IPAC and return-to-work.</li> </ul> <p>4. The College further engaged with the <b>MOH Regulatory Design and Implementation Unit</b> in June and July 2020 to discuss amendments to the College’s Designated Drugs Regulations that were requested by the Ministry. Prior to the engagement with the Ministry, the College collaborated with the <b>College of Nurses, the College of Pharmacists, and the College of Midwives</b> in February, April, and June 2020, all of which have similar drug regulation proposals before the Ministry. The collaboration informed a common approach to drug regulation proposals. The proposed amendments remain before the Ministry.</p>
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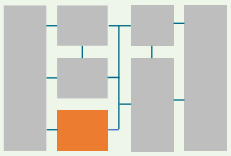


	<p><b>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</b></p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> <li>• Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</li> <li>• 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).</li> </ul> <ol style="list-style-type: none"> <li>1. Since the onset of the COVID-19 pandemic, College staff have been <b>logging calls from the public</b> on a regular basis to ensure that we are maintaining swift response times to queries. This log can be leveraged to identify trends in public inquiries over time and respond to changes in public expectations. For example, the College can review complaint-related calls to ensure that problem areas are identified and triaged appropriately. Inquiries from the public specifically pertaining to COVID-19 (e.g., access to care, PPE) are also being tracked separately. The College will enhance the structure of the tracking system to enable an analysis of key trends that will help identify changing public expectations and needs.</li> <li>2. The College shares and learns about changing public expectations through various <b>working groups</b> (e.g., ORAC, ARBO, CSWG, HPRO). These collaborative and cooperative relationships enable the College to identify the changing public expectations of which we may not be aware but other regulatory colleges or institutions are experiencing.</li> <li>3. On May 13, 2020, the College, cohosted a <b>virtual meeting with the Citizen Advisory Group</b> with several other regulatory colleges to gauge the</li> </ol>	<p><b>Standard 7: The College responds in a timely and effective manner to changing public expectations.</b></p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> <li>• How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</li> <li>• The College is asked to provide an example(s) of key successes and achievements from the reporting year.</li> </ul> <ol style="list-style-type: none"> <li>1. The College has been responsive in its <b>communications directed at both optometrists and the public regarding the COVID-19 pandemic</b>. In January 2020, the College published an initial notice about COVID-19, including resources for patients. In the months that followed, the College has published several website pages, one of which is specific to the public, that outlined the College’s infection prevention guidance, what patients can expect from optometry care, and an FAQ, which are updated as needed. The College further uses social media to provide the public with regular updates regarding changes to optometric care, College meetings, and COVID-19 information.</li> </ol> <p>FAQs have been quickly developed and updated to address areas of common concern among the public. For example, the College promptly added FAQ information pertaining to the use of masks and PPE in optometric offices during COVID-19. The FAQ section also addresses specific topics based on gatherings from the initiative on call logging. A specific example of this was the messaging posted during OAO job action to inform the public that paying for ancillary testing cannot be made a condition of accessing OHIP-insured</p>
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	<p>public’s perspective on health care during the COVID-19 pandemic (e.g., mandatory masks, virtual care, standards of practice).</p> <p>4. To track the changing public and societal expectations for the QA program, the College receives guidance from <b>Council on Optometric Practitioner Education (COPE)</b>, which is a recognized accreditation program for optometric CE courses and deemed <i>substantially equivalent</i> to the Accreditation Council for Continuing Medical Education (ACCME) accreditation system. CE providers are required to meet <a href="#">COPE accreditation criteria</a>, which includes incorporating into CE activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their learners.</p>	<p>services, which resulted in a reduction in calls of this nature. This shows the value of a “feedback loop” in terms of logging the nature of calls and ensuring this information is addressed in public-facing communications. The College also updated its <b>online registry</b> to list which optometrists were available for emergency care during shutdown of routine care.</p> <p>2. Due to COVID-19, the typical physical interactions that occurred in registration activities could not continue. College registration processes were adapted in a timely and effectively manner. First, registration staff worked with ILS Canada (a virtual learning platform service provider) and a virtual proctoring service to launch its <b>first-ever online Jurisprudence exam</b> on June 1, 2020. The continuation of the registration process via digital means eliminates risks associated with large gatherings and ensures the public can continue accessing optometry care without a disruption in supply. Furthermore, the College has been working with its database vendor Visual Antidote (VA) to <b>develop an Online Application System</b> that will enable applicants to be registered more quickly and remotely. This system will eliminate efficiency issues of the physical system; enable more accurate and timely reporting to Council and the MOH; reduce the time it takes to register applicants; and increase access to optometry care.</p> <p>3. With the onset of the pandemic, there was an increase in the number of patients who wanted a quick fix to their concerns (e.g., fees, communication, access to care) and were not willing to engage in a formal investigation process that would take several months to complete especially due to the uncertain circumstances. Therefore, the College’s complaints and inquiries intake has turned to offering <b>informal resolution</b> of these types of inquiries by:</p> <ol style="list-style-type: none"> <li>a. reaching out to members (with the patient’s consent) to discuss and advise of the College’s expectations; or</li> <li>b. sending reminder/warning letters from the College Registrar, reminding members of the obligations and/or expectations.</li> </ol>
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		<p>4. At the onset of COVID-19, the College shifted its <b>Council meetings from in person to virtual</b> and began broadcasting these meetings via live stream to enable public access.</p> <p>5. The College’s Quality Assurance Program has engaged in the strengthening of interprofessional collaboration to improve patient experience. Since May 2020, the College has been in the process of developing a <b>CE policy for the 2021-2023 CE cycle</b>, which includes the following:</p> <ul style="list-style-type: none"><li>a. requiring a specified number of <b>COPE-accredited CE</b> credit hours to ensure Ontario optometrists are participating in high-quality and meaningful CE that would address practice gaps and result in improved patient outcomes; and</li><li>b. accepting CE activities provided by Canadian or American school or college of optometry, or an accredited university in another health discipline. The goal is to promote interprofessional collaboration to deliver high-quality healthcare. These include ophthalmology conferences, such as:<ul style="list-style-type: none"><li>i. Sally Letson Symposium provided by the <b>University of Ottawa, Faculty of Medicine</b></li><li>ii. Walter Wright Symposium provided by the <b>University of Toronto, Faculty of Medicine</b></li><li>iii. Annual McMaster Inter-Professional Forum for Eye Health and Vision Care provided by the <b>McMaster University, Continuing Health Sciences Education Program</b></li></ul></li></ul> <p>6. Since October 2020, the College has taken the lead in the development of a <b>recordkeeping e-module</b> with potential collaboration from the <b>University of Waterloo School of Optometry and Vision Science</b> to communicate professional obligations and importance of good recordkeeping, including the following:</p> <ul style="list-style-type: none"><li>a. ensures continuity of care;</li><li>b. improves accountability;</li><li>c. shows how decisions were made relating to a patient’s care; and</li></ul>
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		<p>d. enhances communication between members of a multidisciplinary team that are involved in a patient’s care (e.g., optometrists, physicians, ophthalmologists).                  This e-module would be particularly beneficial to newly registered optometrists and those who have been identified through College processes (e.g. QA, ICRC) to require assistance in this area.</p> <p>7. The College has signaled learning opportunities through its engagement with <b>COPE</b>. CE providers are required to meet <a href="#">COPE accreditation criteria</a>, which includes the following:</p> <ul style="list-style-type: none"> <li>a. generating activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement; and</li> <li>b. analyzing changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.</li> </ul>
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<b>DOMAIN 4: INFORMATION MANAGEMENT</b>		
<b>Standard 8</b> Information collected by the College is protected from unauthorized disclosure.		
<b>Measure</b>	<b>Required evidence</b>	<b>College response</b>
		The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>

<p>8.1 The College demonstrates how it protects against unauthorized disclosure of information.</p>	<p>a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds</p>	<ul style="list-style-type: none"> <li>• <u>Insert a link to policies and processes <b>OR</b> provide brief description of the respective policies and processes.</u></li> </ul> <p><b>Common practices:</b></p> <ul style="list-style-type: none"> <li>• The College uses <a href="#">Box</a> as a cloud content management and file sharing platform where the regulatory departments (I.e., QA, ICRC, Registration) securely receive and upload files that may contain personal or sensitive information. In addition to the built-in advanced encryption and security measures of Box, the College safeguards the information by password-protecting files and assigning levelled access. Examples of how Box is used are delineated below under the description of each department.</li> <li>• Firewalls exist between different College department folders in the shared drive where personal information is stored.</li> </ul> <p><b>QA:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">OE TRACKER</a> is a system the College uses to capture and store continuing education data for optometrists. Each OE TRACKER account is linked to a unique OE TRACKER number and requires a unique username and password to access information.</li> <li>• Patient health records for QA practice assessments are submitted electronically by selected optometrists through Box.</li> <li>• Committee meeting materials are shared as password-protected PDF files sent through email (password to open files are sent via separate emails).</li> <li>• All QA-related materials are stored in the College’s public drive and are accessible only to appropriate staff.</li> </ul> <p><b>ICRC:</b></p> <ul style="list-style-type: none"> <li>• The information collected related to the complaints/registrar’s report/discipline/fitness to practice processes is saved electronically, to the College database and server. The access to this section of the database and these folders is authorized to the ICRC staff and the Registrar only. The information that is sent out as part of the process (i.e., College Committee members, parties, witnesses, legal counsel) is password protected.</li> <li>• The importance of maintaining confidentiality and handling confidential materials is emphasized during the Committee orientation and new staff training.</li> </ul> <p><b>Registration:</b></p> <ul style="list-style-type: none"> <li>• Information collected from applicants is uploaded electronically to a Box account for registration, which is accessed only by registration staff using a unique username and password. To ensure the ownership of information is retained by the applicant, an applicant’s records will be returned to the applicant if the applicant does not notify the College of their intention to continue with the</li> </ul>
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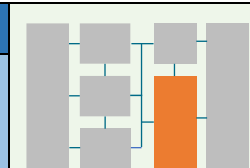
		<p>registration application. The importance of maintaining confidentiality and handling confidential materials is further emphasized during the Committee orientation and new staff training.</p> <p><b>Finance:</b></p> <ul style="list-style-type: none"> <li>• Access to banking, accounting, and payroll information and applications is protected by passwords, tier level permissions to specific functions and reporting, finance staff, Registrar and Assistant Registrar, and College signing authorities (President, Vice-President, Registrar, Assistant Registrar).</li> </ul> <p><b>Information Technology (IT):</b></p> <ul style="list-style-type: none"> <li>• As part of the procurement process, the College request rigorous security, privacy, and confidentiality clauses to be addressed in agreements from new vendors. Whenever possible, we prefer vendors that are knowledgeable about the Personal Health Information Protection Act (PHIPA). Furthermore, in May 2020, the College hired an informatics staff for in-house informatics and IT management. The College has since then reviewed all existing IT agreements and discussed revisions with a few vendors to include security, privacy, and/or confidentiality clauses. For example, we added a confidentiality clause to our agreement with an IT services company.</li> </ul> <p><b>Website:</b></p> <ul style="list-style-type: none"> <li>• Regarding the collection and use of information through the College website, <a href="#">policies</a> and <a href="#">notices</a> are available on the website.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>As outlined above, each department at the College has its own set of processes that govern the information lifecycle.</p> <p>The College intends to review the existing array of processes and establish College-wide policies and processes to ensure consistency of information management practices across all departments.</p> <p>In the meantime, we will continue to abide by <a href="#">Section 36 of the Registered Health Professions Act</a> to safeguard the confidentiality and privacy of any personal or sensitive information.</p>
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DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	<p>a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li><u>Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment <b>OR</b> describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).</u></li> </ul> <p>The College plans to review all clinical policies and standards of practice at least once every three years but may review one document more often if there is appropriate impetus.</p> <p>Principles underlying optometry standards are described under <a href="#">OPR Chapter 2</a>. Evidence that contributes to standards is described in <a href="#">OPR Chapter 3</a>.</p> <p>Other than calendar-based review, an evaluation of a standard may be triggered by a new technology (e.g., internet application, telehealth), or more recently a public health crisis (COVID, and infection control standards).</p> <p>Clarity and completeness are evaluated by balancing questions received on the topic from registrants and the public. Frequent questions may also provide a trigger for a review.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p> <p>Up to now, we have not circulated standards and policies to stakeholders and regularly involved them (it was done on an irregular basis). This has been something under consideration for improvement.</p>

	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none"> <li>i. evidence and data,</li> <li>ii. the risk posed to patients / the public,</li> <li>iii. the current practice environment,</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</li> <li>v. expectations of the public, and</li> <li>vi. stakeholder views and feedback.</li> </ul>	<p>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <ul style="list-style-type: none"> <li>• <u>For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) <b>OR</b> describe it in a few words.</u> <ol style="list-style-type: none"> <li>1. In response to the sharp spike in the number of COVID cases in March 2020 and the subsequent provincial declaration of state of emergency, the College made the decision to direct optometrists to provide urgent care only—even before the same order was mandated by the Ministry of Health. This illustrates the proactive, public-focused approach that the College takes to develop or amend policies, standards, and practice guidelines.</li> <li>2. Throughout April and May when there was widespread expectation of a health services reopening, optometrists increasingly contacted the College for guidance on return-to-work and how to provide safe care in a COVID environment. In anticipation and response, the College began drafting guidance for the optometric profession that was informed by best practices, scientific evidence, and stakeholder feedback. Review of best practices began with a review of <a href="#">Public Health Ontario guidance specific to COVID, Infection Prevention and Control for Clinical Office Practice</a>, and professional standards under <a href="#">Optometric Practice Reference 4.7</a>. Review also included interprovincial guidance, shared through Federation of Optometric Regulatory Authorities of Canada from Saskatchewan and Manitoba who were earlier to return to practice and publish public guidance for optometrists. The College further referenced guidelines from the UK College of Optometrists, who were early to publish equipment-specific infection prevention and control considerations. Ministry of Health documents shared by the Emergency Operations Centre (e.g., Reference Document for Symptoms, Patient Screening Document) were also reviewed and incorporated into the College’s guidance document. When the Ministry published its Health Sector Restart guidance upon the return-to-work announcement in June, the College cross-compared it with the College’s guidance document to ensure consistency. Thereafter, the College punctually and proactively reviewed and updated its guidance document to align with any changes in COVID information (e.g., list of COVID symptoms, screening criteria).</li> </ol> </li> </ul> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p>
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DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10 The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) <sup>3</sup> .	<p>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li><u>Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> describe in a few words the processes and checks that are carried out:</u> <ul style="list-style-type: none"> <li>Review and validation of submitted documentation to detect fraudulent documents</li> <li>Requirement of notarized Vulnerable Sector Screening, optometry degree certificates, Citizenship/Permanent Resident status/Authorization to practise documents to be either mailed to the College or authenticated documents uploaded</li> <li>Conducting a Google search of the applicant’s name on the Internet prior to registration to verify application information</li> </ul> </li> <li><u>Insert a link <b>OR</b> provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):</u> <ul style="list-style-type: none"> <li>Entry-to-practice exam scores received directly from examining boards</li> <li>Signed and sealed Certificate of Standing Certificates from jurisdictions where applicant practised previously received directly from regulatory colleges/licensing boards and verification of Certificate information directly using regulatory colleges/licensing boards website information</li> </ul> </li> </ul>



<sup>3</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon <b>OR</b> describe in a few words the process and checks that are carried out.</u></li> <li>• Registration staff regularly attend meetings of the Ontario Regulators for Access Consortium (ORAC) which encompass registration staff from health and non-health regulatory colleges. At these meetings which are held 3-4 times annually, registration best practices are discussed and shared. These meetings provide the opportunity for the College to reviews its criteria and processes for determining whether an applicant meets its registration requirements.</li> <li>• <u>Provide the date when the criteria to assess registration requirements was last reviewed and updated.</u></li> <li>• The last ORAC meeting attended was July 21, 2021, at which registration requirements were reviewed. The College also reviewed its registration requirements in detail during the development process for the online registration application which took place in late summer and fall 2020.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College is currently developing an online application system and has been reviewing the application checklist in preparation for launching the application to assess whether there are any redundancies in the system and to streamline the process.</p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency<sup>4</sup> and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<ul style="list-style-type: none"> <li>• <u>Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon <b>OR</b> provide a brief overview:</u></li> </ul> <p><b>Continuing Education (CE):</b></p> <p>A key component of the College’s Quality Assurance Program is mandatory CE as required under Section 26.(1) of the Optometry Act, 1991. O. Reg. 119/94.</p> <p>The <a href="#">College’s CE Policy</a> outlines the CE requirements and currency, which have been discussed and decided on by Council at the following meetings:</p> <ol style="list-style-type: none"> <li>1. June 25, 2020:             <ol style="list-style-type: none"> <li>a. <a href="#">Briefing materials</a> (pages 36 – 58)</li> <li>b. <a href="#">Approved meeting minutes</a> (lines 73-98)</li> </ol> </li> <li>2. September 25, 2020:             <ol style="list-style-type: none"> <li>a. <a href="#">Briefing materials</a> (pages 46-93)</li> <li>b. <a href="#">Approved meeting minutes</a> (lines 220-251)</li> </ol> </li> <li>3. December 4, 2020:             <ol style="list-style-type: none"> <li>a. <a href="#">Briefing materials</a> (pages 47-58)</li> <li>b. <a href="#">Approved meeting minutes</a> (lines 135-144)</li> </ol> </li> </ol> <p><b>Direct Optometric Care to Patients in Canada</b></p> <p>It is a condition of certificate of registration for members to provide at least 750 hours of direct optometric care to patients in Canada in every three-year period following the year in which they were first registered as required under <a href="#">Section 7.(1)(a) of O. Reg. 837/93</a> (Registration Regulation as amended under the <i>Optometry Act, 1991</i>).</p> <p>All direct optometric care to patients in Canada requirements are outlined in the <a href="#">College’s Practising Members with Insufficient Practice Hours Policy</a>, which have been discussed and decided on by Council at its <a href="#">April 6, 2017 meeting</a> (lines 134-148).</p> <ul style="list-style-type: none"> <li>• <u>List the experts / stakeholders who were consulted on currency:</u></li> </ul> <p><b>CE:</b> public, Ontario optometrists, representatives from the Ontario Ministry of Health and Long-Term Care, representatives from the University Health Network, other regulatory Colleges in Ontario and other provinces, the Office of the Fairness Commissioner (OFC), the Ontario Association of Optometrists (OAO),</p>
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		<p>the School of Optometry and Vision Science, University of Waterloo, Vision Institute of Canada, lawyers (e.g. College Counsel), regulatory consultants (e.g., Mr. Richard Steineke), Vision Council of Canada</p> <p><b>Direct Optometric Care to Patients in Canada:</b></p> <p>The College surveyed members of the Ontario Regulators for Access Consortium (ORAC) regarding their colleges’ practice-hour requirement in June 2020.</p> <ul style="list-style-type: none"> <li>• <u>Identify the date when currency requirements were last reviewed and updated:</u></li> </ul> <p><b>CE:</b> December 4, 2020  <b>Direct Optometric Care to Patients in Canada:</b> June 2020</p> <ul style="list-style-type: none"> <li>• <u>Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</u></li> </ul> <p><b>CE:</b> the College performs an audit at the conclusion of every three-year reporting cycle (100% of registrants are audited) to identify those who fail to meet CE requirements.</p> <p><b>Direct Optometric Care to Patients in Canada:</b> at the beginning of each year, the College performs an audit (100% of registrants are audited) to identify those who fail to meet the direct optometric care hours in the past three years.</p> <p>Optometrists who have been referred to the QA Committee for not meeting the conditions for maintaining their Certificate of Registration, including CE and direct optometric care hours, go through a practice assessment process as described on the College website:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.collegeoptom.on.ca/members/quality-assurance/practice-assessment/referral/">https://www.collegeoptom.on.ca/members/quality-assurance/practice-assessment/referral/</a></li> <li>• <a href="https://www.collegeoptom.on.ca/members/quality-assurance/practice-assessment/">https://www.collegeoptom.on.ca/members/quality-assurance/practice-assessment/</a></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i></p>
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<sup>4</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

		<i>Additional comments for clarification (optional)</i>
10.3 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).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to the most recent assessment report by the OFC <b>OR</b> provide summary of outcome assessment report:</u></li> </ul> <p>Fair Registration Reports are posted here: <a href="https://www.collegeoptom.on.ca/resources/college-publications/">https://www.collegeoptom.on.ca/resources/college-publications/</a>. The most recent report is <a href="https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/2019-OFC-report-FINAL.pdf">https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/2019-OFC-report-FINAL.pdf</a>.</p> <ul style="list-style-type: none"> <li>• <u>Where an action plan was issued, is it:</u></li> </ul> <p>Completed <input checked="" type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/></p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>
		The College has addressed all outstanding OFC recommendations.
<b>Standard 11</b> The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
<b>Measure</b>	<b>Required evidence</b>	<b>College response</b>
		The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>

<p>11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	<p>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>	<ul style="list-style-type: none"> <li>• <u>Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:</u> <ul style="list-style-type: none"> <li>– <b>Name of Standard:</b> COVID-19 Return-to-Work</li> <li>– <b>Duration of period that support was provided:</b> March 2020 – ongoing</li> <li>– <b>Activities undertaken to support registrants:</b> The College supported the registrants with the provision of the Ministry-published PPE supplier directory and through a collaboration with the OAO to recommend PPE providers and purchasing. We were also proactive in communicating and directing optometrists to various credible resources to ensure safe delivery of optometric care.</li> <li>– <b>% of registrants reached/participated by each activity:</b> E-mail communication was sent to all registrants in our College database.</li> <li>– <b>Evaluation conducted on effectiveness of support provided:</b> There was no formal evaluation conducted to measure the effectiveness of the support provided.</li> </ul> </li> <li>• <u>Does the College always provide this level of support:</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> </ul> <p><i>If not, please provide a brief explanation:</i></p> <p>The College is not always proactive in the provision of support to the registrants in the uptake of changes to standards of practice or practice guidelines. However, the College provides ongoing practice advisory support, whether it be regarding new practice-related changes or standard practice-related questions. The practice advisor diligently responds to any practice-related inquiries from the registrants.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p> <p>Our College will continue to brainstorm different ways to support and present information to the registrants. The discussion may include production of webinars and short, informative video clips that would be made available to the registrants. Any progress will be reported.</p>
<p>11.2 The College effectively administers the assessment component(s) of its QA</p>	<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> link to website where this information can be found:</u></li> </ul>

<p>Program in a manner that is aligned with right touch regulation<sup>5</sup>.</p>	<p>order to ensure the most impact on the quality of a registrant’s practice;</p> <p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and</p> <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>Current QA practice assessment focuses on first time patient clinical records. All randomly selected optometrists are required to undergo a <a href="#">Short Record Assessment (SRA)</a>. If the QA Committee has concerns about the results of the SRA, then the optometrist would be required to undergo a more in-depth <a href="#">Complete Record Assessment (CRA)</a>. Overview of the random practice assessment process can be found on <a href="#">the College website</a>.</p> <p>First time patient records are used because complete oculo-visual assessments are performed, which allows the College to evaluate whether optometrists are maintaining the standard of practice of the profession, including their knowledge, skills, and judgment.</p> <p>All assessment criteria are mapped to the <a href="#">Optometric Practice Reference</a>.</p> <ul style="list-style-type: none"> <li>• <u>Is the process taken above for identifying priority areas codified in a policy:</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  <i>If yes, please insert link to policy:</i></li> <li>• <u>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 <b>OR</b> describe right touch approach and evidence used:</u></li> </ul> <p>The College’s random selection criteria for QA practice assessments are focussed on years since registration with the College.</p> <p>The College engaged Signal Regulatory Solutions to undertake a data analysis project to better understand complaints and reports information over the past 10 years and to identify any potential trends. An Executive Summary of the report was presented to Council at its <a href="#">April 24, 2019 meeting</a> (pages 132-133).</p> <p>Using years since registration as a proxy for experience and age, the analysis found that more complaints and reports are received for optometrists in the early years of registration (0-5), though the risk level of the complaint gradually increases with experience. High-risk matters increased for members with 16-20 and 26-30 years since registration, suggesting that some older practitioners struggle with practice and/or conduct issues.</p>
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<sup>5</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>The QA Panel of the QA Committee had proposed revisions to the random selection criteria to better reflect the risk factors based on the findings in this report. <a href="#">The revised random selection criteria were implemented in 2020.</a></p> <ul style="list-style-type: none"> <li>• <u>Provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable): 2020</u></li> </ul> <p><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <ul style="list-style-type: none"> <li>– Public                      Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/></li> <li>– Employers                    Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/></li> <li>– Registrants                Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/></li> <li>– other stakeholders        Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/></li> </ul> <ul style="list-style-type: none"> <li>• <u>Insert link to document that outlines criteria to inform remediation activities <b>OR</b> list criteria:</u></li> </ul> <p>There are two remediation activity options:</p> <ol style="list-style-type: none"> <li>1. <b>Specified continuing education requirements:</b> selected when specific areas of concerns in the optometrist’s practice have been identified through the practice assessment process. The concerns are of less severity and can be addressed by completing CE activities. The CE activities and the number of hours must be pre-approved by the QA Panel; and</li> <li>2. <b>Coaching:</b> selected when specific areas of concerns in an optometrist’s practice have been identified by the QA Panel. The concerns are of higher severity and require one-on-one remediation with a College Coach, who is an optometrist trained by the College. The optometrist and their coach complete a draft remedial program plan, which is tailored to address the optometrist’s deficiencies and outlines learning objectives, success indicators, expected outcomes, and timelines. The plan must be approved by the QA Panel before the optometrist and their coach can carry out the plan.</li> </ol> <p>The QA Panel may use a <a href="#">Practice Evaluation</a> to inform remediation activity. A Practice Evaluation helps determine whether deficiencies identified during the course of a practice assessment are a result of the member’s lack of knowledge, skill or judgment, or from the member’s lack of application of the knowledge, skill or judgment.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></i></p>
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		<p><i>Additional comments for clarification (optional)</i></p> <p>The College is currently in process of revising the practice assessment component of the QA program to ensure that priority areas of focus for assessments are risk-based and plans to codify the process in a policy.</p>
<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process:</u></li> </ul> <p>The QA Panel monitors completion of remediation activities by:</p> <ol style="list-style-type: none"> <li>1. Specified continuing education requirements: optometrist is required to submit certificates of completion.</li> <li>2. <u>Coaching</u>: The Coach is required to submit an interim and a final report for Panel approval to ensure successful completion of all remediation activities.</li> </ol> <ul style="list-style-type: none"> <li>• <u>Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:</u></li> </ul> <p>Following remediation, the optometrist is given a reasonable opportunity to incorporate what she/he has learned into their practice. After that time, a practice re-assessment is conducted using the Complete Record Assessment tool.</p> <p>On re-assessment, the QA Panel usually finds that no further action is warranted. If, however, there are still deficiencies identified in the re-assessment, the Panel may direct the member to undergo further coaching, a Practice Evaluation and/or direct the Registrar to impose terms, conditions, or limitations on a member’s certificate of registration.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:</u> <ol style="list-style-type: none"> <li>1. <a href="https://www.collegeoptom.on.ca/public/complaints/">https://www.collegeoptom.on.ca/public/complaints/;</a></li> <li>2. <a href="https://www.collegeoptom.on.ca/public/complaints/fags/">https://www.collegeoptom.on.ca/public/complaints/fags/;</a></li> <li>3. <a href="https://www.collegeoptom.on.ca/public/patient-relations/">https://www.collegeoptom.on.ca/public/patient-relations/</a></li> <li>4. <a href="https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/ICRC-Policy-ADR.pdf">https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/ICRC-Policy-ADR.pdf</a></li> </ol> </li> <li>• <u>Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process:</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></li> </ul> <p>The ICRC staff prepare each file and ensure that all relevant information is requested and obtained for the Committee review.</p> <ul style="list-style-type: none"> <li>• <u>Does the College evaluate whether the information provided is clear and useful:</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures):</u></li> </ul> <p>The Coordinator, Investigations and Hearings responds to inquiries from the public within 48 hours.</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> <li>• <u>List all the support available for public during complaints process:</u> <ul style="list-style-type: none"> <li>• Complaint Brochure</li> <li>• Complaint Form (English &amp; French) – to streamline concerns and ensure all relevant information is provided</li> <li>• <a href="#">ADR process</a> (mediation) is available for certain types of complaints</li> <li>• Coordinator, Investigations and Hearings and all ICRC staff are available and easily approachable throughout the process</li> <li>• Most requests for extension of timelines are approved, within reason</li> <li>• Complainants who have issues putting their concerns in writing, can leave a detailed message, which will be transcribed by the Coordinator</li> <li>• If a complaint is filed in another language, the College will translate it into English</li> </ul> </li> <li>• <u>Most frequently provided supports in CY 2020:</u> <ul style="list-style-type: none"> <li>• Complaint Brochure</li> <li>• Complaint Form</li> <li>• Coordinator, Investigations and Hearings available to answer questions or concerns regarding process</li> <li>• Extensions of timelines</li> </ul> </li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process <b>OR</b> provide a brief description:</u></li> </ul>

<p>are supported to participate effectively in the process.</p>	<p>or discipline case and are supported to participate in the process.</p>	<ul style="list-style-type: none"> <li>• Each complainant is provided a Complaint Brochure at the beginning of the process to ensure a clear understanding of the various stages of the process</li> <li>• Frequent communication between the Coordinator, Complaints and Hearings, and all parties involved after each step in the complaint process</li> <li>• Delay letters are sent when applicable</li> <li>• Members’ responses are provided complainants for comments</li> <li>• Expert opinions, if applicable, are provided to complainants for review and comments</li> <li>• Witnesses in discipline hearings are supported (separate room, refreshments, staff support them during the hearing)</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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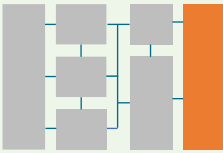
**Standard 13**

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

Measure	Required evidence	College response
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to guidance document <b>OR</b> describe briefly the framework and how it is being applied:</u>                       In late 2015/early 2016, based on the recommendations of AGRE (this College has been a founding member and contributor of AGRE since its inception in 2013), the College developed a Risk Assessment Framework (RAF) tool that the ICRC Panels uses in the assessment and analysis of the risk of harm the member’s conduct and/or care in each case under investigation. The tool guides and assists the Panels’ decision-making when addressing complaints and registrar’s reports. All aspects of the case are taken into account: the nature of the allegations, the member’s prior history, the member’s response, etc. The tool is currently not available to the public.</li> <li>• <u>Provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable):</u>                       In 2015, the College Council struck an ad-hoc Transparency Committee that developed the RAF tool. As the ICRC Panels continuously consider new cases, some with novel allegations, the RAF tool is being tested</li> </ul>

		<p>and adjusted, as necessary (at a minimum, annually). If Panels see an opportunity to improve the tool by making adjustments, these suggestions are brought forward to the whole Committee.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The ICRC plans to publish the concepts behind the RAF tool - this will be discussed at the first meeting of the whole Committee (both Panels) in 2021 to enable transparency and public sharing of information.</p>
<p><b>Standard 14</b>  <b>The College complaints process is coordinated and integrated.</b></p>		
Measure	Required evidence	College response
<p>14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>	<p>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>	<p>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li><u>Insert a link to policy <b>OR</b> describe briefly the policy:</u></li> </ul> <p>A policy for sharing information about member-specific matters with third parties was drafted in 2019; however, we could not get consensus from the Council. The development has been put on hold as a result.</p> <ul style="list-style-type: none"> <li><u>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’).</u></li> </ul> <p>The College posted on its website the information about a member whose licence was removed, due to the member being considered not having met the registration requirements at the time of application. The link to this information was shared with other Canadian optometry regulators, a US state optometry regulator, OHIP, and insurance companies.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (if needed)</i></p> <p>The College will review the existing draft policy and report on any progress in the next report.</p>
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DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	<p>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li><u>Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included <b>OR</b> list KPIs and rationale for selection:</u></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>The College developed <a href="#">a 2020-2023 Strategic Plan</a>, which received <a href="#">Council approval on June 25, 2020</a>. However, it lacks an accompanying action plan which would outline the KPIs to be measured for the monitoring, reporting, and improvement of College performance.</p> <p>A formal discussion around the development of a strategic action plan has stalled for the following two primary reasons:</p> <ol style="list-style-type: none"> <li>1. After the departure of the previous full-time Registrar, the College welcomed an Interim Registrar in July 2020. During the incumbency of the Interim Registrar, it had been determined that it would be strategically prudent to avoid the formal initiation of any long-term, significant projects.</li> </ol>

		<p>2. With the overlap in the timing of the strategic plan approval and the release of the CPMF, it was agreed that we would wait for the final version of the CPMF to review the Ministry-established standards, measures, and KPIs that can inform the drafting of our strategic action plan.</p> <p>The College welcomed a new Registrar in February 2021, and the development of a strategic action plan will be one of several key projects for the incumbent. The College will report on any progress on the action plan in the next report.</p>
	<p>b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:</u></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>Please see the clarification made for 15.1a.</p>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</u></li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>Please see the clarification made for 15.1a.</p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <u>Insert a link to College’s dashboard or relevant section of the College’s website: <a href="https://www.collegeoptom.on.ca/resources/college-publications/">https://www.collegeoptom.on.ca/resources/college-publications/</a> (See under Annual Report)</u></li> </ul>

	<p>activities are made public on the College’s website.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (if needed)</i></p> <p>Regarding the absence of strategic objectives and our improvement plan, please see the clarification made for 15.1a.</p> <p>The College publishes annual reports on the website that contain performance results related to regulatory activities such as registration and QA.</p>
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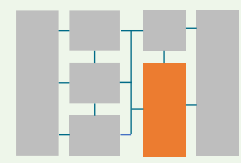
## PART 2: CONTEXT MEASURES

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
<b>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</b>		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology <i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
<b>CM 1.</b> Type and distribution of QA/QI activities and assessments used in CY 2020*		
Type of QA/QI activity or assessment	#	<p><b>What does this information tell us?</b> Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
i. Peer-conducted practice assessments <sup>1</sup>	19	
ii. Coaching	NR	
iii. Practice evaluation	NR	
iv. Specified continuing education	0	
v.		
vi.		
vii.		
viii.		
ix.		
x.		
<p>* 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.</p> <p><b>NR = Non-reportable: results are not shown due to &lt; 5 cases</b></p>		

*Additional comments for clarification (if needed)*

<sup>1</sup>This number includes registrants who were randomly selected/directed to complete practice assessments/re-assessments in the previous year and in 2020 and completed the assessments in CY 2020. Due to COVID-19, practice assessments were suspended from March – September 2020. As such, the number of registrants who completed their practice assessments during the current reporting period is unusually low compared to previous years.

All practising and non-practising registrants are required to meet their CE requirements. Audit of the 2018-2020 CE cycle will be performed in 2021 and results will be reported for the January-December 2021 reporting period.

DOMAIN 6: SUITABILITY TO PRACTICE		
<b>Standard 11</b> <b>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care</b>		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology <i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)	#	%
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2020	NR <sup>2</sup>	
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	NR	NR

**What does this information tell us?** *If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.*

*The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.*

*Additional comments for clarification (optional)*

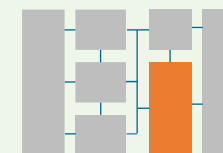
<sup>2</sup>In February 2020, a total of 195 optometrists were randomly selected to complete a practice assessment in 2020. Practice assessments are normally staggered throughout the year. However, due to COVID-19, practice assessments were suspended from March – September 2020. As such, only 3 of the 195 selected optometrists completed their practice assessments by the end of the reporting cycle (December 2020).

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

**DOMAIN 6: SUITABILITY TO PRACTICE**

**Standard 11**

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



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

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

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

*Additional comments for clarification (if needed)*

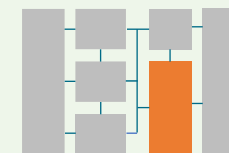
\* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

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

DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 13**

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



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

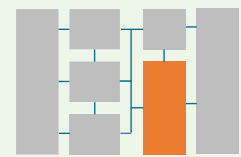
*If College methodology, please specify rationale for reporting according to College methodology:*

**Context Measure (CM)**

CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†	
	#	%	#	%
Themes:				
I. Advertising	NR	NR	0	0
II. Billing and Fees	6	13%	0	0
III. Communication	NR	NR	0	0
IV. Competence / Patient Care	10	22%	0	0
V. Fraud	0	0%	0	0
VI. Professional Conduct & Behaviour	10	22%	NR	NR
VII. Record keeping	0	0%	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	NR	NR	0	0
IX. Unauthorized Practice	0	0%	0	0
X. Other – Dispensing	NR	NR	0	0
XI. Other – Prescription	5	11%	0	0
XII. Other – Delegation	NR	NR	0	0
XIII. Other – Breach of Confidentiality	NR	NR	0	0
XIV. Other – Breach of Regulation	5	11%	0	0
XV. Other – Breach of Standards of Practice	5	11%	0	0

**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.

XVI. Other – Failure to Refer	5	11%	0	0
XVII. Other – Failure to Diagnose	NR	NR	0	0
XVIII. Other – Unsafe Practices	NR	NR	0	0
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>46</b>	<b>100%</b>	<b>NR</b>	<b>NR</b>
<p>* <b>Formal Complaint:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p><b>Registrar’s Investigation:</b> Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ <b>NR = Non-reportable:</b> results are not shown due to &lt; 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>				
Additional comments for clarification (if needed)				

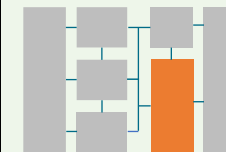
<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>		
<b>Standard 13</b>		
<b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b>		
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
<b>Context Measure (CM)</b>		
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2020	42	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	2	
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020	2	
<b>CM 9.</b> Of the formal complaints* received in CY 2020**:	#	%

I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	NR	NR	
II. Formal complaints that were resolved through ADR	NR	NR	
III. Formal complaints that were disposed** of by ICRC	7		
IV. Formal complaints that proceeded to ICRC and are still pending	17	29%	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	6	10%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0%	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0%	
<p><b>** Disposal:</b> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p><b>* Formal Complaints:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p><b>† ADR:</b> Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p><b>Δ</b> The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p><b>#</b> May relate to Registrars Investigations that were brought to ICRC in the previous year.</p> <p><b>**</b> The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</p> <p><b>φ Registrar's Investigation:</b> Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p><b>NR = Non-reportable:</b> results are not shown due to &lt; 5 cases (for both # and %)</p>			<p><b>What does this information tell us?</b> The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.</p>
Additional comments for clarification (if needed)			

**DOMAIN 6: SUITABILITY TO PRACTICE**

**Standard 13**

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



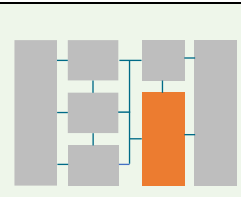
Statistical data collected in accordance with recommended methodology or College own methodology:  Recommended  College methodology

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

Context Measure (CM)							
<b>CM 10.</b> Total number of ICRC decisions in 2020	30						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decision†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	NR	0	NR	0	0	NR	0
III. Communication	NR	0	0	0	0	0	0
IV. Competence / Patient Care	NR	0	0	NR	0	0	0
V. Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	0	0	0
VII. Record keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0	0	0	0
IX. Unauthorized Practice	0	0	0	0	0	0	0
X. Other – Dispensing	NR	NR	0	0	0	0	0
XI. Other – Prescription	NR	NR	0	0	0	0	0
XII. Other – Delegation	NR	0	0	NR	0	0	0



XIII. Other – Failure to Diagnose	NR	0	0	0	0	0	0
<p>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.          † <b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases.          ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.</p> <p><b>What does this information tell us?</b> 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.</p> <p><i>Additional comments for clarification (if needed)</i></p>							

DOMAIN 6: SUITABILITY TO PRACTICE		
<p><b>Standard 13</b>  <b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b></p>		
<p>Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input checked="" type="checkbox"/> College methodology          If College methodology, please specify rationale for reporting according to College methodology: <u>Data is collected and retained based on a 7-day week in the College database</u></p>		
<b>Context Measure (CM)</b>		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal* of:	Days	<p><b>What does this information tell us?</b> This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</p> <p>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.</p>
I. A formal complaint in working days in CY 2020	225	
II. A Registrar’s investigation in working days in CY 2020	N/A	
<p>* <b>Disposal Complaint:</b> The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).          * <b>Disposal Registrar’s Investigation:</b> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p>		

*Additional comments for clarification (if needed)*

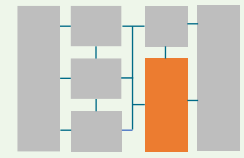
Between March 16 and September 14, 2020, the processing of complaints and reports (including newly filed complaints) was significantly impacted by *O. Reg. 73/20*, which effectively suspended all limitation periods and any periods of time within which any step must be taken in any proceeding in Ontario, subject to the discretion of the decision-maker. As a result, many complaint/report investigations were paused and/or delayed and the ICRC was not able to utilize all investigative tools available to it.

No Registrar’s investigation was which a decision was issued was disposed of in 2020.

**DOMAIN 6: SUITABILITY TO PRACTICE**

**Standard 13**

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



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

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

Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal* of:	Days	<p><b>What does this information tell us?</b> This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *</p> <p>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.</p>
I. An uncontested^ discipline hearing in working days in CY 2020	0.5	
II. A contested# discipline hearing in working days in CY 2020	N/A	

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

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

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

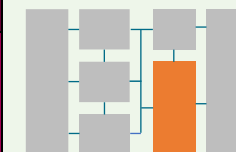
*Additional comments for clarification (if needed)*

No contested discipline hearings were held in 2020.

**DOMAIN 6: SUITABILITY TO PRACTICE**

**Standard 13**

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



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

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

**Context Measure (CM)**

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

Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	0
IV. Improper use of a controlled act	0
V. Conduct unbecoming	0
VI. Dishonourable, disgraceful, unprofessional	NR
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	0

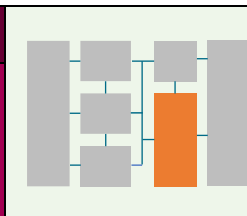
***What does this information tell us?*** This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

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><b>NR = Non-reportable: results are not shown due to &lt; 5 cases.</b></p>		
<p><i>Additional comments for clarification (if needed)</i></p>		

**DOMAIN 6: SUITABILITY TO PRACTICE**

**Standard 13**

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



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

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

**Context Measure (CM)**

**CM 14. Distribution of Discipline orders by type\***

Type	#
I. Revocation <sup>+</sup>	0
II. Suspension <sup>§</sup>	NR
III. Terms, Conditions and Limitations on a Certificate of Registration <sup>**</sup>	NR
IV. Reprimand <sup>^</sup> and an Undertaking <sup>#</sup>	0
V. Reprimand <sup>^</sup>	NR

**What does this information tell us?** This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

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

+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.

§ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:

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

\*\* 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.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

# An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

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

*Additional comments for clarification (if needed)*

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

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Health Workforce Regulatory Oversight Branch  
Strategic Policy, Planning & French Language Services Division  
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438 University Avenue, 10th floor  
Toronto, ON M5G 2K8

E-mail: [RegulatoryProjects@Ontario.ca](mailto:RegulatoryProjects@Ontario.ca)

## Appendix A: Public Interest

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

