



2022 CPMF – College of Optometrists of Ontario

Reporting Year: January 2022 – December 2022

March 31, 2023

Table of Contents

Introduction..... 4

 The College Performance Measurement Framework (CPMF) 4

 CPMF Model..... 5

 The CPMF Reporting Tool..... 7

 Completing the CPMF Reporting Tool..... 8

 What has changed in 2022? 8

Part 1: Measurement Domains..... 9

 DOMAIN 1: GOVERNANCE 9

 DOMAIN 2: RESOURCES27

 DOMAIN 3: SYSTEM PARTNER31

 DOMAIN 4: INFORMATION MANAGEMENT.....33

 DOMAIN 5: REGULATORY POLICIES35

 DOMAIN 6: SUITABILITY TO PRACTICE38

 DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT51

Part 2: Context Measures.....54

 Table 1 – Context Measure 155

 Table 2 – Context Measures 2 and 3.....57

 Table 3 – Context Measure 458

 Table 4 – Context Measure 559

 Table 5 – Context Measures 6, 7, 8 and 9.....61

Table 6 – Context Measure 1063

Table 7 – Context Measure 1165

Table 8 – Context Measure 1266

Table 9 – Context Measure 1367

Table 10 – Context Measure 1469

Glossary70

Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

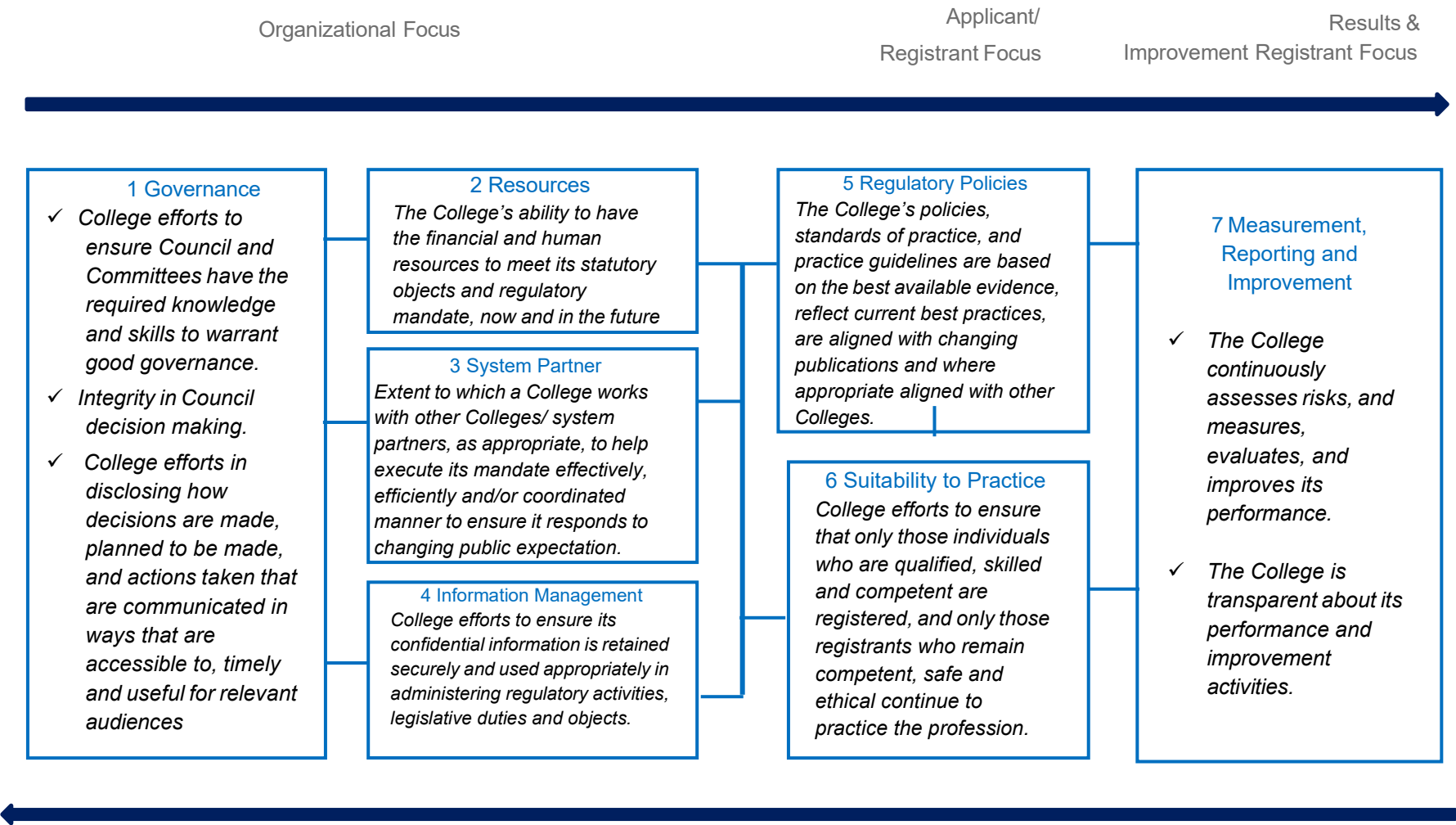


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

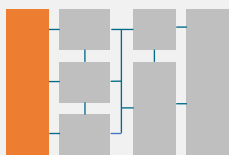
What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

-

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and <div><div></div><div>Benchmarked Evidence</div><div></div></div>	<div>The College fulfills this requirement:</div> <div>Yes</div> <div><ul style="list-style-type: none">The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.<p>The competency and suitability criteria for Council and committee members can be found on the "About" page of the College's website under a heading titled "Expectations of Council and Committee Members". This is a section of the site that is viewed often; additionally, the criteria are shared with nominees running for positions on Council.</p></div>
		<p>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</p>	

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Beginning in 2021, individuals running for positions on Council are required to participate in an online orientation meeting, which covers the following over approximately 45 minutes:</p> <p><i>Governance Segment:</i></p> <ul style="list-style-type: none">- Duties of the College: duties and responsibilities of Council; duties and responsibilities of committees; role of committee chair; role of committee member- Key Legislation: Regulated Health Professions Act; Health Professions Procedural Code; Optometry Act; Personal Health Information Act- Expectations: conflict of interest; confidentiality; compliance with mandate; cooperation; attendance <p><i>Financial Literacy Segment:</i></p> <ul style="list-style-type: none">- Statement of financial position (balance sheet)- Statement of revenue and expenditures (income statement) <p>Using a training framework provided by Richard Steinecke, co-founder of SML-LAW, the orientation is led by the College’s Director of Research and Policy, who also facilitates a concluding Q and A period so that specific gaps in knowledge, understanding, and expectations can be addressed.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">The competency and suitability criteria are public: Yes<i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>As with professional members (explained above in 1.1.a.i), the competency and suitability criteria for statutory committee members are made public on the "About" section of the College's website. The criteria apply to both Council and committee members.</p>	

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>		
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes	
			<ul style="list-style-type: none">• Duration of each Statutory Committee orientation training.• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Members of each statutory committee 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. Additionally, the application form for committees asks members to list their background and experiences. This information is reviewed by the Governance/HR Committee before recommendations are made for committee appointments.</p> <p>The duration of each statutory committee training session is approximately 2 hours, and takes place either virtually or in-person. For content, this differs somewhat dramatically based on the committee; in other words, a generic approach to orientation would obscure the specific needs of the committee. The Committee Manager (the staff supporting each committee) designs the orientation based on their experience and the current needs of the group. Topics typically covered include: committee mandate, terms of reference, responsibilities, reporting process, conflict of interest, code of conduct, etc.</p>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional):</i>		

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>In addition to committee-specific training, each member of Council—both public and professional—attends an orientation course early in the year. This is a hybrid meeting that last a full day and covers the essential aspects of what it means to be a Council member (ethical conduct, transparency, confidentiality, conflict of interest, fiduciary responsibility, public interest, etc.), as well as relevant legislative and governing frameworks (such as the HPRA). Each year, additional sections are added to the meeting to address areas of crucial need or concern. For example, the orientation that took place on February 10, 2022 included a presentation on Excellence in Governance, as well as one covering some of the College's new policies that had been recently developed, including harassment, violence and conflict of interest policies. The agenda for that session can be found on the College's website here (accessible through the Council meetings page).</p>	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence		College Response
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none">• Please provide the year when Framework was developed OR last updated.• Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved.• Evaluation and assessment results are discussed at public Council meeting: Yes• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>The College includes a third-party review of Council effectiveness (both for meetings and of Council itself) as a part of its strategic planning cycle, which occurs approximately every three years. The evaluation functions as a key input and is timed to ensure maximum impact on the College’s planning and activities to inform the College’s strategic plan and its activities for the new cycle.</p> <p>This framework—which consists of a review of Council and its meetings alongside strategic planning—was put in place with the launch of the College’s most recent strategic plan, effective 2022 – 2025. The framework and associated elements were conceptualized during an in-person strategic planning session that occurred in March of 2022, with the resulting elements discussed by Council within a Registrar’s Report on June 24, 2022 (p. 2 of the minutes). The resulting strategic plan, coupled with the review process, were then discussed by Council during a Registrar’s Report that took place on September 16, 2022 (p. 30 of the briefing book).</p> <p>Between the June and September reports, extensive communication occurred over email to secure consensus and approval for the strategic plan, an associated DEI workplan, and the associated assessment framework. The College looks forward to its next cycle of review and assessment, which is currently planned to coincide with the development of its next strategic plan.</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
	Choose an item.	
Additional comments for clarification (optional)		

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Has a third party been engaged by the College for evaluation of Council effectiveness? Yes<i>If yes, how often do they occur?</i>Please indicate the year of last third-party evaluation. <p>Please see the above (1.2.a) for an overview of the third-party assessment process. A third-party has been engaged for this, with the current plan being to couple an assessment of Council effectiveness with the College’s strategic planning cycle. The cycle is currently planned to occur every three years.</p> <p>The last third-party evaluation occurred during March 2022.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.• Please insert a link to Council meeting materials and indicate the page number where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>New assessment frameworks were put in place for the President, Registrar, and committee chairs at the end of 2021. These frameworks provide an avenue for collegial, constructive, and anonymous feedback that will benefit the professional development of individuals in key leadership roles. This in turn benefits the overall quality of Council meetings and Council in general.</p> <p>Those assessments underwent revision in 2022, leading to more streamlined and effective input from Council members. In 2022, this largely took the form of formalized survey input from Council and committee members on the effectiveness of Council sessions, the Council Chair (President), the Registrar, and committee chairs. Feedback is collected, anonymized, and shared with the relevant parties to facilitate professional development.</p> <p>Where appropriate, feedback is also utilized by the Governance-HR and Executive committees to guide planning and quality control. For example, the Governance-HR committee reviews Council survey feedback on the effectiveness of the previous Council session at each of its meetings. The review of Council feedback on its meetings is shown, for example, in a briefing book for Council’s meeting on September 16, 2022 (p. 24).</p>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional):		

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.• Please insert a link to Council meeting materials and indicate the page number where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.		
			<p>Consideration of evolving public expectations is a factor in each training session, whether it be training for professional or public members, for Council in its entirety, or the more specific committee orientations.</p> <p>Additionally, Council is now reminded of the importance and centrality of public protection at the beginning of each of its sessions. The President takes a moment to inform members that the College exists to ensure public protection and safety within the boundaries of its legislated authority. The is called a “public interest statement” and can be shown to have taken place, for example, during Council’s meeting on September 16, 2022 (p. 1 of the minutes).</p> <p>Where appropriate and relevant, each committee briefing note also includes a section that outlines how the item relates to public interest; for example, if a new policy is being introduced, the briefing note will outline how the policy is informed by public interest, including evolving public expectations. An example of this can be found within a briefing note provided by the Clinical Practice Panel for Council’s meeting on December 9, 2022 (p. 33).</p> <p>The Audit/Finance/Risk Committee reviews and discusses evolving internal and external risks during its meetings and can bring forward any relevant issues to Council.</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
			<p><i>Additional comments for clarification (optional):</i></p>		

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:		
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
		Required Evidence	College Response	
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>As part of an annual review process, the College's Code of Conduct and Conflict of Interest policies were reviewed and revamped at the end of 2021. The Conflict of Interest policy was reformulated to better reflect the details and requirements laid out in the College's bylaws. Additionally, both the Code of Conduct and Conflict of Interest (COI) policy were combined with a new Harassment and Violence Policy, which creates a framework for managing disputes between Council members in a collegial and effective manner. All three policies (conduct, COI, and harassment) are now part of a single form that is signed by each Council member at the beginning of the year to formalize their commitment in each of these areas.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The policies were shared and discussed during a Council session that occurred on December 10, 2021. That meeting included a briefing note that framed the issues, followed by the new versions of the harassment and COI policies (beginning on p. 33).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> Cooling off period is enforced through: Choose an item. Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR Where not publicly available, please briefly describe the cooling off policy. <p>The College's policy for a cooling off period was last reviewed in 2020. The period lasts for one year and applies to a) Council or committee members who want to work as an employee or contractor for the College; b) employees or contractors who want to be Council or committee members; and c) employees, contractors, appointees, directors, or officers of the Ontario Association of Optometrists or Canadian Association of Optometrists who want to be employed by the College or hold any appointment with the College.</p> <p>The cooling off period is detailed in Section 11.04 (titled “One-Year Waiting Period”) of the College By-Laws, beginning on p. 35 of the online PDF.</p>	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated.• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>As described above (2.1.a.i), the College redesigned its COI policy in 2021 to be more connected to its By-laws and to work in tandem with other commitments (such as its Code of Conduct). Council members sign this policy annually along with the College's Code of Conduct and Harassment and Violence Policy.</p> <p>Additionally, at the beginning of each Council and committee meeting, members are asked to indicate whether they are in any actual or perceived conflicts with the issues at hand. If they exist, conflicts are discussed transparently and recorded in the meeting's minutes, which functions like an appendix attached to each Council or committee meeting.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none">• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>All supporting materials for Council meetings are public, and once the meeting's minutes have been finalized these are made public as well. Additionally, a "highlights" document is created that showcases the significant portions of the Council meeting, including any mandate specificity and public interest rationale. These highlights are posted on the College's website and are designed to be transparent, digestible, and squarely focused on the public interest.</p> <p>Additionally, as discussed in 1.2.c.iii, where appropriate, each committee briefing note includes a public interest rationale. These are designed to connect each of the College’s specific activities and interests to a specific area or aspect of public interest (as opposed to making broad or tokenistic commitments).</p> <p>The most recent Council meeting highlights that have been posted are for Council's meeting in December of 2022.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:		Yes	
			<ul style="list-style-type: none">• Please provide the year that the formal approach was last reviewed.• Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The College reviews and identifies risk through its Audit/Finance/Risk group, which is a standing committee. The Committee meets regularly through the year (approximately 4 times) and during each session discusses possible risks being faced by the College. The Committee then reports on these risks during Council sessions, where public, transparent, and collective decisions can then be made regarding how best to mitigate the relevant risk(s).</p>			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (if needed)			

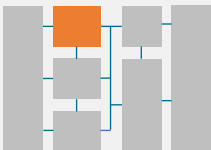
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	<div>The College fulfills this requirement:</div> <div><div><div>• Please insert a link to the webpage where Council minutes are posted.</div><div>• Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.</div></div><div>All Council minutes are made public on the College's website.</div><div>Status updates on the implementation of Council decisions are recorded within minutes and summarized as part of the Council Meeting highlights, discussed above, which are also shared via the College's website.</div></div>
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
			<div>Additional comments for clarification (optional)</div>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <p>i. the meeting date;</p> <p>ii. the rationale for the meeting;</p> <p>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</p> <p>iv. if decisions will be ratified by Council.</p>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>Executive Committee meeting details and any decisions made on behalf of Council are shared with Council members during public meetings. All details (excluding those that relate to information that cannot be legally shared or that puts the College at risk) are incorporated into Council briefing materials and meeting minutes, including a rationale for the meeting.</p> <p>An example of an Executive Committee report can be found in the Committee’s activity report for Council during its meeting on December 9, 2022 (p. 14).</p>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence		College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.		The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		<ul style="list-style-type: none">Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>All Council meeting materials are shared at least one week in advance and remain on the College's website for a minimum of 3 years.</p>	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.		The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		<ul style="list-style-type: none">Please insert a link to the College’s Notice of Discipline Hearings. <p>S. 35 of O. Reg. 119/94: General under the Optometry Act, 1991, S.O. 1991, c. 35 states that Notice of Discipline Hearings must, where possible, be posted not less than 14 days before the date of the hearing on the website of the College. In 2021, the College was in compliance with this provision and the College continued to comply with this provision in 2022. Only 1 Discipline Hearing was held at the College during the reporting period, and the Notice of Hearing was posted approximately 46 days before the hearing date. The public register profile of the member/registrant who is the subject of the hearing is also updated to reflect both the allegations referred to the Discipline Committee by the ICRC as well as the scheduled hearing dates. Notices and the schedule for any upcoming hearings are posted on this page of the College's website.</p>	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>		
Measure:				
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.				
		Required Evidence	College Response	
		a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to the College’s DEI plan.• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>The College developed a DEI Plan as part of its strategic planning.</p> <p>A discussion around DEI as part of strategic planning is found in the September 2022 Council meeting minutes (Lines 66-112).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none">• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments.• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>In 2022, the College’s DEI Plan was developed. To develop this Plan, the College’s DEI Working Group studied the <i>Global Diversity, Equity & Inclusion Benchmarks: Standards for Organizations Around the World</i> (GDEIB). With permission we selected the 45 benchmarks that applied most to our College from the GDEIB.</p> <p>The DEI objectives identified in the plan are to be used to steer the College’s DEI initiatives and act as a benchmarking tool when assessing DEI performance year-over-year. The selected benchmarks are being used by the College as a guide to help devise projects and initiatives that will enhance DEI for all of the College’s stakeholders, including staff, the College’s members/registrants, and the public. The projects and initiatives developed, once implemented, will also assist the College in meeting the selected benchmarks. Within the DEI Plan, various benchmarks and projects have also been identified regarding assessment, measurement, and research.</p> <p>Our preliminary assessment is that overall, our College is at a proactive level, in terms of our ability to conduct Equity Impact Assessments. For instance, eligible professional development activities for staff already include DEI, and Council (many of whom are also decision-makers in statutory committees) participated in DEI training and educational sessions in 2022 (these sessions also included the College’s senior management). DEI related training and educational sessions to Council are planned for each of their meetings in 2023, and was delivered during their orientation in February 2023 as well.</p>	Partially
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes
			<p><i>Additional comments for clarification (optional)</i></p> <p>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in understanding current issues, projects, and training needs related to DEI. Staff from the College’s DEI Working Group participated in an information gathering session with HPRO in December 2022, and the College intends to continue working with and supporting HPRO in this in 2023.</p>	

		Measure:											
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.											
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response										
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.<p>Discussions about activities and projects to support the strategic plan can be found in the meeting minutes of the September 2022 Council meeting (Lines 66-112). The budget for 2023 was approved at the December 2022 Council meeting (Lines 107-116).</p><p>The College maintains internally restricted funds that were established by the Council for specific operational needs and strategic activities. In 2022, several projects focused on research, e-Learning module, redesign of College’s website, development of Quality Assurance practice assessment and self-assessment tool, and application of one-time fee reduction on membership fees were accomplished and/or launched as planned. The Council approved the updated and re-categorized internally restricted funds that cover additional objectives identified in the new three-year Strategic Plan 2023-2025. As part of the approved 2023 budget, provisions for ongoing Quality Assurance projects, research, public focus groups and awareness campaign on Diversity, Equity, and Inclusion (DEI) were included.</p></td></tr><tr><td colspan="2"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr><tr><td colspan="2">Additional comments for clarification (optional)</td><td></td></tr></table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>Discussions about activities and projects to support the strategic plan can be found in the meeting minutes of the September 2022 Council meeting (Lines 66-112). The budget for 2023 was approved at the December 2022 Council meeting (Lines 107-116).</p> <p>The College maintains internally restricted funds that were established by the Council for specific operational needs and strategic activities. In 2022, several projects focused on research, e-Learning module, redesign of College’s website, development of Quality Assurance practice assessment and self-assessment tool, and application of one-time fee reduction on membership fees were accomplished and/or launched as planned. The Council approved the updated and re-categorized internally restricted funds that cover additional objectives identified in the new three-year Strategic Plan 2023-2025. As part of the approved 2023 budget, provisions for ongoing Quality Assurance projects, research, public focus groups and awareness campaign on Diversity, Equity, and Inclusion (DEI) were included.</p>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.	Additional comments for clarification (optional)		
		The College fulfills this requirement:	Yes										
		<ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>Discussions about activities and projects to support the strategic plan can be found in the meeting minutes of the September 2022 Council meeting (Lines 66-112). The budget for 2023 was approved at the December 2022 Council meeting (Lines 107-116).</p> <p>The College maintains internally restricted funds that were established by the Council for specific operational needs and strategic activities. In 2022, several projects focused on research, e-Learning module, redesign of College’s website, development of Quality Assurance practice assessment and self-assessment tool, and application of one-time fee reduction on membership fees were accomplished and/or launched as planned. The Council approved the updated and re-categorized internally restricted funds that cover additional objectives identified in the new three-year Strategic Plan 2023-2025. As part of the approved 2023 budget, provisions for ongoing Quality Assurance projects, research, public focus groups and awareness campaign on Diversity, Equity, and Inclusion (DEI) were included.</p>											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.											
Additional comments for clarification (optional)													

		b. The College: 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 ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022	
			<ul style="list-style-type: none">• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. Minutes of the Council Meeting on June 24, 2022 (Lines 161-166)• Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. <p>The new Finance Policy – Reserve Funds was created and reviewed by the Audit/Finance/Risk Committee (AFR) on May 4, 2022. Upon AFR recommendation, the Council approved the Reserve Funds policy on June 24, 2022.</p>			
			<ul style="list-style-type: none">• Has the financial reserve policy been validated by a financial auditor? No <p>The Audit/Finance/Risk Committee conducts cyclical review of financial policies. To complement the current Investment Policy which governs the management and investment of operating and reserve funds held by the College, the Council approved a newly created Finance Policy – Reserve Funds. The new Reserve Funds Policy describes the types of funds that support the College’s planned and unplanned needs. The new policy also identifies target annual reserve funds in line with the budgeting process. The Council approved the proposed reserve funds based on 2023 budget, following the guidelines outlined in the Reserve Funds policy.</p>			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (if needed)			
The annual financial audit report provides information on the College’s internally restricted funds that include contingencies. There were no concerns raised. However, to fulfill the CPMF requirement, the College will request the auditors’ review/validation of the new Finance Policy – Reserve Funds as part of 2022 audit.						

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	Yes
			<ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The College does not publicize written operational policies that address HR.</p> <p>As in 2021, Council and senior leadership continued to review and discuss staff development strategies and succession planning by doing the following:</p> <ul style="list-style-type: none"> - Provision of professional development opportunities to staff - Leadership development for succession planning within the organization - Attention to fair compensation packages to retain and recruit key talent <p>Staff members are required to develop templates and how-to-process documents within each department to facilitate succession planning, which are stored internally.</p>	
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College worked with several key third-party IT vendors to review and update the data and technology plan in 2022.</p> <p>The College reviewed and updated the data and technology plan with a managed IT services provider, PACE Technical, near the end of 2022. The College has been working with PACE Technical for several years, and they are well-aware of our nature of work and IT needs to support regulatory processes. For example, we planned and executed the migration of our server to the Microsoft cloud (SharePoint/OneDrive) in 2022.</p> <p>The College works closely with Visual Antidote, a consulting firm for our membership database iMIS, to plan and implement projects that improve College processes. In 2022, the College launched the online application portal which enables applicants to complete their registration process entirely online using the portal. This has greatly improved one of the key regulatory processes, which is the registration of qualified, competent applicants. The College and Visual Antidote also developed a plan to upgrade the database to the cloud version which would enable additional functionalities for staff, members, and public.</p> <p>Lastly, the College developed a data and technology plan regarding the website. The College launched its new website in April 2022 with a focus on improving accessibility, ease of navigation, and functionalities. The new website significantly improved key College processes by completely digitizing the complaint form (web-embedded), enabling online corporation renewals, and allowing online payments. The public portions of the website are available in French, which expands our scope of communication to the public of Ontario.</p> <p>The College will continue to engage closely with third-party vendors to review and update the College's data and technology plan.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	
Measure / Required evidence: N/A	College response
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <ol style="list-style-type: none"> 1. The College provided the national competency profile commissioned and paid for by the College to the Optometry Examining Board of Canada (OEBC) to update the OEBC exam blueprint. Through its Registration Committee, the College also provided input for a survey by the National Board of Examiners in Optometry (NBEO) on possible methods for delivering a portion of the new practical skills exam. The Registration Committee continued to discuss the importance of assessing critical technical skills of applicants for registration with OEBC. <p>The College nominated one of its Council members to join the Canadian Optometric Evaluation Committee (COEC) of the national Federation of Optometric Regulatory Authorities of Canada (FORAC) to provide input in the evaluation process of the credentials of internationally educated optometrists.</p> <ol style="list-style-type: none"> 2. The College collaborated with an IT consultation firm Visual Antidote (corporate), who works also with other regulatory colleges, to develop and implement an online application portal that would allow applicants to go through their entire application process using a secure, online platform. The purpose of this is to expedite the application process by streamlining procedures and communications and make it easier for applicants and College staff. The project began early 2021 and launched in Sep 2022.

This project supports the College in more effectively and efficiently carrying out its core mandate of registering qualified candidates. This new portal has tremendously reshaped the operational elements of the registration program at the College. The College has updated its guidance and communication on the application process with plans to continue doing so.

The College has a built-in survey to hear from the applicants on their experience with the process to inform continuous improvement, which have so far yielded only positive responses.

3. Following the realization (after the last CPMF cycle) that the College is lacking a formal DEI plan, we formed a DEI working group and immediately got to work. As part of an environmental scan, in January 2022 College leadership connected with both the College of Opticians of Ontario as well as the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) to learn about their DEI initiatives and particularly, how those initiatives began. To officialize the recognition of its importance, we identified DEI as one of the five core pillars of our new 2022-2025 strategic plan that was developed and adopted this summer.

To develop the College’s DEI Plan, the College’s DEI Working Group studied and extensively consulted the *Global Diversity, Equity & Inclusion Benchmarks: Standards for Organizations Around the World (GDEIB)*. This is published by The Center for Global Inclusion and is widely adopted around the globe by institutions ranging from multinational corporations to local non-profit organizations. Prior to finalizing the College’s DEI Plan, we reached out to the authors of the GDEIB and The Centre for Global Inclusion, and with permission, we selected the 45 benchmarks that applied most to the College from the GDEIB. The selected benchmarks are being used by the College as a guide to help devise projects and initiatives that will enhance DEI for all the College’s stakeholders, including staff, the College’s registrants, and the public. The projects and initiatives developed, once implemented, will also assist the College in meeting the selected benchmarks, with the ultimate goal of serving our public mandate in a fair, equitable way. We’ve assigned DEI its own “strategic plan” where a 3-year plan is laid out with numerous initiatives in various domains of College operations. This plan was presented and approved by Council in the summer with the College’s strategic plan.

4. Research Projects
- a. Internal
 - i. The College secured ethics approval through the University of Waterloo to undertake research on practices and perceptions within the health professional regulatory sphere in Ontario. A researcher at the University is also assisting the College’s Director of Research and Policy as a co-author on the project. The project is mixed-methods, combining a survey and qualitative interviews. Participants are senior staff and thought leaders at health regulatory colleges across Ontario. 21 out of 26 health colleges participated in the survey, and 5 interviews have been conducted.
 - b. Research Award
 - i. The College launched the inaugural year of a research program that awards funding to successful applicants. The award’s focus in 2022 is research on health profession regulation. The call for proposals was launched in August with the deadline date of November 4. The College received 7 proposals, which are under review. In our Research Steering Group, a representative from the Canadian Network of Agencies for Regulation (CNAR) has joined as a review panelist and is lending their expertise to the analysis and review of all 7 applications. CNAR is developing its own research funding program and will take learnings from the College’s fund and share experiences with their own undertaking, presenting a model of cross-institutional collaboration that will create robust and rigorous evidence to guide future practices.
 - c. Findings of both research activities will inform the College on the existing state of health profession regulation in Ontario, providing a baseline of existing practices and perceptions. Data will also be used as an evidence-base to guide policy development and best practices as the regulatory landscape continues to evolve.

	<p>5. In Summer 2022, the College hosted the second student orientation/FAQ session over Zoom. Questions about application and registration were answered. With the inception of this yearly townhall session last year, this is becoming a regular program to build and foster relationships with students and applicants and assist them in the registration process so we can ensure qualified candidates are able to register with no issues.</p>
--	---

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

1. The College continued to communicate with members of the public, potential applicants, and registrants beyond posting static information on its website. For example, the College collaborated with Independent Learning Systems to develop and launch a New Registrant Guide in conjunction with a YouTube video on June 29, 2022. This follows the launch of two other YouTube videos in 2021: what’s the role of the College of Optometrists of Ontario and How to Register.

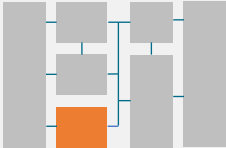
The College continued to participate in meetings of the Ontario Regulators for Access Consortium (ORAC), for example on March 2, 2022, where registration best practices are discussed, in addition to participating in the ORAC survey and mandate review in the summer 2022. ORAC members include staff participants from health and non-health colleges.

2. With the old website, the College frequently received feedback from the public that it was difficult to navigate and find information on the website, especially during COVID when all interactions were conducted in a digital space – there definitely was a heightened public demand for a better communication platform. In response to such feedback, the College worked on designing and developing a new website with a focus on accessibility, navigability, usefulness, and branding modernization.

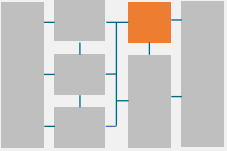
To inform the RFP, the College conducted user testing with members of the public to pinpoint the shortcomings of our website and how the user experience was. The RFP was released in June 2021; we received 18 proposals by July 2021; and the winner was selected in August 2021. We officially began the project in September 2022. Experts in the domains of accessibility, UI/UX, and branding were consulted to ensure that our new website would meet the needs/expectations of the public when they visit our website to find information or contact the College.

Following the launch of the new website in April 2022, the College gathered feedback from visitors on their experience and received a wave of positive comments. The College also responded quickly to any suggestions for improvement. Notable added functionalities include web-embedded complaint form, fully French-translated public pages (i.e., About and Public sections), and improved accessibility.

	<p>3. Alongside two of Canada’s largest blindness-focused patient groups, the Canadian Council of the Blind and Fighting Blindness Canada, the College’s Director of Policy & Research participated in two conferences in 2022 focused on vision health and patient experiences. These were opportunities to network, learn, and communicate the role and value of COO to members of the public in Ontario.</p> <p>The College benefitted enormously from perspectives shared by members of the public who live with low vision and blindness. Our Director of Policy & Research actively participates (and will continue to do so) in such conferences/activities involving patient groups to ensure patient/public perceptions are reflected in our policies.</p> <p>4. In September, the College launched an e-learning module for optometrists titled <i>Best Practices in Optometry: A Guide to Maintaining High Standards During Complex Situations</i>.</p> <p>The module pulls from public feedback and ICR and Discipline case history over the last several years to present several anonymized scenarios that show how cultural differences, misunderstandings, and other factors can lead to complex, difficult-to-navigate situations.</p> <p>The module trains optometrists to develop “soft skills” that will help them communicate with and treat patients in a sensitive, empathic, and DEI-oriented manner, ultimately leading to better patient experiences and outcomes.</p>
--	--

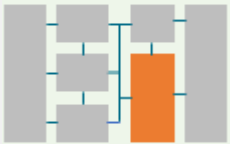
		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:
			Yes
			<ul style="list-style-type: none">Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>Along with an internal policy, the College strictly abides by the Sections 36, 36.1, and 36.2 of the RHPA as well as other relevant provincial and federal laws when handling personal information, personal health information, and other sensitive data that it collects. The College takes all reasonable steps to protect the interest of individuals when disclosing personal information. For example, the College does not disclose personal information for purposes other than those for which it was collected although the College may disclose personal information if the person of interest has provided explicit consent to do so or the College is required/permitted by law to disclose the information.</p> <p>Requests for information are handled on a case-by-case basis. The College ensures that it follows all relevant provincial and federal laws in the process.</p> <p>Through the College’s professional development program, Manager, Informatics & IT received certification in Certified Information Privacy Professional – Canada (CIPP-C) which demonstrates the in-house knowledge to manage disclosure and requests for information.</p>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			Choose an item.
		<i>Additional comments for clarification (optional)</i>	

		<div>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</div> <div>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</div> <div><div>Benchmarked Evidence</div></div>	The College fulfills this requirement:	Yes
			<div><div><div>Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</div></div></div> <div>Manager, Informatics & IT developed a Cyber Incident Response Plan in 2021, using existing response plans from authoritative sources as well as literature to ensure that the plan follows best practices in cyber incident management – which are broken down into the stages of Detection & Analysis, Containment, Eradication, Recovery, and Post-Incident Review. The document itself is a 20-page document with a great volume of detail into everything about cyber incident management, including the definition of a cyber incident, common vectors of cyber incidents, and details of each stage of the response process. It was presented to Council in September 2021 and received approval in the same month. To help guide staff, a flowchart of a step-by-step incident response procedure was developed and distributed to staff. It was subjected to an annual review in 2022, where a few revisions regarding contact information and additions regarding accidental or unauthorized disclosure of information were made.</div> <div>Additionally, the College abides by the RHPA and relevant provincial and federal laws as mentioned above. In order to prevent unauthorized disclosure of information, all staff and Council and committee members are required to sign a confidentiality agreement. Moreover, every information system at the College has various access levels that bound staff and members to only permitted information. Staff also receive ongoing cybersecurity training on various topics such as spearphishing, reading URLs properly, and cloud security.</div>	
			<div>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</div>	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	<div> <div>The College fulfills this requirement:</div> <div>Yes</div> </div> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p>Principles underlying optometry standards are described under <i>OPR Part 1. The Fundamentals</i> and the evidence that contributes to standards is described in OPR Part 2. Optometric Care.</p> <p>An evaluation of the standards is triggered by either a calendar-based review; a new technology or treatment; or an inquiry from the public or member of the College. The two practice advisors work 4 days a week collectively and are able to identify frequent questions on a specific topic that need to be addressed. The questions are brought to the Clinical Practice Panel and corresponding standards are reviewed by means of evidence-based literature and expert opinion. Recommendations and changes to the standards and guidelines are presented to the Council prior to approval.</p> <p>In 2022, nine OPR guidelines were reviewed and approved by the Council made up of members of the profession and the general public. An At-A-Glance summary was created to help members navigate changes. Summary of the changes can be found here.</p>
		<div> <div></div> <div><i>Benchmarked Evidence</i></div> <div></div> </div>	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>Members of the Clinical Practice Panel examine the literature-based evidence and data regarding proposed amendments to Standards of Practice.</p> <p>The Clinical Practice Panel is composed of both members of the profession and the public. The panel met four times in 2022 to discuss how the proposed changes to the standards apply to the current practice environment.</p> <p>Discussions are held to ensure amendments to the standards do not pose a risk to patients or the public. In situations where practice matters overlap, for example interprofessional collaboration with other health care practitioners, alignment with other health regulatory Colleges is ensured by examining their standards of practice and guidance documents.</p> <p>Briefing notes provided to the Council outline how the proposed changes serve the public interests. The council is provided with the opportunity to seek further stakeholder feedback on proposed amendments to the standards of practice prior to voting on the motions.</p>		
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>Proposed changes to Standards of Practice are examined through a Diversity, Equity, and Inclusion lens by means of incorporating DEI considerations in briefing materials/briefing notes and reports when applicable. For example, when examining the role of retinal imaging and referral in practice, considerations were made in regard to the diverse environments where optometrists practice. Those in rural communities may have limited access to secondary or tertiary eye care providers. Similarly, DEI considerations were reflected in the creation of the new standard on Myopia management; acknowledging referral to practitioners who have specialized training in myopia management may be limited in some communities. In addition, when examining Standards of Practice for patients with learning disorders, inclusive terminology was used to describe the condition rather than the potential impact of the condition.</p>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<div> <div> The College fulfills this requirement: </div> <div> Met in 2021, continues to meet in 2022 </div> </div> <ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>Processes and checks that are carried out:</p> <ul style="list-style-type: none"> - Review and validation of submitted documentation to detect fraudulent documents - 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 - Conducting a Google search of the applicant’s name on the Internet prior to registration to verify application information <p>Processes to ensure documentation provided by candidates meets registration requirements:</p> <ul style="list-style-type: none"> - Entry-to-practice exam scores received directly from examining boards - 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

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>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 the March 2, 2022, ORAC meeting, registration best practices are discussed and shared. These meetings provide the opportunity for the College to review its criteria and processes for determining whether an applicant meets its registration requirements.</p> <p>The College also continued to review its registration requirements in detail during the development process for the online registration application the first phase of which was launched on September 12, 2022.</p> <p>Using best practices, the College continues to require notarized documents such as optometry degree certificates and a valid pieces of identification, mailed to the College. Entry-to-practice exam results are provided directly to the College by the respective examining board. All applicants are required to submit an original or notarized cleared Vulnerable Sector Screening. Letters of good standing for an applicant registered in another jurisdiction, are obtained directly from the jurisdiction and checked directly against information posted about the applicant in the jurisdiction's public register. If applicants indicate that they have practised in another jurisdiction, applicants are required to obtain an original or notarized cleared Vulnerable Sector Screening from that jurisdiction. These documents are required to be no more than six months old by the time the applicants are registered with the College. In addition, a Google search is conducted for every applicant for registration to determine if, for example, they have an undisclosed registration in another jurisdiction.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

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

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		<ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. Please briefly describe how the College identified currency and competency requirements. Please provide the date when currency and competency requirements were last reviewed and updated. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <p>There are 2 cyclical requirements that registrants must fulfill to demonstrate their continuous competence:</p> <p>1. Patient Contact Hours Requirement Per the Registration Regulation, registrants must provide at least 750 hours of direct optometric care to patients in Canada in every three-year period following the year in which the member is first registered.</p> <p>Regarding monitoring: every year, following the annual renewal period which runs from November 15 ~ second week in January, reports are generated from the membership database on which registrants reported having less than 750 direct patient contact hours in the last rolling three-year period. Registrants found to be deficient in patient contact hours are required to participate in a practice assessment (at their own cost), per the Registration Regulation.</p> <p>The College relies on self-declaration by registrants that they completed their annual reports accurately. In the event that registrants are caught providing inaccurate information on their annual reports, they are referred to the Registrar who may then make a referral to the Inquiries, Complaints, and Reports Committee.</p> <p>2. Continuing Education (CE) The College's CE requirements are reviewed, updated, and documented in a policy every 3 years by the Quality Assurance Committee. This was last completed December 4, 2020 for the current 2021-2023 CE cycle. The process for reviewing and updating the CE requirements included 1) identifying key issues from the previous iteration of the policy, reviewing information from the Association of Regulatory Boards of Optometry, and proposing appropriate changes for council approval, 2) gathering stakeholder feedback, 3) making additional changes considering stakeholder feedback, and then 4) final council approval.</p> <p>Regarding monitoring: the College performs a CE deficiency audit following the conclusion of each three-year reporting cycle in which we review all members' participation and identify those who fail to meet the CE credit hours requirement. Registrants' CE hours are verified by an external organization that hosts our CE database tracker to ensure accuracy. The CE audit was last conducted in 2021 following the January 1, 2018 to December 31, 2020 CE cycle. Registrants found to be deficient in CE hours are required to participate in a practice assessment (at their own cost), per the Registration Regulation.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>

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

² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

		Measure:									
		9.3 Registration practices are transparent, objective, impartial, and fair.									
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><ul style="list-style-type: none">Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.Where an action plan was issued, is it: Completed<p>On February 16, 2022, the College received a letter from the OFC reassigning the College to the full compliance category.</p></td></tr><tr><td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td><td>Choose an item.</td></tr><tr><td colspan="2">Additional comments for clarification (if needed)</td></tr></table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none">Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.Where an action plan was issued, is it: Completed <p>On February 16, 2022, the College received a letter from the OFC reassigning the College to the full compliance category.</p>		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	Additional comments for clarification (if needed)	
The College fulfills this requirement:	Yes										
<ul style="list-style-type: none">Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.Where an action plan was issued, is it: Completed <p>On February 16, 2022, the College received a letter from the OFC reassigning the College to the full compliance category.</p>											
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.										
Additional comments for clarification (if needed)											

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		<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> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <p>Partially</p>
			<ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided <p>In September 2022, the standard 4.8 Collaboration and Shared Care was amended to include a section on intra-professional collaboration practiced among optometrists. A summary of the changes was created in the “At-A-Glance” section. The section is an overview of the most recent changes to the OPR. Members may review the full standard in the OPR for a more comprehensive look into the changes. Members are encouraged to contact the practice advisors if they have any questions regarding the changes.</p> <p>The In Focus Newsletter was emailed to all members which summarized the council meetings, changes made to the OPR as well as the location of the At-A-Glance section.</p> <p>An evaluation conducted on effectiveness of support provided was not conducted.</p> <ul style="list-style-type: none"> Does the College always provide this level of support: Yes <p><i>If not, please provide a brief explanation:</i></p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Yes</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>The College plans to create an evaluation tool on the effectiveness of support provided to members when the Standards are amended by creating a feedback survey.</p>

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .			
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none">• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number.• Is the process taken above for identifying priority areas codified in a policy: No• <i>If yes, please insert link to the policy.</i> <p>The College's new practice assessment (currently in development for 2024) has been blueprinted against the Competencies for Optometry with assessment weightings for each competency domain intentionally chosen based on risk and/or importance to optometric practice (i.e., 30% Clinical Expertise, 20% Communication, 16% Patient Centered Care, 14% Professionalism, 10% Collaboration, 10% Scholarship).</p> <p>The new assessment process will continue to be multi-level with the first level that registrants go through serving as a screening tool and only those with deficiencies identified in level 1 proceeding to the second level. This is right touch as those demonstrating their meeting of the standards will not be required to undergo additional assessments/what may be perceived as a more onerous assessment. For registrants undergoing the second level of the assessment, the assessment will specifically target their areas of deficiency as identified in level 1, which is right touch as to not put the registrant through a more comprehensive assessment in areas they've already demonstrated to meet or excel in.</p>	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
		Choose an item.	
		Additional comments for clarification (optional)	

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> Public No Employers No Registrants Yes other stakeholders Yes <p>Random Selection The College's random selection criteria policy for QA practice assessments was updated in 2020 to be more risk-aligned. This was following several data analyses done by 3rd parties including one that identified trends from historical complaints data and another that engaged stakeholders to identify perceived issues with the current QA practice assessment process.</p> <p>These data analyses indicated that more complaints were received for optometrists in the early years of registration (0-5)—a group being largely omitted from the previous random selection—and that risk level increased for members with 16-20 and 26-30 years since registration, suggesting that some older practitioners struggle with practice and/or conduct issues. As such, the policy was updated to include new registrants as well select a higher percentage of members in the early and later years of their registration.</p> <p>It was also identified that many members were being reselected to participate in the practice assessment process while others had never been selected, meaning there were some registrants whose practice had never been assessed. To address this risk, the random selection criteria was updated to grant a longer period of exemption to members who had previously been successfully discharged from the process.</p> <p>Registrar's Referral The College also uses right-touch with regard to its practice assessment requirement for those who have been found deficient in a requirement of their certificate of registration (750 direct patient contact hours every 3 years and/or published CE requirements). Those who have not practised the minimum number of hours set out in the regulation are referred for a CRA rather than SRA as they require a more in-depth look at their practice since they've spent less direct time with patients.</p> <p>Those who have not met the CE requirements are also referred for a practice assessment; however, those who were short by 5 or fewer hours submit fewer patient files for review.</p>	Met in 2021, continues to meet in 2022
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

			<i>Additional comments for clarification (optional)</i>	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>There are two remediation activity options:</p> <p>1. Specified continuing education requirements: 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</p> <p>2. Coaching: 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.</p> <p>The QA Panel may use a Practice Evaluation 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>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

		Additional comments for clarification (optional)	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.	
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>The QA Panel monitors completion of remediation activities by:</p> <ol style="list-style-type: none"> Specified continuing education requirements: optometrist is required to submit certificates of completion; and Coaching: the Coach is required to submit an interim and a final report for Panel approval to ensure successful completion of all remediation activities. <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>Upon 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>	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

DOMAIN	STANDARD 11	Measure 11.1			
		The College enables and supports anyone who raises a concern about a registrant.			
		Required Evidence	College Response		
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>The pages in the College’s website that describe the College's complaints process, including all relevant information received during intake, are as follows:</p> <ul style="list-style-type: none">• https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/• https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/filing-a-complaint/• https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/information-about-complaints-process/• https://collegeoptom.on.ca/wp-content/uploads/20190221_IR_ADRPolicy.pdf		
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.			

		<p>complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p><i>Additional comments for clarification (optional)</i></p> <p>Brochures tailored to complainants and members/registrants have also been developed that provide an overview of the College's complaints process. These brochures are provided to complainants when their complaint is confirmed and provided to members when they receive notice that a complaint has been submitted against their practice.</p> <p>The following link to the College's website describes the College's prevention of sexual abuse program, including the availability of funding for sexual abuse therapy:</p> <ul style="list-style-type: none">• https://collegeoptom.on.ca/public/prevention-of-sexual-abuse/ <p>The Investigations and Resolutions (I&R) staff thoroughly review all complaints submitted, and staff receive ongoing education to ensure that all relevant information is requested and obtained for the ICRC's review. I&R staff may also request patient records from other health care practitioners/facilities, with the patient's written consent, if that information is relevant to the concerns raised in the complaint.</p> <p>I&R staff additionally have telephone conversations with potential complainants and are available to answer any questions they may have about the process before they submit a complaint.</p>
--	--	--	---

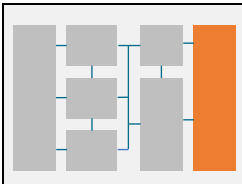
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:		Yes
		<div>Benchmarked Evidence</div>	<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>I&R staff periodically update the internal templates of notice of complaint and acknowledgment letters to ensure the information noted within continue to be accurate. In April 2022, the College completed its Website Redesign Project. As part of this project, all complaints and discipline content on the College's website have been reviewed, evaluated, and updated to ensure accuracy and comprehensiveness of the information, as well as to ensure readability and clear understanding by the public. Furthermore, in 2023, the I&R department intends to create a survey that will provide participants in the complaints process (both the optometrist under investigation and the complainant) an opportunity to provide feedback on the complaints process after their complaint matter has concluded.</p>		
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>I&R staff generally respond to inquiries from the public, both via email and telephone, within 5 business days.</p> <p>The department has been tracking telephone calls in 2022, and during the reporting period, staff responded to 97% of telephone inquiries related to the complaints process within 5 business days. In addition, in 2022, staff responded to 91% of email inquiries related to the complaints process within 5 business days.</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>		

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> Please list supports available for the public during the complaints process. Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Individuals may file a complaint with the College using the Complaint Form found on the College’s website. This Complaint Form is available in English and in French and includes a consent form so the College may obtain relevant personal health information during the investigation of the complaint. On the College’s website, members of the public are additionally advised that a formal complaint can also be submitted in an audio or video format. Accommodation is available for potential complainants if they require assistance in submitting a complaint in a recorded format. For instance, College staff can transcribe the concerns in writing if it is relayed in a voicemail message or described during a telephone conversation. During this reporting period, staff have also mailed complaint forms to individuals that wished to complete and submit a paper copy of their complaint. If a complaint is filed in another language or the complainant requires the assistance of a translator, the College will help in facilitating this so the complainant may participate fully in the process.</p> <p>There is a Complaints Brochure that is tailored to both complainants and members. Reasonable requests for extension of timelines are generally approved, particularly in situations where a lot of documentation is provided to a complainant for their review (such as part of a member's response) and the complainant wishes to provide additional comments. Alternative Dispute Resolution (ADR) is available for certain types of complaints, and this generally allows for the complainant and the optometrist to resolve the issue in a way that suits both parties, usually in a quicker manner. Finally, I&R staff are available and easily approachable throughout the process to answer any questions.</p> <p>In reviewing cases, the ICRC uses a Risk Assessment Framework to guide its decision-making, and a thorough description of this Framework is published on the College's website so the public may understand how the College makes decisions.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement: <div> <div>Yes</div> <div> <ul style="list-style-type: none"> Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>When notice and acknowledgment letters are sent at the beginning of the process, the parties to a complaint are provided with a Complaints Brochure. This helps in ensuring a clear understanding of the various stages of the process from the start. There is frequent communication between I&R staff and the parties in the complaint process, and staff are available to answer any questions both over the telephone and by email. Contact information to reach the I&R department is listed in the right panel of the Complaints page on the College’s website. Once the complaint is confirmed, parties have access not only to the general complaints email address (which is publicly posted), but also the direct email address of the staff member that is facilitating the investigation of their matter.</p> <p>Delay letters are sent when applicable with an update on the status of the investigation. Members’ responses are provided to complainants for their review and complainants have the opportunity to submit any additional comments. Both complainants and members can submit further relevant information at any point in the investigation and prior to the matter being reviewed by the ICRC. Expert opinions, if obtained, are provided to complainants for their review and they can provide any written submissions to it if they wish. Witnesses in discipline hearings are supported (staff support them during the hearing), and for any discipline hearings occurring virtually, witnesses and members and their legal representatives, if any, have the chance to partake in Zoom training with the hearings coordinator ahead of the hearing to ensure all are comfortable with the technical elements of the platform.</p> </div> </div>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <div>Choose an item.</div>

			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied.Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>In 2022, documented guidance was developed so I&R staff may properly assess risk and prioritize investigations the moment a complaint or report is received. This risk rating may be modified throughout the investigation, as more information about the matter is obtained. This risk-based triage system allows I&R staff to triage complaints and reports at the time of receipt based on the nature of the allegations. This documented guidance helps ensure the College addresses the complaints and reports it receives in a right touch manner. This risk-based triage system/protocol was finalized at the end of 2022 and implemented in the beginning of 2023.</p> <p>The College also has a Risk Assessment Framework tool that the ICRC Panels uses in the assessment and analysis of the risk of harm the member’s conduct and/or care may pose in each case under investigation. The tool guides and assists the Panels’ decision-making when addressing complaints and registrar’s investigations. All aspects of the case are taken into account: the nature of the allegations, the member’s prior history, the member’s response, etc. While the tool itself is not available to the public, a comprehensive description of it is published on the College's website. The ICRC uses the Risk Assessment Framework tool during its decision-making. This assessment occurs towards the end of an investigation into a complaint or report, and is primarily utilized when a decision is to be made by the ICRC on the appropriate disposition.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Choose an item.	
Additional comments for clarification (optional)				

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to the policy and indicate page number OR please briefly describe the policy.• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>I&R staff and the ICRC developed a written policy about sharing information about members, including member specific concerns. The policy titled <i>Reporting Information to Relevant System Partners</i> was approved by the College Council on September 16, 2022 (Lines 186-193).</p> <p>In 2022, the College informed Ontario Health Insurance Plan (OHIP) when a member's license was suspended as a result of an interim order by the ICRC. During the reporting year, the College also informed a member's employers when their certificate of registration was suspended, on an interim basis, by the ICRC (no additional information was shared beyond what was posted on the member's profile on the public register). Information disclosed was in accordance with s. 36 of the <i>Regulated Health Professions Act, 1991</i>.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
<i>Additional comments for clarification (if needed)</i>		Choose an item.		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response	
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>The College’s Strategic & Implementation Plan 2022-2025 outlines the KPIs and how they relate to the College’s achievement of its strategic objectives. A discussion of the Strategic & Implementation Plan 2022-2025 can be found in the September 2022 Council meeting minutes (Lines 66-112).</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Choose an item.		

			Additional comments for clarification (if needed)
	b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		<ul style="list-style-type: none">Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>At every Council meeting, the Registrar and senior staff present the Registrar's Report to Council which discusses College's progress against strategic objectives, regulatory outcomes (e.g., number of new applicants, new complaint files, practice assessment outcomes), and risks. All Council meeting materials and minutes can be found here.</p> <p>Although there are different types of risk and ways in which the College assesses and manages risk, the Audit/Finance/Risk Committee is the primary body through which the College reports on its risk review against regulatory outcomes and its risk management approach. A risk management document is prepared for and discussed at every AFR Committee meeting, and AFR Committee activities are reported to Council via briefing materials.</p>	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. <div>Benchmarked Evidence</div>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>In 2022, the College used performance and risk reviewing findings to identify improvement activities in the domain of DEI. A discussion around DEI can be found in the September 2022 Council meeting minutes (Lines 66-112). The improvement activities that were approved in the same meeting can be found here.</p>	
	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
Measure:		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none">Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>You can find the College’s annual reports here.</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	
<p>The College publishes annual reports on the website that contain performance results related to regulatory activities such as registration and quality assurance. Although the report additionally contains performance results related to College's strategic objectives, this requirement is marked as 'partially' fulfilled because the report does not directly cite the strategic objective(s) which the performance indicators target.</p>		

Part 2: Context Measures

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

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

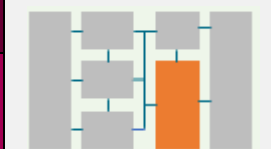
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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

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

-

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Engagement in CE	2809		
ii. CE Deficiency Audit	0		
iii. Peer-conducted Practice Assessment (PPA)	291		
iv. Remedial Activity - CE	NR		
v. Remedial Activity - Coaching	17		
vi. Practice Evaluation	0		
-			

<p><i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i></p> <p>NR</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <ul style="list-style-type: none"> - Engagement in Continuing Education: All members, practising and non-practising, must complete their CE requirements in every 3-year cycle. 2022 was the second year of the 2021-2023 cycle. - CE Deficiency Audit: Following the completion of a CE cycle (every 3 years), the College reviews all members' participation in the previous CE cycle and identifies those who fail to meet the CE credit hours requirements. There was no CE audit in 2022. - Peer-conducted Practice Assessments (PPA): Includes those who were randomly selected to participate in the process (majority) as well as referrals from the Registrar as a result of a deficiency. There was a backlog of assessments needing to be done from 2020 and 2021 which resulted in a higher than usual number of assessments being done in 2022. - Remedial Activity: The QA Committee reviews all PPA reports and may require the member to undergo remediation if they are not maintaining the standards of practice. The majority of members referred for remediation in 2022 were referred for coaching (17) and 5 were referred for CE. - Practice Evaluation: Includes members undergoing evaluation at the QA Committee's request during the PPA process as well as to ensure the competence of members returning to practice who have practice 0 hours in Canada in the past 3 years. No practice evaluations took place in 2022 as our previous evaluator ceased operations and a new process needed to be established. 	

Table 2 – Context Measures 2 and 3


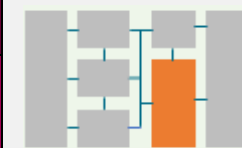
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2022	2809	100%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	22	0.78%	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			
-			
All members should be completing CE on a regular basis, part of the mandatory QA Program, though the deadline to complete CE requirements is not until December 31, 2023.			
Twenty-two members were referred for remediation following a PPA in 2022; this is 7.6% of those who underwent a PPA during 2022 (291).			

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	23	100%	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.			
Additional comments for clarification (if needed)			
Three members referred for remediation in 2021 completed their remedial programs in 2022.			
One additional member referred in 2021 has completed their remediation in early 2023 but is awaiting QA Committee review. All remedial programs referred in 2022 (22) are still ongoing as most referrals were in the second half of the year.			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE						
STANDARD 12						
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:						
Context Measure (CM)						
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022		Formal received	Complaints	Registrar initiated	Investigations	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.
Themes:		#	%	#	%	
I. Advertising		0	0	0	0	
II. Billing and Fees		11	22%	0	0	
III. Communication		17	34%	0	0	
IV. Competence / Patient Care		32	64%	NR	NR	
V. Intent to Mislead including Fraud		NR	NR	0	0	
VI. Professional Conduct & Behaviour		13	26%	NR	NR	
VII. Record keeping		NR	NR	NR	NR	
VIII. Sexual Abuse		NR	NR	0	0	
IX. Harassment / Boundary Violations		NR	NR	0	0	
X. Unauthorized Practice		NR	NR	0	0	
XI. Qther <please specify>		NR	NR	0	0	
Total number of formal complaints and Registrar’s Investigations**		50	100%	2	100%	

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

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

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College’s own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2022	66	
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	4	
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	2	
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%
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	0	0
IV.	Formal complaints that proceeded to ICRC and are still pending	19	29%
V.	Formal complaints withdrawn by Registrar at the request of a complainant	0	0
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0

What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>The ICRC issued written decisions for 62 matters in 2022, but these matters were received/initiated prior to the reporting year. With respect to CM 9(III) and CM 9 (IV), please note that approximately 18 of the formal complaints received in 2022 and that also proceeded to the ICRC in 2022 are anticipated to be disposed of by the ICRC within the first few months of 2023. At the time of drafting this report, the ICRC's written decision and reasons for most of these complaints are being finalized.</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	NR	NR	0	0	0	0	0
III. Communication	13	NR	0	NR	0	0	0
IV. Competence / Patient Care	18	0	NR	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	30	6	0	NR	0	0	0
VII. Record Keeping	NR	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X.	Unauthorized Practice	0	0	0	NR	0	0	0
XI.	Other <please specify>	0	0	0	0	0	0	0
<ul style="list-style-type: none">• 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 2022. <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, or decisions.</p> <p>NR</p>								
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>								
<p>Additional comments for clarification (if needed)</p> <p>-</p>								

Table 7 – Context Measure 11

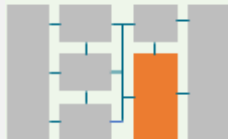
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2022	293	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2022	331		
Disposal			
Additional comments for clarification (if needed)			
The average disposal of a formal complaint in 2022 was 247 working days. There was 1 Registrar’s investigation that was disposed of in 2022.			

Table 8 – Context Measure 12

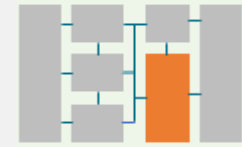
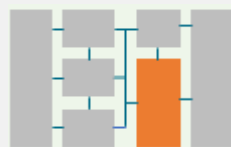
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>	
I. An uncontested discipline hearing in working days in CY 2022	N/A		
II. A contested discipline hearing in working days in CY 2022	80		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
There were no uncontested discipline hearings at the College in 2022.			
-			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



Statistical data collected in accordance with the recommended method or the College’s own method: Recommended

If College method is used, please specify the rationale for its use:

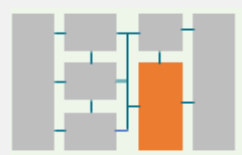
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	NR	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
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	NR	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	NR		
II. Suspension	0		
III. Terms, Conditions and Limitations on a Certificate of Registration	0		
IV. Reprimand	NR		
V. Undertaking	0		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)