



College of Optometrists of Ontario  
College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

March 2024

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# Introduction

## The College Performance Measurement Framework (CPMF)

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

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

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

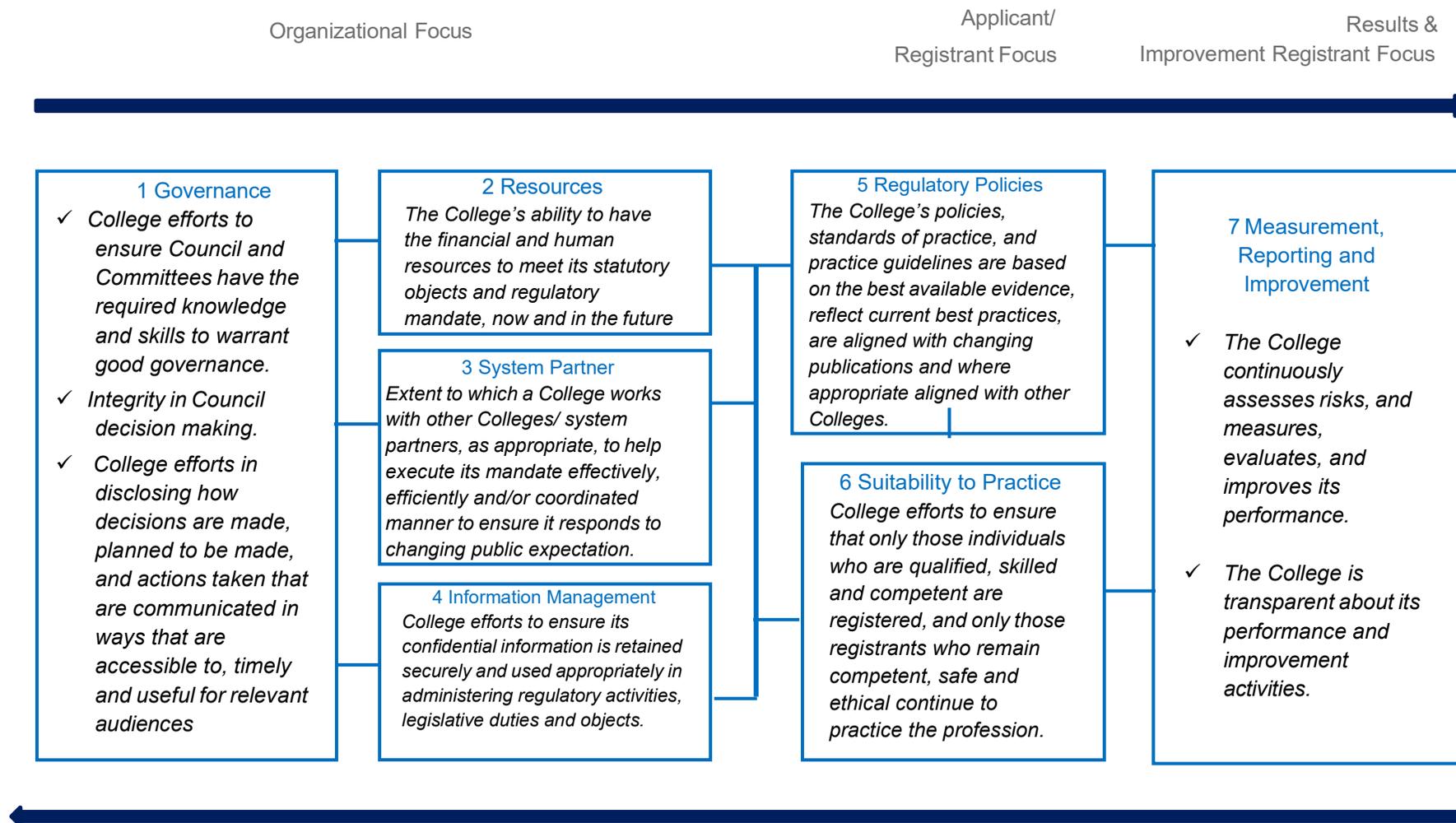
**Table 1:** CPMF Measurement Domains and Components

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

## 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. The fourteen Standards within the seven measurement domains are listed in Figure 2.

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2: CPMF Domains and Standards**

<b>Domains</b>	<b>Standards</b>
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 College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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.

## Completing the CPMF Reporting Tool

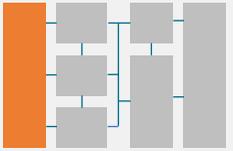
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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.

There are eight pieces of Evidence 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. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. 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
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Choose an item. <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <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 "<a href="#">Expectations of Council and Committee Members</a>". This is a section of the site that is viewed often; additionally, the criteria are shared with nominees running for positions on Council.</p>

		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>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"> <li>- Duties of the College: duties and responsibilities of Council; duties and responsibilities of committees; role of committee chair; role of committee member</li> <li>- Key Legislation: Regulated Health Professions Act; Health Professions Procedural Code; Optometry Act; Personal Health Information Act</li> <li>- Expectations: conflict of interest; confidentiality; compliance with mandate; cooperation; attendance</li> </ul> <p><i>Financial Literacy Segment:</i></p> <ul style="list-style-type: none"> <li>- Statement of financial position (balance sheet)</li> <li>- Statement of revenue and expenditures (income statement)</li> </ul> <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>		
<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>			
<p><i>Additional comments for clarification (optional):</i></p>				
		<p>b. Statutory Committee candidates</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

		<p>have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"><li>• The competency and suitability criteria are public: <b>Yes</b></li><li>• <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li></ul> <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 <a href="#">College's website</a>. The criteria apply to both Council and committee members.</p>
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			<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>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2196 570">The College fulfills this requirement:</td> <td data-bbox="2196 516 2612 570">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 570 2612 1084"> <ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <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> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <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>	
The College fulfills this requirement:	Yes						
<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <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>							
			<table border="1"> <tr> <td data-bbox="776 1084 2196 1133"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 1084 2612 1133">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 1133 2612 1395"> <p><i>Additional comments for clarification (optional):</i></p> </td> </tr> </table>	<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>	
<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>							

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <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 RHPA). Each year, additional sections are added to the meeting to address areas of crucial need or concern.</p> <p>For example, the orientation that took place on February 6, 2023 included a presentation on diversity, equity, and inclusion delivered by <a href="#">WATSON</a>, a consulting firm that assists Canadian organizations with establishing organizational practices that are both ethical and exceptional. This was followed by a presentation on parliamentary procedure delivered by <a href="#">Lori Lukinuk</a> (CP-T, PRP), an expert in Robert’s Rules and parliamentary procedures, and one of approximately 10 parliamentarians in Canada credentialed through the American Institute of Parliamentarians, AIP. The agenda for that session can be found on the College’s website (accessible through the <a href="#">Council meetings page</a>).</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>	
		<p><i>Additional comments for clarification (optional):</i></p>		

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: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement:		
	<ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: <b>Yes</b></li> <li>• <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></li> </ul> <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 <a href="#">minutes</a>). 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 <a href="#">briefing book</a>).</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>		Met in 2022, continues to meet in 2023
	<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 framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<p></p>			<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li> <li>• <i>If yes, how often do they occur?</i></li> <li>• Please indicate the year of last third-party evaluation.</li> </ul> <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>	<p></p>
<p></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>
<p></p>			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <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 2023, 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. In 2023, the collection of Council feedback was streamlined in the form of a survey with associated QR code, which Council completes immediately following a session; this is followed by a brief and informal meeting that allows Council to discuss how the meeting went, how to improve the next meeting, major issues to address, etc. The collection of Council feedback on its meetings is shown, for example, in <a href="#">the agenda</a> for Council’s meeting on September 15, 2023 (p. 2, item 12).</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>
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <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. Immediately following a land acknowledgement, 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, within <a href="#">the agenda</a> for Council’s meeting on September 15, 2022 (p. 1, item 1c).</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 <a href="#">briefing note</a> provided by the Quality Assurance Committee for Council’s meeting on September 15, 2023 (p. 36).</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>Yes</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>	
<p><i>Additional comments for clarification (optional):</i></p>				

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> <ul style="list-style-type: none"> <li>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</li> </ul> <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:		
	<ul style="list-style-type: none"> <li>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</li> <li>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</li> </ul> <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>		Yes
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>		

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p>The <a href="#">conflict of interest policy</a> was approved during the College's meeting on December 10, 2021 (included on p. 40). The code of conduct policy was reviewed by the Governance-HR Committee and deemed relevant and appropriate. Instead of updating it, the committee developed a new <a href="#">harassment policy</a>, which is signed as part of a package including code of conflict and COI (the harassment policy is on p. 35).</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><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>
		<p>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).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>

- Cooling off period is enforced through: By-law
- Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.
- Please provide the length of the cooling off period.
- How does the College define the cooling off period?
  - 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.

The College's policy for a cooling off period is enforced through its bylaws. 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.

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></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the _____ completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• 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: <b>Yes</b></li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul> <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>	
			<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>
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>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).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
			<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• 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.</li> </ul> <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 <a href="#">Council's meeting in June 23, 2023</a>.</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>
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are 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"> <li>• Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul> <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> <p>An example of integrating risk information into the College’s strategic planning and operations can be found in <a href="#">the briefing book of the June 2023 Council meeting</a>. The identification of an internal risk led to the search for and the appointment of a new investment firm. Due to the confidentiality of this matter, the discussion was conducted in camera. Nevertheless, the approval of the motion can be found in the June 2023 Council <a href="#">meeting minutes</a>.</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)	

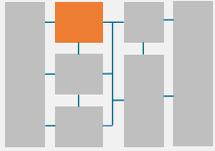
Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted.</li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>All Council minutes are made public on the <a href="#">College's website</a>.</p> <p>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 <a href="#">College's website</a>.</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>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <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 <a href="#">meeting</a> on December 8, 2023 (p. 13).</p>	<p>Yes</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>	
			<p><i>Additional comments for clarification (optional)</i></p>			

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: <span style="float: right;">Met in 2022, continues to meet in 2023</span> <ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> All Council meeting materials are shared at least one week in advance and remain on the <a href="#">College's website</a> for a minimum of 3 years.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <span style="float: right;">Choose an item.</span>
	<i>Additional comments for clarification (optional)</i>
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: <span style="float: right;">Met in 2022, continues to meet in 2023</span> <ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> S. 35 of O. Reg. 119/94: General under the <i>Optometry Act, 1991</i> , 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 2022, the College was in compliance with this provision and the College continued to comply with this provision in 2023. While no Discipline Hearings were held at the College during the reporting period, there was 1 referral made by the ICRC to the Discipline Committee. The Notice of Hearing for that matter was posted in 2023, approximately six months before the hearing date. The public register profile of the 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 date(s). Notices and the schedule for any upcoming hearings are posted on <a href="#">this page of the College's website</a> .

			<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>
			<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b> <b>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</b></p>				
		<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>	
		<p>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).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• 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.</li> </ul> <p>The College developed a <a href="#">DEI Plan</a> as part of its strategic planning, and the internal DEI working group meets regularly to schedule and implement the initiatives outlined in the DEI Plan. In 2023, we created <a href="#">a DEI page</a> on the website to enhance our engagement with the public and other stakeholders.</p> <p>A discussion around DEI as part of strategic planning is found in the September 2022 Council <a href="#">meeting minutes</a> (Lines 66-112).</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>
			<p><i>Additional comments for clarification (optional)</i></p>	

		<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>	<p>Partially</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• 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.</li> </ul> <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 &amp; 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. In 2023, the College implemented 11 of the proposed initiatives. For the project of providing DEI training and education to Council, which would influence their decision-making, there is a feedback survey where Council attendees can provide feedback about the effectiveness of the DEI session. Staff would reflect the feedback in selecting future DEI speakers.</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 2023 (these sessions also included the College’s senior management. Three DEI sessions were delivered in 2023 to Council and senior management staff.</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>Our College actively supports 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. Staff from the College’s DEI Working Group participated in HPRO’s Anti-Racism in Health Regulation Project – Implementation Workshop for EDI Tools in late June 2023. On March 19, 2024, HPRO shared the <a href="#">HPRO EDI Organizational Self-Assessment and Action Guide</a> that colleges can use to conduct the DEI assessment to meet this measure. The College’s DEI Working Group will review and implement the Guide and report the results in the next reporting cycle.</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

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Yes

- 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.

Updates on strategic activities, particularly on research projects (Lines 69-73) and presentation on Diversity, Equity, and Inclusion (Lines 19-27), can be found in the [minutes](#) of the March 31 Council meeting. The budget for 2024 was approved at the [December 2023 Council meeting](#).

In 2023, the College’s plan to enhance jurisprudence examinations and hold public focus group sessions around Ontario was successfully completed. The Quality Assurance self-assessment tool project was also finalized last year. Research support, Quality Assurance practice assessment project, and educational sessions on Diversity, Equity, and Inclusion are making progress, and expected to continue in 2024. The 2024 budget was presented differently to Council, with the operating budget shown separately from strategic initiatives that are supported by internally restricted funds, to provide better transparency.

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

Choose an item.

*Additional comments for clarification (optional)*

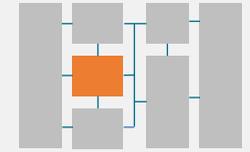
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> </ul> <p>The approval of Finance Policy – Reserve Funds can be found in the <a href="#">minutes</a> of the Council meeting on June 24, 2022 (Lines 161-166). There were no changes made in 2023.</p> <p>For 2024, the Council approved the proposed contingency funds that are in line with Reserve Funds policy in the December 2023 Council <a href="#">meeting</a> (Lines 121-127).</p> <ul style="list-style-type: none"> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li> </ul> <p>The Reserve Funds Policy was shared with the external auditors. There were no suggestions made. The Finance Policy for Reserve Funds was noted in the approved and final <a href="#">audited financial statements</a> for the year 2022 (page 12).</p>	<p>Met in 2022, continues to meet in 2023</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>	
<p><i>Additional comments for clarification (if needed)</i></p>				

	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</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 style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> 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>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"> <li>- Provision of professional development opportunities to staff</li> <li>- Leadership development for succession planning within the organization</li> <li>- Attention to fair compensation packages to retain and recruit key talent</li> </ul> <p>Despite inflationary challenges, the College continued to provide professional development opportunities to staff and leadership development opportunities for succession planning within the organization. In July and August 2023, Senior Leadership hired a compensation consultant to participate in compensation surveys and conduct an analysis of the compensation of College staff to ensure that compensation packages remain competitive to attract and retain key talent. In addition, with Council’s support, Senior Leadership extended its office lease with its landlord in August 2023 for 10 additional years providing stability and in-person engagement for its Council and staff.</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>	<p>Yes</p>
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		<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).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>The College worked with several key third-party IT vendors to review and update the data and technology plan in 2023.</p> <p>The College reviewed and updated the data and technology plan with a managed IT services provider, PACE Technical, near the end of 2023. 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 deployment of Endpoint Detection and Response &amp; Managed Detection and Response services for cyber security enhancement in 2023.</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 2023, we developed multiple project plans to that would help the College meet the public mandate. For example, we developed plans for (1) conducting QA random selections with automations that would eliminate any potential human errors and expedite the process and (2) receiving and processing applications for professional corporations in iMIS. The College and Visual Antidote also developed a plan to upgrade the database to the cloud version which would enable additional functionalities for staff (e.g., enhanced financial features), members (e.g., increased accessibility), and public (e.g., enhanced database searchability).</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>	
			<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>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence: N/A

College response

*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.*

*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.*

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.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

**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.**

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:

- *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.).*

1. Cyber Incident Response Plan
  - a. Following the presentation at the Regulatory Cyber Security Summit, Manager, Informatics & IT was contacted by and collaborated with his counterparts in multiple colleges (e.g., College of Dental Hygienists of Ontario) to review and improve the Cyber Incident Response Plan. He also advised several colleges on how to begin and structure the development of a cyber incident response plan.
2. International Applicants
  - a. The College signed a new agreement with the Federation of Optometric Regulatory Authorities of Canada (FORAC) that came into effect on September 9, 2023, which provides FORAC a royalty-free licence to use the Internationally Graduated Optometrist Evaluating Exam (IGOEE) to test the

knowledge, skills, attitudes, and values of internationally educated candidates nationally on a fully user fee paid basis.

- b. The College participated in a meeting of the Evaluating Exam Oversight Committee (EEOC) on May 8, 2023, which was hosted by Touchstone Institute and attended by FORAC. The meeting discussed issues experienced by IGOEE candidates and Touchstone Institute’s recommendations on how to ensure the future validity of the IGOEE.

3. Office Space Sharing

- a. The College hosted the College of Kinesiologists of Ontario (COKO) Council and staff in the College’s conference room and shared information technology equipment and expertise to provide COKO with fully hybrid meetings on June 26 and September 25-26, 2023. With its own office lease renewed for another 10 years under a stable landlord, the College has offered to provide hybrid meeting space to other health regulatory colleges at a deeply discounted rate. This will allow the College to actively interact with other colleges and build relationships that could lead to collaborative efforts in improving regulatory performance.

4. Online Application Portal for Internationally Trained, Labour Mobility, and Academic Applicants

- a. The College continued its collaboration with Visual Antidote, an IT consultation firm that also works with other regulatory colleges, which developed and implemented an online application portal. The online application portal allows applicants to go through their entire application process using a secure, online platform. This is to expedite the application process by streamlining procedures and communications and make it easier for applicants and College staff. The online application portal was launched for internationally trained, labour mobility, and academic applicants on September 1, 2023. This project supports the College in more effectively and efficiently carrying out its core mandate of registering qualified candidates. This online portal has tremendously reshaped the operational elements of the College’s registration program. The College has continued to update its guidance and communication with applicants on its website regarding the online portal. The College has continued to survey applicants on their experience with the process to inform continuous improvement.

5. Student Orientation Session

- a. The College hosted its third student orientation/FAQ session on July 19, 2023. A total of 49 students registered for this event. Questions about application and registration were answered. This has become a regular program that builds and fosters relationships with students and applicants and assists them in the registration process so we can ensure qualified candidates are able to register with no issues.

6. Development of a New Risk-Based and Right Touch QA Program

- a. The College continued its collaboration with Research & Evaluation Consulting Inc. (RaECon) to develop a new risk-based and right touch practice assessment component of the QA Program. RaECon is a recognized expert in assessment system development for regulated professions in Canada. RaECon has also conducted similar assessment development and competency/standards mapping to assessment work for the College of Nurses of Ontario. The new practice assessment component will be valid, evidence-based, and defensible. This project is further discussed in Standard 10.2.a.i and 10.2.a.ii.

b. The College also continued its collaboration with Independent Learning Systems (ILS) to develop a new self-assessment component of the QA program. ILS has almost 30 years of experience providing custom training development for multiple sectors, including regulatory bodies. The College has worked with ILS in the past to develop several e-learning modules. The College conducted a comprehensive environmental scan and connected with other health regulatory colleges to learn about their self-assessment programs, particularly the Ontario College of Pharmacists (OCP). The structure and format of the College’s new self-assessment is based largely on OCP’s *Knowledge Assessment* and *Self-Assessment Tool*. The content of the self-assessment is based on relevant, real-life situations in eyecare that were drawn from key risks identified by College data. The self-assessment will assist registrants to identify areas for improvement, develop concrete and structured goals, participate in meaningful CE activities, and self-reflect on the impact of the activities on their practice. These are important skills that help registrants grow and engage in lifelong learning that is critical to providing quality care to patients. This project is further discussed in Standard 10.2.a.ii.

7. Focus Groups

a. In order to understand the profession’s perception towards the College, the College conducted focus group sessions across Ontario. They were conducted between March and October 2023 in nine cities: Kingston, St. Catharine’s, Ottawa, Windsor, Dryden, Sudbury, Toronto, London, and Waterloo, with an average of 6 participants per city. Recruitment of optometrists occurred primarily through the College’s social media platforms, website, and direct contact using the email list. These sessions were led by an expert facilitator and attended by the College’s Director, Policy & Research, Communications Manager, and Registrar. The project gathered valuable data that we plan to leverage towards developing quality improvement projects in the future.

**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. Updated Auto-Attendant Phone System

- a. In response to a few complaints about difficulties navigating the phone system, the College updated the auto-attendant system to simplify the process of reaching College staff in late 2023. The goal is to have callers always speak to a live person rather than get transferred to voicemail.

2. Modernization of the Optometric Practice Reference (OPR)

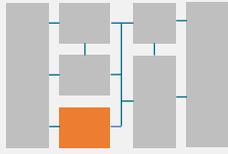
- a. The College conducted an extensive review on the current state of the OPR, including:
  - i. Comprehensive use of the OPR by College Committees, including QAC and ICRC;
  - ii. Environmental scan of the Standards of Practice of other Regulated Health Professional Colleges in Ontario, including connecting with other colleges via the HPRO Practice Advisors Working Group;
  - iii. Environmental scan of Standards of Practice of other Optometric Colleges in Canada;
  - iv. Survey registrants on their use of the OPR; and
  - v. Feedback received from the public/patients.
- b. The College concluded that the OPR needs to be modernized to better reflect the constant changes in public needs and the evolving nature of the optometry profession. The modernized OPR would:
  - i. Reflect current public needs, health care systems, and societal values (e.g., diversity, equity and inclusion principles);
  - ii. Be relevant to current optometry practice and advances in health care sciences and technologies;
  - iii. Be consistent with current legislative requirements;
  - iv. Be evidence-based and risk-informed (e.g., from sources such as College data, environmental scans, literature reviews, and stakeholder feedback);

- v. Ensure clear, concise, and consistent language understood by the profession and public;
- vi. Address gaps in content; and
- vii. Increase accessibility.

c. To assist with the project, the College released an RFP at the end of July 2023. The College received three proposals by the end of September 2023 and the winner was selected in November 2023. The project will begin in 2024 and is expected to take 1-2 years to complete.

3. Focus Groups

a. In order to scan the public perception and understanding of the College and the profession, the College conducted focus group sessions across Ontario. They were conducted between March and October 2023 in nine cities: Kingston, St. Catharine’s, Ottawa, Windsor, Dryden, Sudbury, Toronto, London, and Waterloo, with an average of 10 participants per city. Recruitment of public participants occurred primarily through the College’s social media platforms and website. These sessions were led by an expert facilitator and attended by the College’s Director, Policy & Research, Communications Manager, and Registrar. The project gathered valuable data that we plan to analyze and synthesize to develop public initiatives in the future.



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
  - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

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.

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.

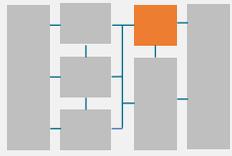
Through the College’s professional development program, Manager, Informatics & IT received certification in Certified Information Privacy Professional – Canada (CIPP-C) which demonstrates the in-house knowledge to manage disclosure and requests for information.

*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>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>Manager, Informatics &amp; 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 &amp; 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. Moreover, Manager, Informatics &amp; IT conducted a tabletop exercise with all staff to simulate a cyber incident and how to respond in such scenarios. It was subjected to an annual review in 2023, where a few revisions regarding contact information and additions regarding accidental or unauthorized disclosure of information were made.</p> <p>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 that includes instructions on how to securely destroy confidential information. 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.</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>	<p>Yes</p>
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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

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.

*Benchmarked Evidence*

College Response

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

- 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).

Principles underlying optometry standards are described under [Optometric Practice Reference \(OPR\) OPR Part 1. The Fundamentals](#) and the evidence that contributes to standards is described in [OPR Part 2. Optometric Care](#).

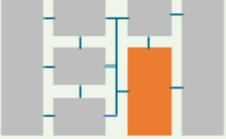
An evaluation of the standards is triggered by either a calendar-based review; a new technology or treatment; or an inquiry from the public or registrant of the College. The practice advisors, in communication with registrants, the public and external organizations, will identify frequently asked questions on a specific topic. The questions are brought to a Quality Assurance subcommittee 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.

In 2023, a comprehensive review of the Standards of Practice was commenced. A survey was conducted to acquire insights into registrants’ opinions about the overall structure, language, and coverage of the Standards of Practice. These insights will be used to ensure that the review results in a document that is clear, concise, and reflects the current public needs, health care systems, and societal values.

*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>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• 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) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>In 2023, the Quality Assurance Special Projects panel was created to oversee the comprehensive review of the current Standards of Practice.</p> <p>The <a href="#">Optometric Practice Reference</a> is a valuable reference for registrants of the College and is also intended to be a resource for patients, College Committees, and the public. The OPR needs to reflect the constant changes in public needs and the evolving nature of the optometry profession.</p> <p>This group will review the current standards to ensure they reflect the current practice environment by means of literature review and expert opinion consultation. The panel has also examined Practice Standards of other health regulatory Colleges and will ensure revisions are aligned in overlapping matters.</p> <p>After revisions are complete, the modernized OPR will be available for stakeholder feedback from the profession and public. Feedback will be considered before final publication of the OPR.</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>	<p>Yes</p>
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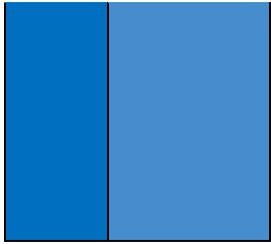
		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <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.</p> <p>The College is dedicated to improving DEI for the public by providing DEI resources for optometrists to implement in their practice and ensuring DEI considerations in decision-making.</p> <p>In 2023, the DEI working group created a DEI webpage that is now live on our website: <a href="https://collegeoptom.on.ca/about-us/diversity-equity-and-inclusion/">https://collegeoptom.on.ca/about-us/diversity-equity-and-inclusion/</a></p> <p>Registrants were advised of this in the College's July InFocus newsletter.</p> <p>Case studies were presented to registrants in the August and November InFocus newsletters where DEI guidelines were highlighted.</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>
		<p><i>Additional comments for clarification (optional)</i></p>		

	<p>Measure: 9.1 Applicants meet all College requirements before they are able to practice.</p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 9</p>	<p><b>Required Evidence</b></p> <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.)<sup>1</sup>.</p>

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

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, 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.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• 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 <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <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. 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 throughout 2023 to ensure the instructions and the notes in the online application portal are up to date.</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>	
		<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>
		<p><i>Additional comments for clarification (optional)</i></p>	

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 <sup>2</sup> 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"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• 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.</li> </ul> <p>There are 2 cyclical requirements that registrants must fulfill to demonstrate their continuous competence:</p> <p><b>1. Patient Contact Hours Requirement</b> 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><b>2. Continuing Education (CE)</b> 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>
		Choose an item.



*Additional comments for clarification (optional)*

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

Measure:								
9.3 Registration practices are transparent, objective, impartial, and fair.								
		<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>						
		<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">The College fulfills this requirement:</td> <td style="width: 25%;">Met in 2022, continues to meet in 2023</td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul> </td> </tr> <tr> <td colspan="2">The College's status remained unchanged in 2023 since the issuance of <a href="#">the OFC letter assigning the College the full compliance category on Feb 16, 2022</a>.</td> </tr> </table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul>		The College's status remained unchanged in 2023 since the issuance of <a href="#">the OFC letter assigning the College the full compliance category on Feb 16, 2022</a> .	
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<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 (if needed)</i></p>								

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> <ul style="list-style-type: none"> <li>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"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>Does the College always provide this level of support: <b>Yes</b> <i>If not, please provide a brief explanation:</i></li> </ul> <p>The Clinical Practice Panel and its activities, including standards review, is on hold in 2024 in order to focus on the OPR modernization project. Members from this panel are re-assigned to QAP and QASP.</p> <p>A survey was conducted in early 2023 to acquire insights into registrants’ opinions about the overall structure, language, and presentation of the standards. This feedback will guide the modernization of the OPR scheduled to move forward in 2024.</p> <p>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. Registrants may review the full standard in the OPR for a more comprehensive look into the changes. Registrants are encouraged to contact the practice advisors if they have any questions regarding the changes. The In Focus Newsletter was emailed to all registrants 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 the effectiveness of support provided was not conducted.</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><b>Yes</b></p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>During the finalization of the OPR modernization project, there will be requests to registrants for stakeholder feedback. The monthly In Focus newsletter will occasionally include Case Studies that will pertain to new/amended standards.</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 <sup>3</sup> .					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> <p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p> </td> <td style="width: 60%; vertical-align: top;"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: <b>Yes</b></li> <li>• <i>If yes, please insert link to the policy.</i></li> <li>• <b>Random Selection</b> <ul style="list-style-type: none"> <li>○ <a href="#">The College's random selection criteria policy</a> for QA practice assessments was updated in 2020 to be more risk-aligned. This was following several data analyses done by third 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.</li> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> <li>• <b>Referrals to QAC for Practice Assessment</b> <ul style="list-style-type: none"> <li>• Registrants who have failed to meet 750 hours of direct optometric care to patients in Canada per rolling three-year period are referred to QAC for a practice assessment. These registrants undergo a Complete Record Assessment (CRA) rather than a Short Record Assessment (SRA) as they require a more in-depth look at their practice since they have spent less direct time with patients.</li> <li>• Registrants with non-practising status who request to return to practicing status must follow the steps outlined in the <a href="#">Registration Policy: Non-Practising Status</a>. This may include referral to the QAC for a practice assessment/evaluation, depending on the number of hours of direct optometric care to patients in Canada in the three years before his or her request to return to practice.</li> <li>• Registrants who have failed to meet the minimum published CE requirements are referred for a practice assessment. Those who were deficient by 5 or less CE hours submit fewer patient files for review than those who were deficient by more than 5 CE hours.</li> </ul> </li> </ul> </td> <td style="width: 10%; vertical-align: top; text-align: center;"> <p>Met in 2022, continues to meet in 2023</p> </td> </tr> </table>	<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: <b>Yes</b></li> <li>• <i>If yes, please insert link to the policy.</i></li> <li>• <b>Random Selection</b> <ul style="list-style-type: none"> <li>○ <a href="#">The College's random selection criteria policy</a> for QA practice assessments was updated in 2020 to be more risk-aligned. This was following several data analyses done by third 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.</li> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> <li>• <b>Referrals to QAC for Practice Assessment</b> <ul style="list-style-type: none"> <li>• Registrants who have failed to meet 750 hours of direct optometric care to patients in Canada per rolling three-year period are referred to QAC for a practice assessment. These registrants undergo a Complete Record Assessment (CRA) rather than a Short Record Assessment (SRA) as they require a more in-depth look at their practice since they have spent less direct time with patients.</li> <li>• Registrants with non-practising status who request to return to practicing status must follow the steps outlined in the <a href="#">Registration Policy: Non-Practising Status</a>. This may include referral to the QAC for a practice assessment/evaluation, depending on the number of hours of direct optometric care to patients in Canada in the three years before his or her request to return to practice.</li> <li>• Registrants who have failed to meet the minimum published CE requirements are referred for a practice assessment. Those who were deficient by 5 or less CE hours submit fewer patient files for review than those who were deficient by more than 5 CE hours.</li> </ul> </li> </ul>	<p>Met in 2022, continues to meet in 2023</p>
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: <b>Yes</b></li> <li>• <i>If yes, please insert link to the policy.</i></li> <li>• <b>Random Selection</b> <ul style="list-style-type: none"> <li>○ <a href="#">The College's random selection criteria policy</a> for QA practice assessments was updated in 2020 to be more risk-aligned. This was following several data analyses done by third 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.</li> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> <li>• <b>Referrals to QAC for Practice Assessment</b> <ul style="list-style-type: none"> <li>• Registrants who have failed to meet 750 hours of direct optometric care to patients in Canada per rolling three-year period are referred to QAC for a practice assessment. These registrants undergo a Complete Record Assessment (CRA) rather than a Short Record Assessment (SRA) as they require a more in-depth look at their practice since they have spent less direct time with patients.</li> <li>• Registrants with non-practising status who request to return to practicing status must follow the steps outlined in the <a href="#">Registration Policy: Non-Practising Status</a>. This may include referral to the QAC for a practice assessment/evaluation, depending on the number of hours of direct optometric care to patients in Canada in the three years before his or her request to return to practice.</li> <li>• Registrants who have failed to meet the minimum published CE requirements are referred for a practice assessment. Those who were deficient by 5 or less CE hours submit fewer patient files for review than those who were deficient by more than 5 CE hours.</li> </ul> </li> </ul>	<p>Met in 2022, continues to meet in 2023</p>			

			<ul style="list-style-type: none"> <li>● <b>New Practice Assessment Component of the QA Program</b> <ul style="list-style-type: none"> <li>○ The College’s new practice assessment component (currently in development) 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).</li> <li>○ The new assessment process will continue to be multi-level with the first level (level 1) that registrants go through serving as a screening tool and only those with deficiencies identified in level 1 proceeding to the second level (level 2). 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 have already demonstrated to meet or excel in.</li> </ul> </li> </ul>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

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

	<p>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"> <li>• 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). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> 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"> <li>- <i>Public</i>                      No</li> <li>- <i>Employers</i>                      No</li> <li>- <i>Registrants</i>                      Yes</li> <li>- <i>other stakeholders</i>              Yes</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• <b>Development of New Practice Assessment Tools and Processes</b> <ul style="list-style-type: none"> <li>○ One of the College’s strategic areas of focus is risk-based proportional regulation. This was achieved by engaging subject matter experts (SMEs) to develop new practice assessment tools that were based on thorough evaluation of risk with a focus on public safety. SMEs considered risk data from sources such as the Discipline Committee, ICRC, QAC, and the Patient Relations Committee, Competencies for Optometry, OPR Standards of Practice, literature, among others.</li> <li>○ Working with Research &amp; Evaluation Consulting Inc. (RaECon), the outcome was the development of a new level 1 assessment tool that is more objective and integrates indicators of quality patient care.</li> <li>○ Level 2 of the current process involves an in-depth, time-consuming assessment of all submitted records in all areas of practice, including areas where the registrant has already met or excelled in. In the new process, level 2 is a conversational assessment that is tailored based on specific deficiencies identified in level 1. The conversational approach allows the registrant an opportunity to reflect on the cases, and at the same time, allows the assessor to further explore specific areas of deficiencies. The new process is right touch, authentic and efficient, significantly expediting a registrant’s time spent in the process. As a result, the new practice assessment component allows the QAC to better focus on registrants who truly need assistance with improving their skills, knowledge and judgement, which in turn, leads to better patient outcomes.</li> <li>○ In 2023, the College achieved a number of milestones as follows: <ul style="list-style-type: none"> <li>1. <b>Feasibility study:</b> the College sent out a survey to its registrants to gather feedback on the practicability of different aspects of the new practice assessment. Data from this study helped the QAC make informed decisions on various assessment criteria (e.g., the number of patient records to submit for assessment, age categories of patients, patients with specific diagnoses or diseases, time required to accumulate those records, technological and non-technological requirements to participate in the new conversational assessment, support and resources required to prepare for the new assessment processes, etc.).</li> </ul> </li> </ul> </li> </ul>	<p>Met in 2022, continues to meet in 2023</p>
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			<p>2. <b>Cut-score study:</b> SMEs were engaged to determine the passing standard/criteria, or cut score, for the new level 1 practice assessment tool. The cut score was determined through a rating process called the (modified) Angoff Method. The study resulted in a two-part quality standard with a minimum cut score and four critical competencies that must be met to indicate quality practice.</p> <p>3. Robust recruitment process and multiple rounds of thorough <b>training of QA assessors</b> (optometrists).</p> <p>4. <b>A pre-testing program</b> of the new level 1 assessment tool with 29 randomly selected registrants. With each registrant submitting 10 records, a total of 290 records were included as part of this pre-testing. Each record was independently rated by two trained assessors and an inter-rater reliability analysis was performed.</p> <ul style="list-style-type: none"> <li>○ In 2024, the College will complete the pre-testing program for the new level 2 assessment tool. The College will then carry out a more comprehensive pilot with a larger sample size (approximately 100 randomly selected registrants). At the conclusion of the pilot program, the College can say with confidence that the new practice assessment component is psychometrically sound, valid, and defensible.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Development of New Self-Assessment</b> <ul style="list-style-type: none"> <li>○ The College finalized a new self-assessment component of the QA program. SMEs were engaged to develop the content based on relevant, real-life situations in eyecare that were drawn from key risks identified by College data.</li> <li>○ The self-assessment is a two-part online exercise:           <ol style="list-style-type: none"> <li>1. Part One consists of seven scenarios and related multiple-choice questions. This part is not scored (i.e., there is no pass or fail).</li> <li>2. Registrants will then use the feedback and resources from Part One to create a Learning Plan. The Learning Plan encourages registrants to set specific goals, select appropriate CE activities, and reflect on the impact of their learning.</li> </ol> </li> <li>○ All results are confidential, and registrants are not required to submit their Learning Plans for review. The self-assessment was designed to assist registrants identify areas for improvement, develop concrete and structured goals, participate in meaningful CE activities, and self-reflect on the impact of the activities on their practice. These are important skills that help registrants grow and engage in lifelong learning that is critical to providing quality care to patients. The process is right touch as the learning plan is flexible to fit different learning needs.</li> <li>○ In 2023, the College completed a pilot program of the self-assessment with 20 randomly selected registrants and received positive feedback. The self-assessment component will be rolled out in 2024 and is completed once per three-year cycle.</li> </ul> </li> </ul>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement: <span style="float: right;">Met in 2022, continues to meet in 2023</span></p> <ul style="list-style-type: none"> <li>• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> <li>• When specific areas of concerns/deficiencies in a registrant’s practice have been identified through the assessment process, the QA Panel may select one of the following three remediation activities, depending on the severity of the deficiencies:             <ol style="list-style-type: none"> <li>1. <b>Self-directed learning:</b> the concerns are of low severity. The QA Panel makes written recommendations to the registrant on ways to correct the deficiencies and give the registrant an opportunity to correct them</li> <li>2. <b>Specified continuing education requirements:</b> the concerns are of moderate 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</li> <li>3. <b>Coaching:</b> 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 registrant and their coach complete a draft remedial program plan, which is tailored to address the registrant’s deficiencies and outlines learning objectives, success indicators, expected outcomes, and timelines. The plan must be approved by the QA Panel before the registrant and their coach can carry out the plan.</li> </ol> </li> <li>• The QA Panel may use a <a href="#">Practice Evaluation</a> to inform remediation activity. A Practice Evaluation helps determine whether deficiencies identified during the course of a practice assessment are a result of the registrant’s lack of knowledge, skill or judgment, or from the registrant’s lack of application of the knowledge, skill or judgment.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <span style="float: right;">Choose an item.</span></p>

			<i>Additional comments for clarification (optional)</i>
<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b>			
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"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> <li>• The QA Panel monitors completion of remediation activities by: <ol style="list-style-type: none"> <li>1. <b>Self-directed learning:</b> the registrant must submit a written summary of their self-directed learning activities and the impact/effect of the learning on their practice for Panel approval.</li> <li>2. <b>Specified continuing education requirements:</b> the registrant must submit certificates of completion; and</li> <li>3. <b>Coaching:</b> the College Coach must submit an interim and a final report for Panel approval to ensure successful completion of all remediation activities.</li> </ol> </li> <li>• Following remediation, the registrant is given a reasonable opportunity to incorporate what they have learned into their practice. After that time, a practice re-assessment is conducted using the Complete Record Assessment tool.</li> <li>• 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 registrant to undergo further coaching, a Practice Evaluation and/or direct the Registrar to impose terms, conditions, or limitations on a registrant’s certificate of registration.</li> </ul>		
	<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>		

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence	College Response	
<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>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;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p><a href="https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/">https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/</a></p> <p><a href="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/filing-a-complaint/</a></p> <p><a href="https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/information-about-complaints-process/">https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/information-about-complaints-process/</a></p> <p><a href="https://collegeoptom.on.ca/wp-content/uploads/20190221_IR_ADRPolicy.pdf">https://collegeoptom.on.ca/wp-content/uploads/20190221_IR_ADRPolicy.pdf</a></p>	<p>Yes</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>
	<p><i>Additional comments for clarification (optional)</i></p> <p>The College has brochures that provide an overview of the College's complaints process. There is a version tailored to complainants and another brochure tailored for registrants. These brochures are provided to complainants when their complaint is confirmed and are provided to registrants when they receive notice that a complaint has been submitted against their practice. The following link to the College's website contains the online complaint form, which allows complainants to submit any supporting documentation related to their concerns: <a href="https://collegeoptom.on.ca/resource/complaint-form/">https://collegeoptom.on.ca/resource/complaint-form/</a></p> <p>Investigations and Resolutions (I&amp;R) frequently 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> <p>I&amp;R staff thoroughly review all complaints submitted. During the investigation of the complaint, staff continuously review the material submitted by the parties to ensure that all relevant information is requested and obtained for the ICRC's review. I&amp;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. During their review of the file, the ICRC may also request staff to obtain further information on its behalf if the ICRC feels there is insufficient information before it to make a decision.</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: <a href="https://collegeoptom.on.ca/public/prevention-of-sexual-abuse/">https://collegeoptom.on.ca/public/prevention-of-sexual-abuse/</a></p>	

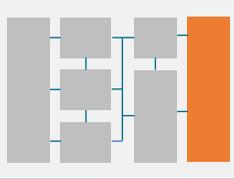
		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>College staff took part in a Plan Language Training Workshop in May 2023 so that our written communication and language with registrants and members of the public is clear and easy to understand. I&amp;R staff periodically review the internal templates of notice of complaint and acknowledgment letters to ensure the information noted within continues to be accurate. To broaden stakeholder engagement and with the aim of improving our processes, during the reporting period, the I&amp;R department developed two surveys (one tailored to the optometrist under investigation and the other to the complainant). These surveys will allow participants in the complaints process an opportunity to provide feedback after the complaint matter has concluded. The surveys will be implemented in 2024 and completion of the survey will be optional and anonymous.</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>	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>All inquiries received from the public are generally responded to within 5 business days.</p> <p>The department tracked telephone calls in 2023 and retained email correspondence. During the reporting period, staff responded to 93% of inquiries related to the complaints process, received by telephone and email, 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> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>

	<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.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>To initiate a formal complaint about an optometrist, individuals may complete and submit the complaint form (<a href="https://collegeoptom.on.ca/resource/complaint-form/">https://collegeoptom.on.ca/resource/complaint-form/</a>) found on the College’s website. This complaint form is available in English and in French and members of the public are advised via the College website that a formal complaint can also be submitted in an audio or video format (such as on tape, film, or disk). There is a consent form within the complaint form so the College may obtain relevant personal health information during the investigation of the complaint.</p> <p>In certain complaint cases, the College may be able to offer a way other than a formal investigation to quickly resolve minor/low-risk concerns. Alternative Dispute Resolution (ADR) allows a mediator to work with both the complainant and the registrant to resolve the issue in a way that suits both parties.</p> <p>Complainants are made aware of supports available to them during the intake stage as well as throughout the investigation process after a complaint is filed (as applicable). Accommodation is available for potential complainants if they require assistance in submitting a complaint in a recorded format. For example, I&amp;R staff can transcribe the concerns in writing if it is relayed in a voicemail message or described during a telephone conversation/in-person. In 2023, staff have mailed complaint forms to individuals that wished to complete and submit a paper copy of their complaint. If a complainant requires the assistance of a translator, the College will help in arranging this so the complainant may participate fully in the process. I&amp;R staff are available and easily approachable throughout the process to answer any questions. I&amp;R staff can schedule telephone calls to discuss questions with complainants and potential complainants at a time that is convenient for them, including outside of regular business hours if needed.</p> <p>Complainants may request an extension of time to submit additional material and information, and these requests are generally approved if they are reasonable and particularly in situations where a lot of documentation is provided to a complainant for their review (such as part of a registrant's response).</p> <p>When reviewing complaints, the ICRC uses a Risk Assessment Framework to guide its decision-making. A detailed description of this Framework is available on the College's website so both registrants and the public may understand how the College makes decisions (<a href="https://collegeoptom.on.ca/wp-content/uploads/IR_RiskAssessmentFramework.pdf">https://collegeoptom.on.ca/wp-content/uploads/IR_RiskAssessmentFramework.pdf</a>).</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>
		<p><i>Additional comments for clarification (optional)</i></p>	

<b>Measure:</b> <b>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.</b>		
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:	Yes
	<ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p>There are many ways complainants can contact I&amp;R staff during the complaints process, and there is usually frequent communication between staff and the parties throughout the process. Most complainants choose to correspond by email and telephone, but the option to submit information by mail or facsimile is always available to those that prefer that method. Complainants have access to the department’s general complaints email address. This email address is publicly posted, and its inbox is accessible by all staff within the I&amp;R department. Once their complaint is confirmed, complainants also have access to the direct email address of the staff member that is facilitating the investigation of their matter. The “Contact Us” (<a href="https://collegeoptom.on.ca/contact-us/">https://collegeoptom.on.ca/contact-us/</a>) page of the College website contains the College’s telephone and fax information, including a toll-free number. This page also denotes the telephone extension to directly reach the I&amp;R department (i.e., 416 479 9295, Press 2).</p> <p>After a complaint has been received and confirmed, notice and acknowledgment letters are sent to the registrant and complainant respectively. Enclosed with these letters is a Complaints Brochure. The information within the letters and brochure helps in ensuring a clear understanding of the various stages of the complaints process and the possible dispositions within the ICRC’s jurisdiction.</p> <p>As applicable, delay letters are prepared and sent containing an update on the status of the investigation. Registrants’ responses are provided to complainants for their review and complainants can submit any additional comments. Both complainants and registrants may provide additional 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. Complainants are also provided with a copy of the ICRC’s written decision.</p> <p>Complainants are informed by emailed or mailed letter if specified allegations of the registrant’s professional misconduct or incompetence are referred to the Discipline Committee (this letter also contains the contact information of the College’s prosecutor). Staff/College prosecutor are available to update witnesses on the progress of the discipline case. For any discipline hearings occurring virtually, witnesses, and registrants and their legal representatives, if any, have the chance to partake in Zoom training with the hearings coordinator in advance of the hearing to ensure all are comfortable with the technical elements of the platform.</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 (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<b>Measure:</b> <b>12.1 The College addresses complaints in a right touch manner.</b>		
		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: <ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p>In 2022, documented guidance was developed so I&amp;R staff may properly assess risk and prioritize investigations when a complaint or report is received. This risk-based triage system/protocol was finalized at the end of 2022 and implemented beginning in 2023. The department continues to utilize this tool. This risk-based triage system allows I&amp;R staff to triage complaints and reports at the time of receipt based on the nature of the allegations. The initially assigned risk rating may be modified throughout the investigation, as more information about the matter is obtained. This documented guidance helps ensure the College addresses the complaints and reports it receives in a right-touch manner.</p> <p>The College also has a Risk Assessment Framework tool that the ICRC uses during its decision-making for complaint and registrar’s investigation files. Pursuant to this Framework, the ICRC assesses and analyzes the risk of harm the registrant’s conduct and/or care may pose in each case. This assessment occurs at the end of an investigation into a complaint or report. The Framework essentially guides and assists the Panel in coming to a decision. All aspects of the case are taken into account, including but not limited to, the nature of the allegations, the registrant’s response, whether the registrant met the standards of practice of the profession, and the registrant’s prior history, if any. While the tool itself is not published on the College’s website, a description of it is available: <a href="https://collegeoptom.on.ca/wp-content/uploads/IR_RiskAssessmentFramework.pdf">https://collegeoptom.on.ca/wp-content/uploads/IR_RiskAssessmentFramework.pdf</a></p>	Met in 2022, continues to meet in 2023
		<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>Measure:</p> <p>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.).</p>			
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>	
	<ul style="list-style-type: none"> <li>• Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>• 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’).</li> </ul> <p>The College has a written policy titled <i>Reporting Information to Relevant System Partners</i> that was approved by the College Council in 2022, and which continues to be in effect. The purpose of this policy is to outline the circumstances and process in which the College will report information regarding an optometrist, in the interest of public protection, to relevant system partners and agencies. These may include, but are not limited to, law enforcement, other professional licensing/regulatory bodies, the Ontario Health Insurance Plan (OHIP), the optometrist’s practise locations (i.e., clinic, optical store etc.), and insurance companies.</p> <p>During the reporting period, the College shared information about an optometrist with another professional licensing body in Ontario, of which the optometrist was also a part of. The information disclosed was in accordance with s. 36 of the <i>Regulated Health Professions Act, 1991</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>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>		

		<b>Measure:</b> 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.			
		<b>Required Evidence</b>	<b>College Response</b>		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Met in 2022, continues to meet in 2023</td> </tr> </table> <ul style="list-style-type: none"> <li>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 <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>The College’s Strategic &amp; 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 &amp; Implementation Plan 2022-2025 can be found in the September 2022 Council <a href="#">meeting minutes</a> (Lines 66-112). The details of the Plan can be found <a href="#">here</a>, and it continued to be carried out in 2023.</p>		Met in 2022, continues to meet in 2023
			Met in 2022, continues to meet in 2023		
		<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>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<table border="1"> <tr> <td data-bbox="766 386 2136 446">The College fulfills this requirement:</td> <td data-bbox="2136 386 2545 446">Met in 2022, continues to meet in 2023</td> </tr> <tr> <td colspan="2" data-bbox="766 446 2545 860"> <ul style="list-style-type: none"> <li>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.</li> </ul> <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 <a href="#">here</a>.</p> <p>Although there are different types of risk and ways in which the College assesses and manages risk, the Audit/Finance/Risk (AFR) 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> </td> </tr> <tr> <td data-bbox="766 860 2136 920"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2136 860 2545 920">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="766 920 2545 1240"><i>Additional comments for clarification (if needed)</i></td> </tr> </table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<ul style="list-style-type: none"> <li>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.</li> </ul> <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 <a href="#">here</a>.</p> <p>Although there are different types of risk and ways in which the College assesses and manages risk, the Audit/Finance/Risk (AFR) 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>		<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>	
The College fulfills this requirement:	Met in 2022, continues to meet in 2023										
<ul style="list-style-type: none"> <li>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.</li> </ul> <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 <a href="#">here</a>.</p> <p>Although there are different types of risk and ways in which the College assesses and manages risk, the Audit/Finance/Risk (AFR) 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>											
<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>											

Measure:			
14.2 Council directs action in response to College performance on its KPIs and risk reviews.			
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> <li>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.</li> </ul> <p>In 2023, the College used performance and risk reviewing findings to identify improve financial activities. The Audit/Finance/Risk Committee reviewed the performance of the incumbent investment firm and identified a need for improvement. This led to the search for and the appointment of a new investment firm. The approval can be found in the June 2023 Council <a href="#">meeting minutes</a> (Lines 252-261).</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>		
Measure:			
14.3 The College regularly reports publicly on its performance.			
<p>a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.</p>	The College fulfills this requirement:	Partially	
	<ul style="list-style-type: none"> <li>Please insert a link to the College's dashboard or relevant section of the College's website.</li> </ul> <p>You can find the College's annual reports <a href="#">here</a>.</p>		
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Yes
	<p><i>Additional comments for clarification (if needed)</i></p> <p>The College publishes annual reports on the website that contain regulatory outcomes such as the number of new registrants and the number of complaints filed. In 2023, the College began tracking performance on strategic objectives through the use of the <a href="#">Strategic Priorities Tracker</a> that is publicly available on the website. However, we would like to refine the report to be more comprehensive, which is why we have marked this measure as <i>Partially Met</i>. Our College takes a conservative approach when determining whether we <i>Met</i> a measure. We will review and refine the report to improve our performance on this measure.</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.

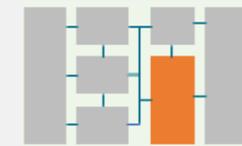
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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: <b>Recommended</b> If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	<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 2023. 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>
i. Engagement in CE	2,891	
ii. CE Deficiency Audit	NR	
iii. Peer-Conducted Practice Assessment	141	
iv. Remedial Activity - CE	11	
v. Remedial Activity - Coaching	28	
vi. Practice Evaluation	NR	
-		

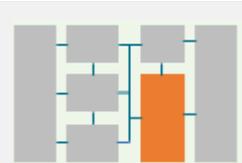
*\* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes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

[NR](#)

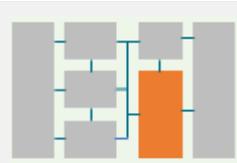
*Additional comments for clarification (if needed)*

- **Engagement in Continuing Education:** All registrants, practising and non-practising, must meet their CE requirements in every 3-year cycle. The 2021-2023 cycle ended on December 31, 2023.
- **CE Deficiency Audit:** Following completion of a 3-year CE cycle, the College reviews all registrants' participation in the previous CE cycle and identifies those who fail to meet the CE credit hours requirements. An audit of the 2021-2023 cycle will be conducted in 2024.
- **Peer-conducted Practice Assessments (PPA):** Includes those who were randomly selected to participate in the process (majority) as well as referrals from the Registrar due to failure to meet condition(s) of their certificates of registration.
- **Remedial Activity (CE and Coaching):** includes ongoing remedial activities from previous years as well as new remedial activities directed by the QAC in 2023.
- **Practice Evaluation:** Includes members undergoing evaluation at the QAC's request during the PPA process as well as to ensure the competence of registrants returning to practice who have practice zero hours in Canada in the past 3 years. A new [Practice Evaluation](#) process was established in 2023.

**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: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2023	2,891	100%	<i>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.</i>
<b>CM 3.</b> 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 2023.	13	9.2%	<i>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 2023, understanding that some cases may carry over.</i>
<a href="#">NR</a>			
Additional comments for clarification (if needed) -			
<ul style="list-style-type: none"> <li>All registrants should be completing CE on a regular basis, part of the mandatory QA Program, though the deadline to complete CE requirements was not until December 31, 2023. An audit of the 2021-2023 CE cycle has not been completed at the time of this report. Audit results will be included in the 2024 CPMF report.</li> <li>Thirteen registrants were referred for remediation following a PPA in 2023; this is 9.2% of those who underwent a PPA during 2023 (141).</li> </ul>			

**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: <b>Recommended</b>  <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2023:**	#	%	<i>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>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	36	92.3%	
<p><a href="#">NR</a></p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <ul style="list-style-type: none"> <li>• A total of 39 registrants have undertaken remediation in 2023:                             <ul style="list-style-type: none"> <li>○ Two registrants successfully completed re-assessments (i.e., demonstrated required knowledge, skills, and judgement) following remediation.</li> <li>○ Thirteen have completed their remediation and have reassessments in progress</li> <li>○ Twenty-three have remediation in progress</li> <li>○ One was referred to ICRC for professional misconduct.</li> </ul> </li> </ul>			

**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 <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar Investigations	initiated
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	NR	NR	NR	NR
III. Communication	14	16%	0	0
IV. Competence / Patient Care	47	55%	0	0
V. Intent to Mislead including Fraud	0	0	NR	NR
VI. Professional Conduct & Behaviour	25	29%	6	100%
VII. Record keeping	NR	NR	NR	NR
VIII. Sexual Abuse	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0
X. Unauthorized Practice	NR	NR	NR	NR
XI. Other <please specify>	0	0	0	0
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>67</b>	<b>100%</b>	<b>6</b>	<b>100%</b>

*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.*

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

**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: <b>Recommended</b> If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2023	51	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	NR	
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	6	
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%
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	6	12%
IV. Formal complaints that proceeded to ICRC and are still pending	19	37%
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	1	2%
<i>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.</i>		

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>0</p>	<p>0</p>	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></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 54 complaint matters in 2023, but many of these complaints were received prior to the reporting year. With respect to CM 9 (IV), please note that approximately 12 of these formal complaints received in 2023 and that also proceeded to the ICRC in 2023 have been disposed of by the ICRC within the first few months of 2024 (by the time this report has been submitted).</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 2023	60						
Distribution of ICRC decisions by theme in 2023*	# 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	7	0	0	0	0	0	NR
III. Communication	17	NR	0	0	0	0	6
IV. Competence / Patient Care	25	NR	0	0	NR	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	NR	NR
VI. Professional Conduct & Behaviour	20	0	0	0	0	NR	NR
VII. Record Keeping	NR	NR	0	0	0	NR	0
VIII. Sexual Abuse	0	0	0	0	NR	0	0
IX. Harassment / Boundary Violations	NR	0	0	0	0	0	NR

X. Unauthorized Practice	NR	NR	0	NR	0	0	NR
XI. Other <please specify>	0	0	0	0	0	0	0

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2023.  
 ++ 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.

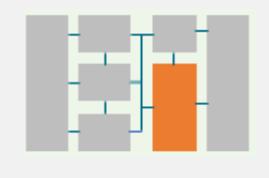
[NR](#)

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

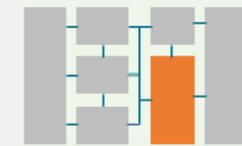
*Additional comments for clarification (if needed)*

-

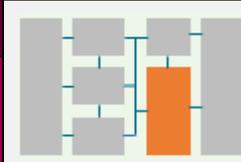
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.  <i>If College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 11.</b> 90 <sup>th</sup> 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 formal complaints or Registrar’s investigations are being disposed by the College.</i>  <i>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.</i>	
I. A formal complaint in working days in CY 2023	312		
II. A Registrar’s investigation in working days in CY 2023	499		
<a href="#">Disposal</a>			
<i>Additional comments for clarification (if needed)</i>  The average disposal of a formal complaint in 2023 was 250 working days. The average disposal of a formal complaint in 2023 that was also received in 2023 was 177 working days.			

**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: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.  The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2023	N/A	
II. A contested discipline hearing in working days in CY 2023	N/A	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  No discipline hearings were held at the College in 2023.  -		

**Table 9 – Context Measure 13**

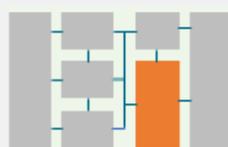
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.  <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline 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	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	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: Choose an item.  <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 14. Distribution of Discipline orders by type*</b>		<i>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.</i>
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> <a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a> -                     </p>		
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](#)