

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

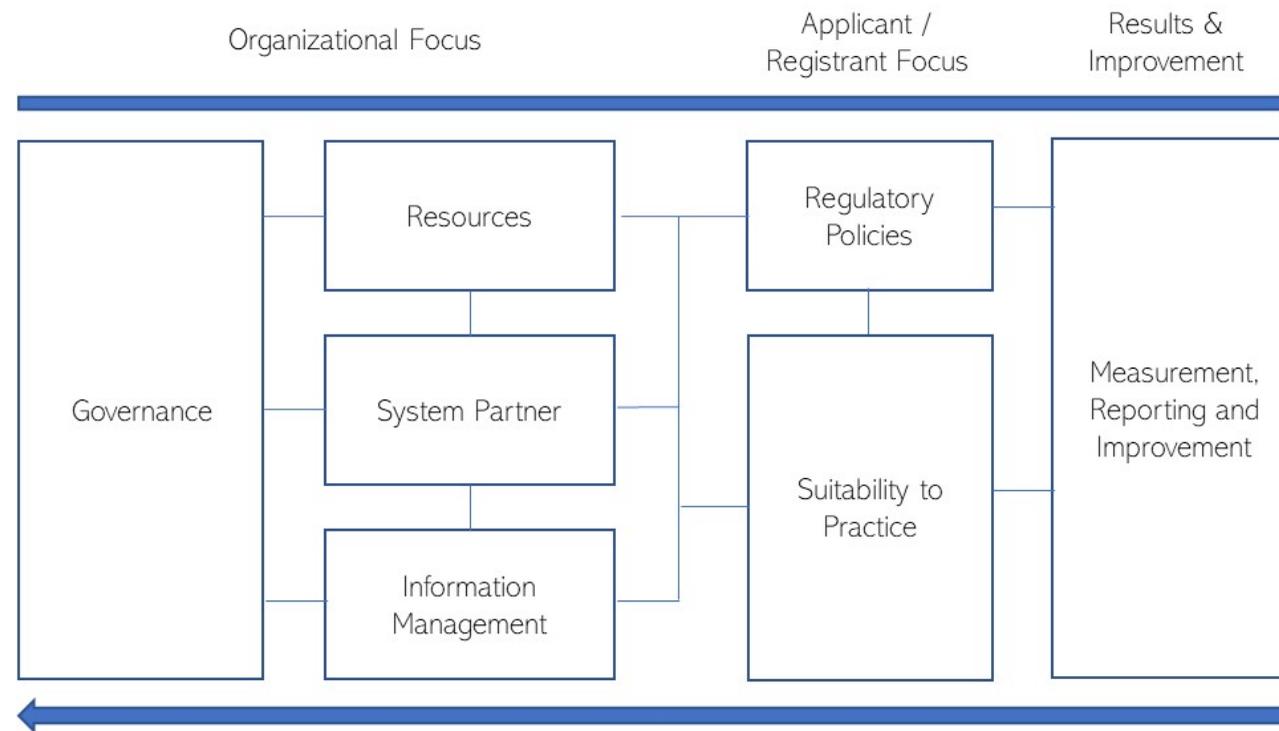
a) Components of the CPMF:

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

b) Measurement domains:

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

Figure 1: CPMF Model for measuring regulatory excellence



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

Table 1: Overview of what the Framework is measuring

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

c) Standards, Measures, Evidence, and Improvement:

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

Example:

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

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THE CPMF REPORTING TOOL

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

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

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

Furthermore,

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

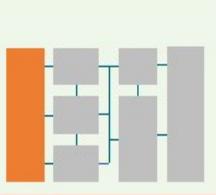
Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

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

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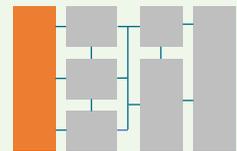
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

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

PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> Suitability criteria are set out in COO By-Laws , Article 6.3. <ul style="list-style-type: none"> • Duration of orientation training: 1-2 hours • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Online module with multiple choice test • Insert a link to website if training topics are public OR list orientation training topics: A copy of the College’s Jurisprudence Handbook can be found here . Professional members are required to review Chapter 4 of the handbook and complete an online multiple choice test.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>A competency framework was approved for appointed committee members in October 2019. A similar framework for professional board members is in development and is expected to be considered by the Board during the next reporting period. This is in line with the Board’s 2020-2022 strategic plan, which includes a goal of transforming its governance framework and organizational processes to increase efficiency and public trust.</p>												
		<p><i>Additional comments for clarification (optional):</i> Please note that references throughout this document to the “Board” or “Board of Directors” refer to the Council of the College of Opticians within the meaning of the <i>Regulated Health Professions Act, 1991</i>. The decision to change the name from council to board was made effective on February 26, 2020 as part of the college’s commitment to governance reform, as articulated in the 2020-2022 strategic plan.</p> <p>Once elected to the board, all professional members attend a comprehensive annual training session (5-6 hours) that is held before the first board meeting of the year. The session includes additional training on the College’s mandate and expectations, fiduciary duties and governance. All board members are also provided with a detailed orientation manual and governance manual.</p>												
	<p>b. Statutory Committee candidates have:</p> <p>i. met pre-defined competency / suitability criteria, and</p> <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> The competency / suitability criteria are public: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please insert link to where they can be found, if not please list criteria: https://collegeofopticians.ca/registrants/get-involved/appointed-members Duration of each Statutory Committee orientation training: <table border="1" data-bbox="1059 1003 1919 1333"> <thead> <tr> <th>Committee</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>Inquiries, Complaints and Reports Committee</td> <td>3 hours</td> </tr> <tr> <td>Discipline Committee</td> <td>1 day</td> </tr> <tr> <td>Registration Committee</td> <td>5 hours</td> </tr> <tr> <td>Quality Assurance Committee</td> <td>1.5 hours</td> </tr> <tr> <td>Patient Relations Committee</td> <td>15 minutes</td> </tr> </tbody> </table>	Committee	Duration	Inquiries, Complaints and Reports Committee	3 hours	Discipline Committee	1 day	Registration Committee	5 hours	Quality Assurance Committee	1.5 hours	Patient Relations Committee	15 minutes
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Quality Assurance Committee	Role and statutory mandate, confidentiality, the Quality Assurance Program, possible decisions, accreditation of continuing education activities						
Patient Relations Committee	Role and statutory mandate of the committee						
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Duration of orientation training: 5 hours • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): In person • Insert link to website if training topics are public OR list orientation training topics: Introduction to the college and team members, governing legislation, duties and mandate of the college, fiduciary duties of board members, confidentiality, conflict of interest, the profession of opticianry, self-regulation, professional stakeholders, strategic direction 					

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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? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Year when Framework was developed OR last updated: The framework for the board’s annual self-evaluation was most recently updated in 2020. Since 2019, board members have also completed a survey following each meeting to assess meeting effectiveness. • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: https://collegeofopticians.ca/sites/default/uploads/files/9_4%20Board%20Self%20Assess%20Final.pdf • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> • <i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</i> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i> Raw evaluation data is examined in strategic planning sessions to encourage open dialogue. The action plan resulting from the evaluation is made public and posted on the college website here.</p>
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, how often over the last five years? <insert number></i> • The Year of last third-party evaluation: <i><insert year></i> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>

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		<p><i>Additional comments for clarification (optional)</i></p> <p>The Board has engaged in an annual self-evaluation process since 2016. The College is exploring options for third party assessments of board effectiveness.</p> <p>c. Ongoing training provided to Council has been informed by:</p> <p>i. the outcome of relevant evaluation(s), and/or</p> <p>ii. the needs identified by Council members.</p> <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; COO Council Effectiveness Evaluation: 2020 Action Plan Insert a link to Council meeting materials where this information is found OR Describe briefly how this has been done for the training provided <u>over the last year</u>. <p>The board met in early 2020 to review the results of its annual self evaluation and develop an action plan. The 2020 action plan included enhanced board orientation training on the following topics: fairness, transparency, public protection, governance principles and monitoring reports. The board completed comprehensive orientation in February 2020, and a new board and appointed member orientation guide was developed which address the topics of fairness, transparency, public protection and governance. Board education on financial and governance monitoring reports was completed in September 2020.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
<p>Standard 2</p> <p>Council decisions are made in the public interest.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: <p>An updated Code of Conduct was approved by the board in February 2020. Appendix I to the Code of Conduct serves as the board’s Conflict of Interest policy.</p>

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<p>informed, and advance the public interest.</p>		<ul style="list-style-type: none"> Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: <p>The Code of Conduct (including Appendix I: Conflict of Interest) forms Schedule D to the COO By-Laws.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College enforces cooling off periods².</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input checked="" type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <input type="checkbox"/> <i><please specify></i> The year that the cooling off period policy was developed OR last evaluated/updated: 2020 How does the college define the cooling off period? The College defines the cooling off period as the provisions in the by-laws that require board or committee members to resign, at least three years prior to nomination for election or appointment to a committee, any position such as director, owner, board member, officer or employee they hold with a professional association relating to opticianry. <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; See Articles 6.3(h) and 12.2(a)(viii) of the COO by-laws <ul style="list-style-type: none"> insert a link to Council meeting where cooling of period has been discussed and decided upon; OR https://collegeofopticians.ca/sites/default/uploads/files/13_3%20Feb%2026%20Stakeholder%20feedback.pdf where not publicly available, please describe briefly cooling off policy:

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

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>The by-laws also articulate various other cooling off periods that apply to different circumstances that may give rise to an actual or perceived conflict of interest with the member’s role on the board or committee, including recent employment with the College (3 months), disqualification from the board (6 years), initiating, joining, continuing or materially contributing to a legal proceeding against the college or any committee or representative of the college (1 year), or reaching the nine year term limit for board members (3 years).</p>
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <p>i. the completed questionnaires are included as an appendix to each Council meeting package;</p> <p>ii. questionnaires include definitions of conflict of interest;</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated <p>The conflict of interest declaration that board members sign on an annual basis was last updated in 2020.</p> <ul style="list-style-type: none"> • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input checked="" type="checkbox"/> • Insert a link to most recent Council meeting materials that includes the questionnaire: N/A <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p>Currently, all board members are required to sign an annual acknowledgment of their fiduciary duties and responsibilities that includes an acknowledgment and undertaking to declare any conflicts of interest. The College is planning to develop a more detailed questionnaire going forward.</p>

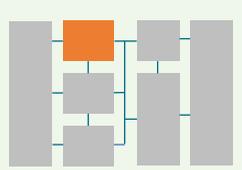
	<p>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</p>	<p><i>Additional comments for clarification (optional)</i> At the beginning of each meeting, board members must declare any conflicts of interest with respect to the agenda.</p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Describe how the College makes public interest rationale for Council decisions accessible for the public: All briefing notes include a section on public interest considerations. The purpose of this section is to prompt a discussion on the public interest rationale and/or implications of the decision that is being made by the board. The section also includes any recommendations by the relevant committee, where applicable. Insert a link to meeting materials that include an example of how the College references a public interest rationale: https://collegeofopticians.ca/sites/default/uploads/files/6_1%20Amendment%20to%20Contact%20Lens%20Fittings%20Policy.pdf <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i> The College is planning improvements to its minutes so they make it easier to identify the public interest rationale for the decision that was made.</p>
<p>Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.</p>		

Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted: https://collegeofopticians.ca/public/about-us/college-board/past-board-meetings <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i> Approved minutes from all board meetings are posted to the College’s website here. Including status updates on implementation of board decisions is a mid to long term project that is underway but will not be complete during the next reporting period.</p>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting;	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to webpage where Executive Committee minutes / meeting information are posted: Information about Executive Committee meetings is included in the Executive Committee Reports that are made to the board at each meeting. Board meeting materials are available on the website here. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

	<p>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	<p><i>Additional comments for clarification (optional)</i></p> <p>The College is exploring ways to enhance the transparency of information about Executive Committee meetings.</p>
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College’s latest strategic plan and/or strategic objectives: COO Strategic Plan 2020-2022 <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

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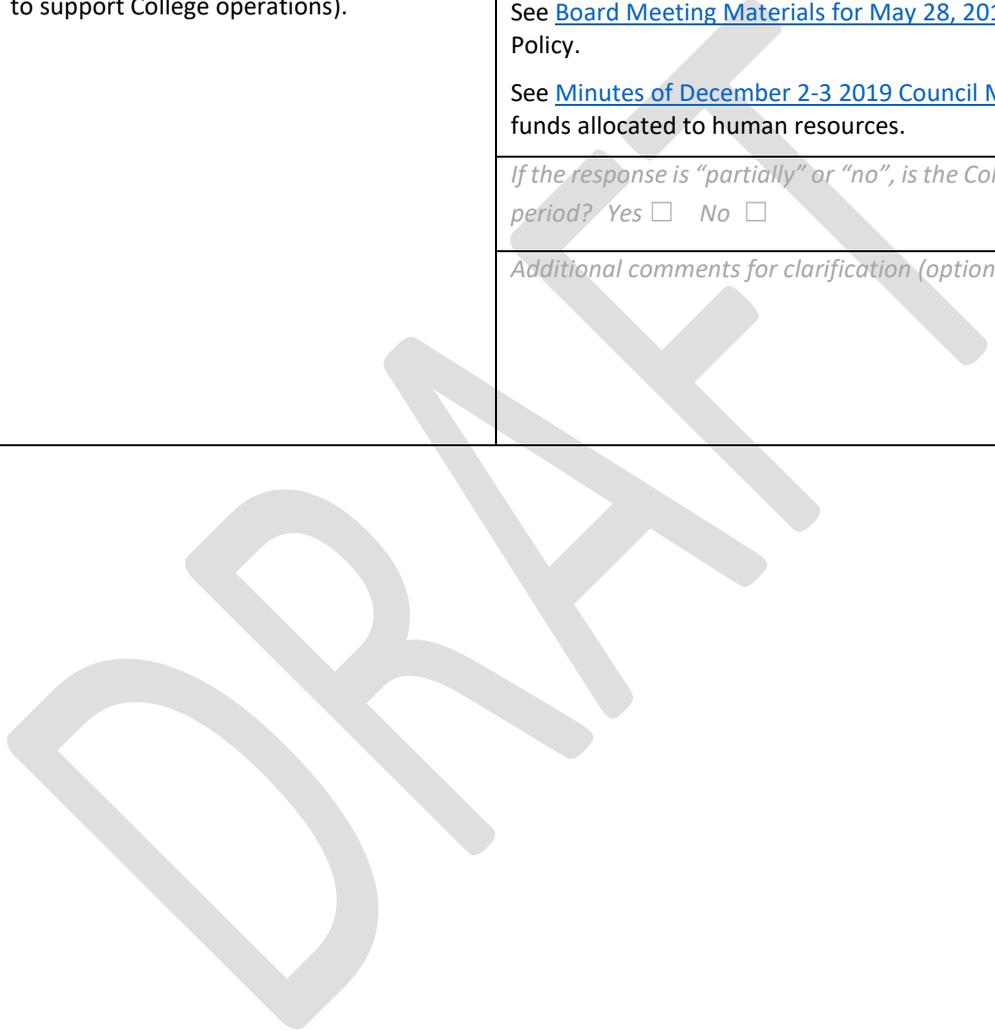
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: https://collegeofopticians.ca/sites/default/uploads/files/2021%20Budget%20BN.pdf
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>

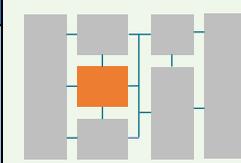
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	<p>each activity or program and the budget should be allocated accordingly.</p>	<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: Reserves Policy Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: May 28, 2018 Has the financial reserve policy been validated by a financial auditor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.

	<p>processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>See Board Meeting Materials for December 3, 2018 for a discussion about the Emergency Registrar, CEO Succession Policy.</p> <p>See Board Meeting Materials for May 28, 2018 for a discussion about the Human Resources and Relations Policy.</p> <p>See Minutes of December 2-3 2019 Council Meeting where the council approved the 2020 Budget, including funds allocated to human resources.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>		
		<p><i>Additional comments for clarification (optional)</i></p>



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DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>		

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<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> • Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> <p>Active engagement with other health regulatory colleges and system partners was central to the work carried out by the College in 2020. One of the primary strategic goals identified in the board of director’s 2020 – 2022 strategic plan is to transform the College’s governance framework to increase efficiency and public trust, and enhance the College’s effectiveness and trustworthiness through improved stakeholder awareness and engagement.</p> <p>Over the last several years, up to including the current reporting period, the College has worked to build relationships with key system partners in opticianry, eye health and vision care, and health systems and regulation. The following outlines the various strategies employed by the College during the current reporting period to engage with system partners and the results of those engagements.</p> <ol style="list-style-type: none"> 1) Opticianry System Partners: The College engages with system partners who carry out work that is related to the opticianry profession in order to gather information and collaborate on issues such as registration practices, professional competencies and standards, continuing education, professional trends and new technologies. Key system partners in this area include the Ontario Opticians Association (OOA), Opticians Association of Canada (OAC), the National Alliance of Canadian Optician Regulators (NACOR), opticianry educators, industry representatives, and registrants. In 2020, some of the ways the College engaged with opticianry system partners included: <ul style="list-style-type: none"> - Attending 4 meetings with national opticianry regulators: two regularly scheduled bi-annual NACOR meetings, and two meetings which were called by the college registrars on an urgent basis to coordinate responses to the COVID-19 pandemic. - Attending meetings of the Executive Committee of the national group of opticianry regulators, which meets every 6 weeks. - Keeping active and regular communication with the operators of large optical chains to ensure practice guidelines that were developed in response to the COVID-19 pandemic were practical, implementable, and understood. - Attending weekly meetings with Seneca College to plan and implement a modified examinations protocol that complied with public health regulations and guidelines. - Attending meetings of the National Examinations Committee. - Presenting to the Georgian College Advisory Committee.
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	<p><i>Details of key initiatives and how this engagement shaped outcomes</i></p> <p>Some of the key initiatives undertaken in 2020 as a result of this engagement included:</p> <ul style="list-style-type: none"> - COVID-19 Impact to Students/Interns: The College worked to ensure a regular feedback loop between itself, opticianry educators and NACOR to understand and address the challenges posed by the COVID-19 pandemic to educational programs, examinations and the application process for new registrants. Specifically, the College was able to gather information on the ways that the pandemic was impacting the ability for students to complete educational and non-exemptible registration requirements (including eyeglass and contact lens fits), graduation rates, co-op placements, and national examinations. The College worked with these partners to update policies on eyeglass and contact lens fittings, and review procedures for the national examination. - COVID-19 Impact to Registrants: The College also worked with various opticianry system partners to address the challenges posed to registrants by the COVID-19 pandemic. For example, when developing practice guidelines specific to the COVID-19 pandemic, the College consulted with the OOA, members of the optical industry, and other Canadian opticianry regulators to ensure understanding of the practice environment and potential challenges to the delivery of safe patient care. Following implementation of the Return to Practice Guidelines, the College invited all registrants to attend a webinar to review the guidelines, ensure comprehension, and answer questions. Registrants were also invited to complete a Return to Practice Readiness Survey to gauge their readiness to resume practice following the revisions to Directive #2 and to identify issues or challenges that were impeding their ability to resume practice in safe manner. - Enhancing Registration Requirements: The College consulted with opticianry educators on a proposal to introduce a requirement for new optician applicants to obtain a vulnerable sector check. - Delegation Standard of Practice and Practice Guidelines: In developing a new standard and guidelines relating to delegation, the College undertook extensive consultations with opticianry partners, including focus groups with experts in the optical industry, the opticianry association, and opticians, and circulating a draft for stakeholder feedback. <p><i>Specific changes that were implemented</i></p> <p>Some of the key changes that were implemented as a result of these engagements include:</p> <ul style="list-style-type: none"> - Revisions to the national examination and development of a safety protocol to permit the examinations to proceed during the COVID-19 pandemic. - Temporary amendments to the Contact Lens Fittings Policy and Contact Lens Mentor Policy to support students' and interns' ability to meet non-exemptible registration requirements during the COVID-19 pandemic. - Amendments to the College's policy to introduce a requirement for new applicants to obtain vulnerable sector checks. - Revisions to the COVID-19 Return to Practice Guidelines as a result of feedback received from registrants, optical industry members and the OOA about the practice environment, and development of an FAQ page to address registrants' COVID-19 related practice questions. - The final approved Delegation Standard and Practice Guidelines incorporated revisions that were recommended by the Clinical Practice Committee following their review of stakeholder feedback.
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	<p>2) Eye Health and Vision Care System Partners: It is increasingly common for opticians to work in shared practice environments with other vision care professionals, particularly optometrists. Accordingly, the College regularly engages with the College of Optometrists of Ontario and the Ontario Association of Optometrists to ensure that its regulation of the profession aligns with that of optometry. In some cases, the College also engages with system partners involved in ophthalmology.</p> <p><i>Details of key initiatives and how this engagement shaped outcomes</i></p> <p>Some of the key initiatives undertaken in 2020 as a result of this engagement included:</p> <ul style="list-style-type: none"> - COVID-19 Guidelines: Both this College and the College of Optometrists developed practice guidelines for our registrants in response to the COVID-19 pandemic. Consultation between the Colleges ensured alignment and consistency between the respective guidelines, which is of particular importance for opticians and optometrists working in shared practice environments. - Delegation Standard of Practice and Practice Guidelines: College engaged with the College of Optometrists and the Ontario Association of Optometrists in the process of developing a new standard and guidelines relating to delegation. The primary purpose of the engagement was to ensure alignment between the standards of the two professions, and that the new standard and guidelines accounted for the realities of shared practice environments, in particular with respect to pre-testing and refraction. <p><i>Specific changes that were implemented</i></p> <p>Some of the key changes that were implemented as a result of these engagements include:</p> <ul style="list-style-type: none"> - Revisions were made to the COVID-19 Return to Practice Guidelines to align them with guidelines issued by the College of Optometrists on contact lens fittings - The final approved Delegation Standard and Practice Guidelines incorporated revisions that were recommended by the Clinical Practice Committee following their review of feedback received from the College of Optometrists, in particular around refraction. <p>3) Health Systems and Regulation System Partners: The College regularly engages with health and regulatory system partners, including other regulatory colleges via the Health Profession Regulators of Ontario (HPRO), members of the Canadian Network of Agencies of Regulation (CNAR), and the Ontario Ministry of Health to ensure that it is apprised of trends in regulation, governance, investigations and discipline, and regulatory oversight. In 2020, some of the ways that the College engaged with these system partners included attendance at regular HPRO board meetings, registrars’ meetings and working groups relating to general regulatory matters, data and procurement, attendance by senior staff and the board chair at the annual CNAR conference, and engagement of a government relations consultant to engage with the Ministry of Health on ongoing regulatory matters.</p> <p><i>Details of key initiatives and how this engagement shaped outcomes</i></p> <p>Some of the key initiatives undertaken in 2020 as a result of this engagement included:</p>
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	<ul style="list-style-type: none"> - HPRO Collaboration and Information Sharing: The College shares and gathers information around regulatory excellence with regulatory colleagues as part of the HPRO network on areas such as governance reform, the complaints process and information sharing. Some of the key initiatives in this area included, but were not limited to: a presentation by the College of Nurses of Ontario presented to the College’s board about their regulatory governance overhaul journey, and collaboration with the College of Optometrists on issues relating to the complaints process. - Regulatory Operational Collaborative Projects: The College is involved in two operational collaboration projects with a number of other regulatory partners around procurement and shared data collection and methodology. These two projects are meant to surmount some of the challenges that smaller colleges may experience around resources and information sharing. The procurement project will focus on developing a framework for Colleges to achieve economies of scale as they acquire goods and services needed to carry out operational functions. The data project aims to create synergies around the consistent collection, analysis, reporting and use of data. - CNAR Plenary Session: The College collaborated with the College of Optometrists of Ontario and the Royal College of Dental Surgeons of Ontario to delivery a plenary session at the 2020 CNAR Conference on modernizing practice standards in response to disruptive technologies. - Integration Readiness Study: The College has engaged Ernst and Young in an exploratory study to provide an assessment on the College’s readiness to collaborate with one or more other regulatory Colleges and to identify potential domains where collaboration would add value and/or efficiencies to each organization, the public, respective registrant bases and other stakeholders. <p><i>Specific changes that were implemented</i></p> <p>Some of the key changes that were implemented as a result of these engagements include:</p> <ul style="list-style-type: none"> - Engagement with the College of Nurses of Ontario and other HPRO members on governance excellence facilitated the implementation of various governance reforms at the College, including the introduction of a pre-election training module for professional board members, enhancements to the executive committee election process, and implementing by-law amendments that will permit the board to appoint non-opticians to committees as appointed committee members. - The College worked with the College of Optometry on developing a post-complaint survey for registrants and patients to gather information and improve the process. - The College’s integration readiness study resulted in engagement with two other regulatory colleges on identifying potential domains for collaboration.
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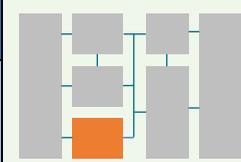
	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> <p>The College regularly interacts with the following partners to inform its understanding of changing public/societal expectations:</p> <ol style="list-style-type: none"> 1) Patients/Public: The College employs a variety of methods to interact with patients and members of the public, including as follows: <ul style="list-style-type: none"> - Citizens Advisory Group (CAG): In 2020, the College engaged the CAG to provide feedback on proposed changes to various standards of practice sections (Return to Practice and Delegation) as well as changes made to the College’s website. - Website Improvements, Feedback Survey, and Search Engine Optimization: The College launched an improved website in 2020 which focused on improving navigation and content, and ensuring that patient facing processes like the public register and the complaints process were a central focus on the landing page. To ensure the website met the goals set out, the College launched a website pop-up survey to gather feedback from 	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> <p>Examples of timely College responses to changing public expectations include:</p> <ol style="list-style-type: none"> 1) COVID-19 Guidelines: As a result of the COVID-19 pandemic, there was an urgent need for the College to develop practice guidelines that would ensure the safe delivery of opticianry services in accordance with existing standards on infection control, as well as new and regularly changing public health regulations and measures. The College was able to leverage its established relationships with other regulatory bodies, professional associations, and registrants to ensure that it was receiving information about the impact of the pandemic on the practice environment. While initial versions of the COVID-19 Emergency Practice Guidelines and COVID-19 Return to Practice Guidelines were expedited without stakeholder circulation in order to respond to the urgent circumstances, the College subsequently engaged in various measures to assess whether the guidelines met patient and public expectations, including monitoring complaint inquiries and requests for practice advice, and
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	<p>patients and other website users. An accessibility scan of the website and policy documents was also conducted to determine how to improve accessibility for patients and other website users with accommodation requirements. In addition, the College is working to translate key documents and materials into French to ensure broader access to French-speaking registrants and members of the public. The College also launched a search engine optimization project from September to December 2020 to encourage greater traffic to our public register, complaints and public facing website section. From April, when the College’s updated website launched, to December, the College received 21,401 unique page views on the College’s website.</p> <ul style="list-style-type: none"> - Public Facing Communications Strategy and Blog Posts: The College’s social media strategy regularly includes content directed at and intended to engage patients and opticians in College updates and information about public safety. Social media posts often include a call to action and link back to our website for additional information. The College has also published a number of blog posts in 2020 to engage patients (topics include joining the CAG and patient rights regarding their personal health information). - Monitoring Internal Data Sources: The College monitors trends and themes in practice advice calls from both the public and opticians, along with patient complaints, and uses this information to inform college communications and social media posts, along with College presentations to opticians at continuing education seminars. - Reviewing News and Media Reports: The College regularly reviews news and media reports that relate to patient experiences and expectations, including around service standards, new technologies, and diversity, equity and inclusion issues. <p>In addition, the College is working toward building greater capacity for engagement with patients and the public. In particular, in 2020 the College engaged a third-party polling consultant and will be leveraging this resource to obtain additional information on patient experiences and</p>	<p>engaging registrants in a survey on their return to practice readiness. In addition, the College was able to leverage feedback that was collected in 2019 from patient groups such as the CAG with respect to remote services in order to inform the new guidelines.</p> <p>2) Essential Service Provider List: In April 2020, while Directive #2 was in place requiring opticians to restrict their practice to essential services , the College created an Essential Service Provider List on the website to assist patients in locating opticians who were available to provide essential services such as critical repairs and replacement eyeglasses and contact lens refills. This resource was created as a result of patient queries on accessing eyecare during shutdown. As noted above, various website improvements were implemented during the reporting period to increase website accessibility, as well as the engagement of a search engine optimization consultant to increase public traffic to the College’s website.</p> <p>3) Continuing Education Accreditation Revisions: In late 2019, the College was contacted by the media regarding blue light blocking lenses being dispensed to patients in light of inconclusive risk of harm data on patient eye health around blue light from digital screens. The College’s standards of practice require that opticians only provide services they know or believe to appropriately meet the needs of their patients. As a result of this query, in 2020, focus was placed on communications to registrants around their obligations in this area and the College’s continuing education (CE) accreditation policy was enhanced, which introduced additional requirements for CE providers around ensuring that CE content is evidence based and objective and does not endorse specific products or brands. The policy ensures that opticians receive high quality CE in order to provide safe, effective, evidence and risk-based care to the public. Registrants were also informed, through a series of continuing education seminars, about the importance of clear communication and the reliance on evidence based sources of information as they provide patient care.</p>
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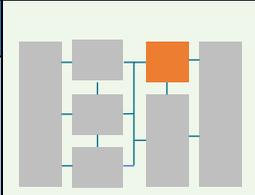
	<p>expectations. The College is also in the process of establishing contacts with various community groups so that it can assess the degree to which the needs of various communities, and in particular marginalized groups, are being met.</p> <p>2) Registrants: The College considers registrants to be a valuable resource for information on changing patient/societal expectations, in particular through their day-to-day experience of working and interacting with patients in the course of their practice. The College leverages this relationship in a variety of ways, including through targeted surveys when changes are being proposed to standards of practice or by-laws, and by monitoring practice advice trends. The College also regularly delivers continuing education presentations at industry events, where it has the opportunity to interact with registrants and hear about their practice experiences.</p> <p>3) Professional Associations: Professional associations provide another avenue for valuable information on changing patient and societal expectations. The College holds focus groups and/or consultations with the Ontario Opticians Association when proposing revisions to standards or policies in order to ensure that it considers all relevant information before finalizing changes.</p> <p>4) Other Regulatory Bodies: The College continues to leverage its relationship with other regulatory bodies, in Ontario and across Canada through its participating in Health Profession Regulators of Ontario and the National Alliance of Canadian Optician Regulators to keep apprised of changing patient and societal expectations. Senior staff and the board chair also attend the annual CNAR conference to remain apprised of recent regulatory trends. In addition, in 2020 the College engaged a government relations consultant to stay informed of trends in the regulatory environment.</p>	<p>4) Diversity, Equity and Inclusion Initiatives: The College and its board recognize that in order to carry out its public protection mandate, it needs to be responsive to the needs of Ontario’s diverse population. Accordingly, the College undertook a number of initiatives relating to diversity, equity and inclusion (DEI) in 2020. Board DEI training began in February 2020, and to date the board has participated in three half-day sessions, with a fourth session scheduled for December 2020. Additional training in cultural safety and humility, and indigenous sensitivity are scheduled for early 2021. The board is also revised its organizational values to incorporate a stated commitment to DEI. In February 2020, the board approved amendments to its Code of Conduct (Schedule D to the College’s by-laws) which now includes a section relating to diversity and cultural humility. The College recently engaged in an audit of its documents and policies to ensure that they are aligned with the board’s commitment to serving a diverse public. All College staff have also engaged in DEI training, and a staff DEI officer has been appointed who works internally to ensure that a DEI lens is maintained on all College policies and processes and to continuously scan the environment for best practices and initiatives. In addition, the Patient Relations Committee is in the process of developing a DEI jurisprudence module for registrants that is expected to be rolled out in early 2021.</p>
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DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8		
Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to policies and processes OR provide brief description of the respective policies and processes. <p>Privacy Code College of Opticians of Ontario Email and Website Privacy Policy Article 7.3 of the COO By-Laws (Duty of Confidentiality) Schedule C to the COO By-Laws (Rules of Order of the Board of Directors and its Committees) Schedule D (including Appendix II) to the COO By-Laws (Code of Conduct for Directors and Committee Members)</p> <p>In addition to these policies, the College underwent a security audit in 2019 to review its processes and policies with respect to safeguarding confidential information. As a result of this audit, updates were made to the following processes:</p> <ul style="list-style-type: none"> Providing all board and committee members with college-issued email addresses Implementing multifactor authentication for all college accounts Ensuring the secure destruction of any credit card information on file Introducing new automated payment processes so that it would no longer be necessary to collect credit card information Issuing laptops/tablets to peer assessors Providing training to board members on cyber security <p>Other processes:</p> <ul style="list-style-type: none"> All board and committee members sign a confidentiality agreement on an annual basis

		<ul style="list-style-type: none"> All college staff and contractors are required to sign a confidentiality agreement prior to beginning their work
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

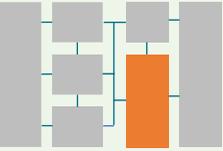
DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <p>The college regularly monitors changing practice environments and technology through environmental scans and consultations with stakeholders and system partners, including but not limited to: opticianry regulators across Canada, opticianry educators, Health Professions Regulators of Ontario, the College of Optometrists of Ontario, opticianry associations and industry stakeholders.</p> <p>Standards of Practice and Practice Guidelines are reviewed every five years, or more frequently as required (see page 4: Review Frequency).</p>



		<p>Other policies relating to registrant practice are updated on an as-needed basis, having regard to changes in the standards, guidelines, legislation, practice environment and/or technology.</p> <p>In 2020, the following documents were developed and/or updated in response to the COVID-19 pandemic and/or to respond to other changes in the practice environment:</p> <ul style="list-style-type: none"> • COVID-19 Emergency Practice Guidelines • COVID-19 Return to Practice Guidelines • Standards of Practice and Practice Guidelines (Standard 10: Delegation) • Contact Lens Mentor Policy • Contact Lens Fitting Policy • Student/Intern Supervision Policy <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none"> i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. <ol style="list-style-type: none"> 1. COVID-19 Emergency Guidelines and Return to Practice Guidelines: In developing these guidelines, the Clinical Practice Committee reviewed information and publications released by the Ministry of Health, Ontario Public Health, Health Canada and other public health authorities regarding use personal protective equipment, cleaning and disinfection protocols, physical distancing measures, and the risk posted to patients and the public by the COVID-19 virus. The college furthermore engaged in consultations with the College of Optometrists to ensure alignment of guidelines in shared practice environments. The guidelines have been continually updated as new information became available and based on information and feedback received from opticians and other industry stakeholders on the impact of the COVID-19 pandemic on the practice environment, including with respect to delivery of essential/emergency care, contact lens fittings, and remote practice options. Due to the urgency of the situation, the guidelines were not circulated for stakeholder feedback prior

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		<p>to their initial publication. Registrants were, however, invited to complete a Return to Practice Survey shortly after initial publication and responses were used to inform updates to the guidelines.</p> <p>2. Delegation Standard of Practice and Practice Guidelines: Prior to developing this new standard, the college conducted an environmental scan of other health regulatory colleges with respect to delegation practices, standards and guidelines, as well as a review of changes to the practice environment since the existing Delegation Policy was first implemented in 2004, including the proliferation of collaborative practice environments that include both opticians and optometrists. A draft of the standard and practice guidelines was shared with various stakeholders for consultation and feedback, including the College of Optometrists of Ontario, the Citizens Advisory Group, and the Ontario Opticians Association. In addition, registrants and members of the public were invited to complete a survey to provide feedback on the proposed draft. This feedback was reviewed and considered by the board at its December 7, 2020 meeting.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p>The college is planning to make risk assessment more central to the development of standards, guidelines and policies.</p>
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DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10 The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that

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	<p>registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)³.</p>	<p>are carried out:</p> <p>All documentation received as part of the application package is assessed against the criteria set out in the College's Registration Regulation: https://www.ontario.ca/laws/regulation/930869</p> <ul style="list-style-type: none"> • Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): <p>Specific processes relating to registration are set out in the College's Registration Policies: https://collegeofopticians.ca/applicants/registration-policies</p> <p>The College employs a multi-tiered system of document screening and assessment to ensure accuracy and impartiality of registration decisions. Documentation received undergoes initial screening for accuracy and completeness by the Registration Coordinator. Documentation is further assessed against the criteria set out in the Registration Regulation and the applicable Registration Policies by the Registration Coordinator and Senior Registration Coordinator. To ensure authenticity of submitted documents, the College requires notarization of original documentation. Additionally, the College requires that letters of standing be sent directly from the issuing authority. The College reserves the right to contact the applicant's educational institution, licensing body or supervisor directly in order to validate the information provided by the applicant. Registration is granted upon review by the Registration Manager. If necessary, clarification and legal advice is sought from the College's legal counsel. Any applications that do not appear to meet registration criteria are referred by the Registrar to the Registration Committee.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. <p>There are a number of policies in place that pertain to how the college assesses whether applicants meet various registration requirements. These policies are reviewed on an as-needed basis to ensure they continue to apply best practices with respect to assessing applicant qualifications.</p> <ul style="list-style-type: none"> Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The criteria for assessing contact lens and eyeglass fittings, as set out in the Contact Lens Fitting Policy, were last reviewed and updated on October 5, 2020.</p> <ul style="list-style-type: none"> <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i> <p><i>Additional comments for clarification (optional)</i> The College plans to develop a schedule for regular review of registration policies.</p>
<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency³⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: <p>Currency requirements for reinstatement applications are set out in the Reinstatement Policy, which applies the criteria set out in the Registration Regulation under the Opticianry Act, 1991.</p>

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

	<ul style="list-style-type: none"> List the experts / stakeholders who were consulted on currency: The College is currently seeking amendments to the Registration Regulation under the Opticianry Act, 1991 that pertain to currency and other ongoing requirements. The proposed amendments were submitted to the Ministry of Health in June 2017 following extensive consultation with registrants, opticianry associations, educators and industry stakeholders. Identify the date when currency requirements were last reviewed and updated: The Reinstatement Policy was last updated on September 29, 2014. Proposed amendments to the Registration Regulation were last reviewed by the board on January 30, 2017, following which the proposed amendments were submitted to the Ministry of Health for approval. Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. Ongoing conduct requirements: The College relies on self-declaration in determining whether an applicant/registrant meets ongoing requirements related to conduct and character. Applicants to the college must answer conduct related questions during the application process. Registrants are required to make self-reports to the college at annual renewal (via conduct questions) and throughout the year in the event of a change of information. On May 11, 2020, the board approved a new policy requiring all applicants for a certificate of registration as a registered optician to submit a Vulnerable Sector Check report as part of their application to the College, effective January 1, 2021 (see Vulnerable Sector Check policy). Currency requirements: Per the Reinstatement Policy, registrants seeking reinstatement following a period of suspension greater than three years must submit evidence to the college that they demonstrate appropriate knowledge, skill and judgment through opticianry related activities and education. This evidence is evaluated by the Registration Committee, and the committee may require a registrant to undergo a competency-based assessment, examinations or quality assurance program activities prior to reinstatement. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>
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		<p><i>Additional comments for clarification (optional)</i></p> <p>Currency requirements for registered opticians are set out in the Registration Regulation under the Opticianry Act, 1991. The current regulation limit's the college's ability to establish currency requirements for registrants. Amendments are being sought to the regulation, which were submitted for approval in June 2017.</p> <p>The college is in the process of developing a policy to address currency requirements, pending approval of the proposed amendments to the Registration Regulation. The policy is expected to be finalized in 2021.</p>
<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: https://www.fairnesscommissioner.com/en/Professions_and_Trades/Pages/Registration-Practices-Assessment-Report-2016---COO.aspx • Where an action plan was issued, is it: Completed <input checked="" type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

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Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
<p>11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard: Return to Practice Guidelines – Duration of period that support was provided: From implementation (May 2020) to present – Activities undertaken to support registrants Webinar held on May 15, 2020, FAQ page, practice advice, eblasts, presentations at continuing education events and social media posts – % of registrants reached/participated by each activity 30% of registrants attended the Return to Practice Guidelines Webinar (898 attendees). 25% of registrants attended the College update at the Ontario Opticians Association Specialty Symposium in the fall where the College Chair and Registrar were guest speakers. (750 attendees). 5% of registrants attended the College’s presentation at the Academy of Ophthalmic Education Fall Seminnar on November 15, 2020 (161 attendees). Eblasts relating to the guidelines were sent on May 5, 2020 and May 11, 2020 which showed an open rate of 32% and 27%, respectively.

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		<p>– Evaluation conducted on effectiveness of support provided</p> <p>A Return to Practice Readiness survey was circulated to registrants on May 28, 2020.</p> <ul style="list-style-type: none"> Does the College always provide this level of support: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If not, please provide a brief explanation:</i></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> 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; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: https://collegeofopticians.ca/registrants/registered-opticians/quality-assurance-program Is the process taken above for identifying priority areas codified in a policy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy</i> Peer Assessment Selection Criteria Policy Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: The College does a random stratified selection of 20% of registrants annually to participate in the Competency Review and Evaluation process. Half of those selected are required to submit their previous

	<p>activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>years Professional Portfolio for review and half are required to submit their previous years professional portfolio and participate in the Multi-Source Feedback process.</p> <p>The Quality Assurance Committee underwent training in 2019 on distinguishing between practice concerns and potential governability concerns and the different paths to use for each when reviewing elements of the Competency Review and Evaluation process. The committee is focused on identifying risk and addressing that risk in a way best suited to the circumstance.</p> <ul style="list-style-type: none"> • Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Yes <input type="checkbox"/> No <input type="checkbox"/> - <i>Employers</i> Yes <input type="checkbox"/> No <input type="checkbox"/> - <i>Registrants</i> Yes <input type="checkbox"/> No <input type="checkbox"/> - <i>other stakeholders</i> Yes <input type="checkbox"/> No <input type="checkbox"/> • Insert link to document that outlines criteria to inform remediation activities OR list criteria: The following criteria are used to inform what steps will be taken in the event that a registrant submits a deficient professional portfolio: <ul style="list-style-type: none"> -Seriousness of the deficiency (minor, 1-2 of the required accredited continuing education hours missing, serious 4 or more of the required accredited continuing education hours missing) -Explanation (if any) provided by the registrant -Previous history (if any) The following criteria are used to inform remediation activities following a peer and practice assessment: <ul style="list-style-type: none"> - Competencies identified as deficient by multi-source feedback process (where applicable) - Competencies identified as deficient by peer and practice assessment report - Seriousness of the concerns - Whether the concerns identified are likely to have a direct impact on patient care, safety or the public interest if not addressed - Whether any mitigating or aggravating factors were present
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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? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i> The College is in the process of developing an online portal for registrants to report their annual professional portfolio requirements. Beginning in 2020, registrants were required to report all continuing education activities via the portal. Effective 2021, registrants will be required to report their full professional portfolio to the portal. This will permit the college to apply a more targeted approach to identifying registrants who may require further assessment. In addition, the Peer and Practice Assessment tool was updated in 2020 to facilitate remote assessments.</p>
<p>11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: Remediation activities are monitored by staff. • Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: Registrants will be considered to have successfully completed the remediation activity where they: <ul style="list-style-type: none"> - Produce a certificate of completion, where applicable - Submit the required information to the college (e.g. confirmation of review of material, reflective paper, etc.) and the information has been reviewed and assess by staff and/or the committee <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

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Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: https://collegeofopticians.ca/public/complaints-and-conduct/understanding-the-complaints-process https://collegeofopticians.ca/public/complaints-and-conduct/complaints-faq https://collegeofopticians.ca/public/funding-for-therapy All complainants also receive an acknowledgment and information sheet that explain the investigations process and possible ICRC outcomes. Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Does the College evaluate whether the information provided is clear and useful: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>) <p>In 2020, 93 inquiries were received and the College’s response rate was 0.7.</p>

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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? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> • List all the support available for public during complaints process: <ul style="list-style-type: none"> • Responding to email and phone inquiries about the complaints process • Helping members of the public identify an optician for the purpose of making a complaint • Helping complainants to record or transcribe their complaint if they were unable to write their complaint • Engaging translators • Providing status updates • Making adjustments to the ways that documents or information are communicated in order to accommodate a complainant’s needs or preferences <p>College staff are available to answer questions about the complaints process, assist complainants in identifying an optician, assist complainants in recording their complaint where necessary, provide status updates, record concerns about the complaints process.</p> <ul style="list-style-type: none"> • Most frequently provided supports in CY 2020: <ul style="list-style-type: none"> • Responding to email and phone inquiries about the complaints process • Providing status updates on complaint files • Helping members of the public identify an optician for the purpose of making a complaint <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

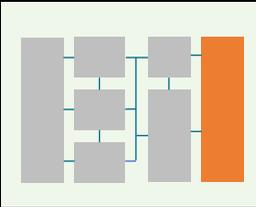
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<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <p>Complainants and respondents are provided with any new relevant information that is received by the college during the complaints investigation process and invited to make submissions. If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time. The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of.</p> <p>Complainants are notified by the college if allegations of professional misconduct arising out of their complaint were referred to the Discipline Committee. Complainants subsequently receive updates from the prosecutor representing the college in the discipline matter, either directly or through their legal counsel or representative.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: Panels of the ICRC use a risk assessment tool when reviewing all complaint matters. Provide the year when it was implemented OR evaluated/updated (if applicable): 2020
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> While the risk assessment/triage protocol for assessing complaints and reports at intake is not formally documented, every complaint and report is reviewed by the manager within one business day to assess risk, determine whether any urgent action is required (e.g. appointment of an investigator) and otherwise prioritize the matter for investigation.

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Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to policy OR describe briefly the policy: Information is sought and/or shared with other colleges or other relevant system partners on a case by case basis. Legal counsel is consulted prior to disclosing any confidential information with another college or system partner. Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). In 2020, information was shared by the College in the following circumstances: <ul style="list-style-type: none"> with another health regulatory college where information received by the college identified concerns about a registrant of the other health regulatory college with another health regulatory college when a complaint was submitted to this college in error
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i> The College plans to develop a policy outlining criteria for disclosure in the next reporting period.
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: <p>February 2020 Strategic Plan Monitoring Report October 2020 Strategic Plan Monitoring Report</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i> Currently, KPIs are monitored and reported on to the board twice per calendar year together with targets, evidence, results, and action items/challenges identified. New KPIs are established each year as needed. KPIs are organized according to each strategy identified in the strategic plan so that its rationale is clearly identified.</p>
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes: <p>February 26, 2020 Meeting Strategic Outcomes Policy Monitoring Report Full Public Meeting Package Approved Meeting Minutes – February 26, 2020</p>

		<p>October 5, 2020 Meeting Strategic Outcomes Policy Monitoring Report Full Public Meeting Package Approved Meeting Minutes – October 5, 2020</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>The College began implementing KPIs in 2020 and is still in the process of gathering data.</p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to College’s dashboard or relevant section of the College’s website: This information is included in board meeting packages which are available on the college website here. Specific documents relating to strategic objectives performance results include the following: February 2020 Strategic Plan Monitoring Report October 2020 Strategic Plan Monitoring Report <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

PART 2: CONTEXT MEASURES

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

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

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

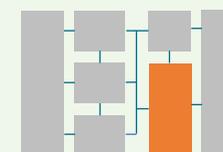
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document,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

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DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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



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

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

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

Type of QA/QI activity or assessment	#
i. Completion of Professional Portfolio	2990
ii. Competency Review and Evaluation - Multi-Source Feedback Process	296
iii. Competency Review and Evaluation – Professional Portfolio	706
iv. Peer and Practice Assessment	20
v.	
vi.	
vii.	
viii.	
ix.	

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).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.

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

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

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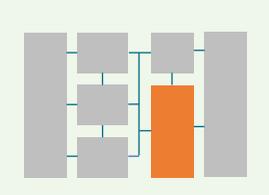
Completion of Professional Portfolio: All registrants of the college must complete a Professional Portfolio on an annual basis as part of the QA program. Accordingly, all registrants underwent at least one QA activity during the reporting period. The annual portfolio consists of a self-assessment and a requirement to complete at least 16 continuing education hours. In addition, every three years, the portfolio also requires completion of a jurisprudence module on sexual abuse and prevention. Beginning in 2020, all registrants were required to report at least 8 accredited continuing education hours to their online registrant portal. Beginning in 2021, registrants will be required to report all components of the professional portfolio to the registrant portal annually.

Multi-Source Feedback Process: The Multi-Source Feedback process was suspended on March 20, 2020 due to COVID-19. The figure above represents all registrants who were engaged in the MSF process at any point in 2020, including where the process carried over from 2019, registrants who received notice to complete the MSF in 2020, and registrants who completed the process prior to its suspension. Of the registrants randomly selected to take part in the process as part of the 2020 Competency Review and Evaluation process, 29 completed it prior to the suspension.

Competency Review and Evaluation: The College uses the Competency Review and Evaluation (CRE) process to audit compliance with professional portfolio and multi-source feedback requirements. 20% of registrants are randomly selected to participate in the CRE annually. In addition, registrants may be directed by the Quality Assurance Committee to participate in the CRE as a result of deficiencies identified in a prior year or where a deferral had previously been granted.

Peer and Practice Assessment: Peer and Practice Assessments were suspended on March 20, 2020 due to COVID-19. Remote tools were developed and approved by the Quality Assurance Committee on September 29, 2020. Peer Assessors underwent additional training on conducting remote assessments. Registrants were provided with notice that assessments would be conducted remotely and of their requirement to complete 2 exercises prior to the assessment being scheduled. Assessments resumed remotely in January 2021.

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DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care			
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	2990	100	<p><i>What does this information tell us?</i> If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.</p> <p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</p>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	7	NR	
All registrants of the college must complete a Professional Portfolio on an annual basis as part of the QA program. Accordingly, all registrants underwent at least one QA activity during the reporting period. The annual portfolio consists of a self-assessment and a requirement to complete at least 16 continuing education hours. In addition, every three years, the portfolio also requires completion of a jurisprudence module on sexual abuse and prevention.			
Currently, the college uses the Competency Review and Evaluation Process (CRE) to randomly audit 20% of registrants for compliance with the professional portfolio (as well as any other registrants who were directed to participate in the CRE by the Quality Assurance Committee). Beginning in 2020, all registrants were required to report at least 8 accredited continuing education hours to their online registrant portal. Beginning in 2021, registrants will be required to report all components of the professional portfolio to the registrant portal annually. This will permit the college to apply a more targeted approach to identifying registrants who may require further assessment.			
The Quality Assurance Committee reviewed 9 Peer and Practice Assessment reports and required 7 registrants to undertake remediation as a result.			

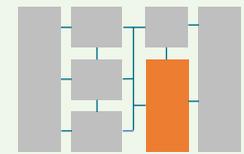
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* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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



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

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

Context Measure (CM)	#	%	
CM 4. Outcome of remedial activities in CY 2020*:			What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	8	89%	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	

No registrants were found to not demonstrate required knowledge, skills and judgment following remediation. One remediation activity remains in progress.

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

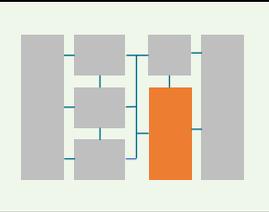
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

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DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

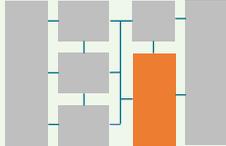
Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†	
	#	%	#	%
Themes:				
I. Advertising	0	0	0	0
II. Billing and Fees	0	0	0	0
III. Communication	15	79	NR	NR
IV. Competence / Patient Care	8	42	0	0
V. Fraud	NR	NR	0	0
VI. Professional Conduct & Behaviour	14	74	NR	NR
VII. Record keeping	NR	NR	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	NR	NR	NR	NR
IX. Unauthorized Practice	NR	NR	NR	NR
X. Other <please specify>	0	0	NR	NR
Total number of formal complaints and Registrar’s Investigations**	19		6	

***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.*

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<p>* 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 inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>The figures indicated in the row marked “Total number of formal complaints and Registrar’s Investigations” represent the total number of unique complaint/Registrar’s Investigation matters. Some matters included multiple themes.</p>	

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology <i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	32	
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	5	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020	5	

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CM 9. Of the formal complaints* received in CY 2020**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed** of by ICRC	NR	NR
IV. Formal complaints that proceeded to ICRC and are still pending	6	77
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0
<p>** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>† ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Δ The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p># May relate to Registrars Investigations that were brought to ICRC in the previous year.</p> <p>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</p> <p>φ Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>CM9III: The ICRC disposed of a total of 29 formal complaint and 3 Registrar’s Investigations during the reporting period (including matters that were received prior to 2020).</p> <p>CM9IV: The figure reported represents matters that were brought forward for review by a panel of the ICRC in 2020 on at least one occasions and that remain pending. An additional 11 matters are currently undergoing investigation and have not yet been reviewed by a panel of the ICRC.</p>		

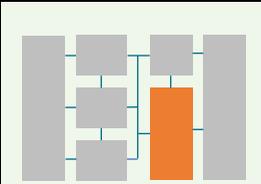
What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s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

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DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020	13						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	NR	0	0	0	0	0
III. Communication	0	NR	0	0	0	0	0
IV. Competence / Patient Care	NR	NR	0	0	0	0	0
V. Fraud	0	NR	NR	NR	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	0	0	0
VII. Record keeping	0	NR	0	0	0	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0	0	0	0
IX. Unauthorized Practice	0	0	0	0	0	0	0
X. Other <please specify>	0	0	0	0	0	NR	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 2020.

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

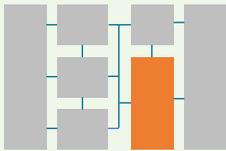
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++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

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

Additional comments for clarification (if needed)

Some matters had multiple dispositions (e.g. both an oral caution and a specified continuing education and remediation program).

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	<p>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.</p> <p>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</p>
I. A formal complaint in working days in CY 2020	193	
II. A Registrar’s investigation in working days in CY 2020	277	
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		

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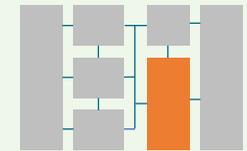
Additional comments for clarification (if needed)

Only 1 Registrar’s investigation was disposed of in 2020 and accordingly the figure represents the actual value and not a percentile.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)

CM 12. 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. *

I. An uncontested^ discipline hearing in working days in CY 2020

N/A

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.

II. A contested# discipline hearing in working days in CY 2020

N/A

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

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

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

Additional comments for clarification (if needed)

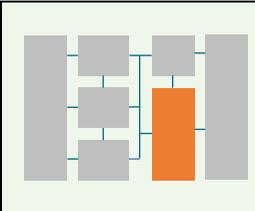
There were no discipline matters disposed of in 2020. Two discipline matters were pending in 2020, however the matters were not disposed of until January 2021.

DRAFT – FOR DISCUSSION PURPOSES ONLY

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

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

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

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

DRAFT – FOR DISCUSSION PURPOSES ONLY

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

Additional comments for clarification (if needed)

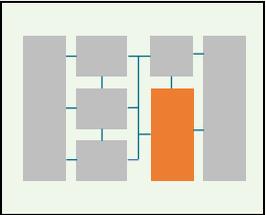
There were no discipline matters disposed of in 2020. Two discipline matters were pending in 2020, however the matters were not disposed of until January 2021.

DRAFT

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	0
II. Suspension [§]	0
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	0
IV. Reprimand [^] and an Undertaking [#]	0
V. Reprimand [^]	0

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

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

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

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

- Hold himself/herself 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.

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

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

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

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

Additional comments for clarification (if needed)

There were no discipline matters disposed of in 2020. Two discipline matters were pending in 2020, however the matters were not disposed of until January 2021.

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

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Appendix A: Public Interest

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

PUBLIC INTEREST

in the context of the College Performance Measurement Framework

