

College Performance Measurement Framework (CPMF) Reporting Tool

College of Opticians of Ontario

Reporting Year: January 2024 – December 2024

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
2. Supports Colleges in improving their performance.

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

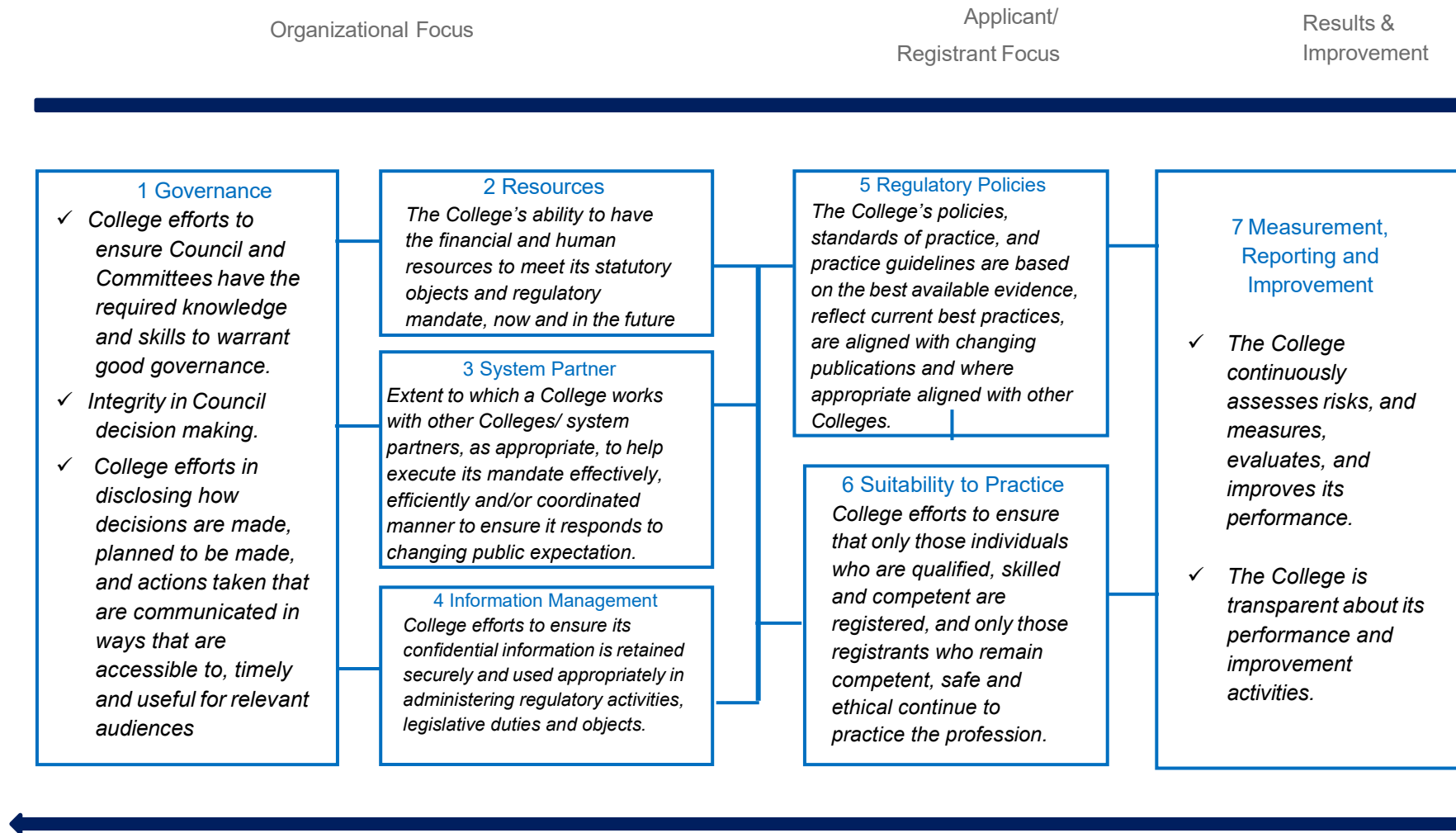


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

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

Completing the CPMF Reporting Tool

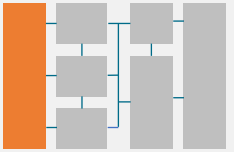
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

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

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The requirement for candidates for election to demonstrate pre-defined competency and suitability criteria is set out at Article 6.3(t) of the COO By-laws (page 12).</p> <p>Details of the pre-election competencies that were approved by the board can be found on the COO website here.</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>			

		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>All candidates for election complete a pre-election training module in order to be eligible to stand for election. The module approved by the board in 2024 was Chapter 4 of the COO’s Jurisprudence Tool: Introduction to the RHPA, which can be found on our website here. The module is completed online and includes a multiple-choice test. Candidates must achieve a score of at least 80%. Candidates are also invited to participate in an optional pre-election information session, held via zoom, that provides additional information on the role and responsibilities. A recording of the information session is made available on the COO website to candidates unable to attend the information session live.</p> <p>Following their election, and prior to the first board meeting of the year, all board members, including new members, attend a full-day in-person (live via zoom) orientation session that covers the following topics:</p> <ul style="list-style-type: none"> • Mandate of the College and the strategic plan • Board/committee member duties, including fiduciary duties, confidentiality and conflicts of interest • Overview of self-regulation • Board governance • Diversity, equity and inclusion • The opticianry profession and professional stakeholders • Overview of the virtual boardroom and onboarding guide <p>Presentations/training on these topics are prepared and delivered by internal COO resources and/or external consultants where appropriate (e.g. Board governance, DEI, and board member fiduciary duties).</p>				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>				

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The requirement for appointed committee members to demonstrate pre-defined competency and suitability criteria is set out at Articles 12.2(a)(xvi) and 12.2(b)(x) of the COO By-laws (see page 34)</p> <p>Details of the pre-appointment competencies for appointed committee members that were approved by the board are publicly available on the COO’s website here.</p>	Yes																
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>																		
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Duration of each Statutory Committee orientation training. Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Committee</th> <th style="text-align: left;">Duration</th> <th style="text-align: left;">Format</th> <th style="text-align: left;">Training Topics</th> </tr> </thead> <tbody> <tr> <td>Inquiries, Complaints and Reports Committee</td> <td>3 hours</td> <td>In person (live via zoom)</td> <td>Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios, right touch regulation.</td> </tr> <tr> <td>Discipline Committee</td> <td>1 day</td> <td>In person (live via zoom)</td> <td>Legal framework, principles of administrative law, hearing process, responsibilities of panel members</td> </tr> <tr> <td>Registration Committee</td> <td>1.5 hours</td> <td>In person (live via zoom)</td> <td>Role of the College, role and statutory mandate of Committee, legislation and regulations, by-laws, registration policies, types of certificates of registration, entry-to-practice requirements,</td> </tr> </tbody> </table>	Committee	Duration	Format	Training Topics	Inquiries, Complaints and Reports Committee	3 hours	In person (live via zoom)	Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios, right touch regulation.	Discipline Committee	1 day	In person (live via zoom)	Legal framework, principles of administrative law, hearing process, responsibilities of panel members	Registration Committee	1.5 hours	In person (live via zoom)	Role of the College, role and statutory mandate of Committee, legislation and regulations, by-laws, registration policies, types of certificates of registration, entry-to-practice requirements,	Yes
Committee	Duration	Format	Training Topics																	
Inquiries, Complaints and Reports Committee	3 hours	In person (live via zoom)	Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios, right touch regulation.																	
Discipline Committee	1 day	In person (live via zoom)	Legal framework, principles of administrative law, hearing process, responsibilities of panel members																	
Registration Committee	1.5 hours	In person (live via zoom)	Role of the College, role and statutory mandate of Committee, legislation and regulations, by-laws, registration policies, types of certificates of registration, entry-to-practice requirements,																	

				appeals/reviews, types of commonly reviewed applications, PLAR, role of the Office of the Fairness Commissioner (OFC), unconscious bias, fair access law, right touch regulation.	
	Quality Assurance Committee	1.5 hours	In person (live via zoom)	Role and statutory mandate, Powers of the Committee confidentiality, QA program requirements, Jurisprudence, Competency Review and Evaluation Process, Addressing concerns & decision-making tools, right touch regulation. Accreditation of continuing education activities –criteria and ongoing monitoring.	
	Patient Relations Committee	30 minutes	Online via zoom	Role and statutory mandate of the committee, Patient Relations Program, Jurisprudence Chapters, Funding for Therapy & Counselling, Sexual Abuse Prevention Guidelines & other policies relating to sexual harassment & professional ethics.	
	Executive Committee	15 minutes	In person (live via zoom)	Role and statutory mandate of the committee, Financial Report Training.	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>				Choose an item.
<i>Additional comments for clarification (optional):</i>					

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>A full day board orientation session is typically held in January of each calendar year. New public members who are appointed later in the year are provided with one-on-one training in the following areas:</p> <ul style="list-style-type: none"> • Mandate of the College and the strategic plan • Board/committee member duties, including fiduciary duties, confidentiality and conflicts of interest • Board governance • The opticianry profession and professional stakeholders • Overview of the virtual boardroom and onboarding guide <p>Individual training sessions are between 1 and 3 hours in length, depending on the topic.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: Met in 2023, continues to meet in 2024 <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: No • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>The framework for the board’s annual self-evaluation was most recently updated in 2023 (see the Board Effectiveness Evaluation Policy). Since 2019, board members have also completed a survey following each meeting to assess meeting effectiveness. In addition, in 2023 the COO introduced a short “Reflection Period” debrief immediately following each board meeting to reflect on the meeting that just ended and note any suggestions for improving meeting effectiveness.</p> <p>While evaluation results are not directly discussed in a public session, the board uses the results to develop an action plan, which is approved at a public meeting. The board’s 2024 action plan was approved at its June meeting (see June 2024 board meeting package, agenda item 6.0) and posted to the COO’s website here.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.	
	<i>Additional comments for clarification (optional)</i>	
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes <ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. <p>A third party review of the board’s effectiveness was carried out in 2022. The next third party review will take place in 2025, and every three years thereafter.</p>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.		
<i>Additional comments for clarification (optional)</i>		

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>All board members complete annual self-evaluations of the board’s performance. All committee members also complete an annual self-evaluation of each committee’s performance. The results of these evaluations are reviewed by the board/committees and action plans are developed and approved. The board’s action plans are available on the COO website here.</p> <p>Board members also complete post-meeting surveys where they have an opportunity to identify any additional training needs.</p> <p>The results of all of these evaluations/surveys are used to inform ongoing training needs. In 2024, the following training sessions were informed by the results of recent board/committee self-evaluations, post-board meeting surveys, and/or needs identified by board/committee members:</p> <ul style="list-style-type: none"> • Diversity, equity and inclusion training • Appreciative inquiry training • Right touch regulation training for members of the Registration Committee, ICRC and Quality Assurance Committee 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>In 2023 the COO collaborated with its regulatory partners through the National Alliance of Canadian Opticianry Regulators and retained Leger to carry out a Canada-wide survey of 2000 opticianry patients on their experiences with accessing and using opticianry services. The results of the survey were presented to the board at their December 2023 meeting. The results of the survey were used to inform the following training sessions in 2024:</p> <ul style="list-style-type: none"> • Diversity, equity and inclusion training • Right touch regulation training for members of the Registration Committee, ICRC and Quality Assurance Committee 	Yes
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	
<p><i>Additional comments for clarification (optional):</i></p>				

Measure:			
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.			
Required Evidence	College Response		
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <ul style="list-style-type: none"> i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p>	Yes	
	<ul style="list-style-type: none"> • Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>The board last evaluated/updated its Code of Conduct (Schedule D to the COO By-laws, page 59) and Conflict of Interest Policy (Appendix I to the Code of Conduct) in February 2020. No changes have been made since the last review.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>		

	ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>See schedule D to the COO By-laws, page 59.</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. <p>The cooling off period for elected board members is set out in Article 6.3(i) of the COO By-laws, page 11.</p> <p>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.</p> <p>The cooling off period was last reviewed in 2022.</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <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>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>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <u>Choose an item.</u> • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>The conflict-of-interest declaration and questionnaire forms were last updated in 2022.</p> <p>A link to the most recent board meeting materials that include the questionnaire can be found here.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>All briefing notes include a section on public interest considerations relating to the decision being made. The section also includes any recommendations by the relevant committee, where applicable. The board is then asked to provide their public interest rationale for their decision during the meeting, and the rationale is recorded in the minutes, which are posted to the COO website and available to the public.</p> <p>A link to a recent meeting where public interest rationales were considered can be found here.</p>	

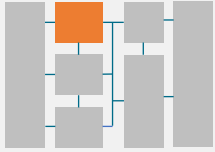
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (if needed)</i></p>	
		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p>	Yes
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The COO formally adopted a Policy Governance approach in 2017. Between 2017 and 2020 the board approved over 40 new or updated governance policies, including 14 policies relating to operational risk boundaries. The board also approved regular review and monitoring schedules for each policy to ensure they are reviewed at least every 3 years, and that the Registrar, CEO provides regular monitoring reports that illustrate how the policy has been interpreted and followed during the relevant reporting period. The board’s Strategic Plan identifies demonstrating regulatory leadership through governance excellence as one of the three primary goals.</p> <p>In 2024 the board received monitoring reports with respect to the following operational boundaries policies:</p> <ul style="list-style-type: none"> - Financial Planning and Budgeting Policy - Financial Condition Policy - Vendor Relations Policy - Investment Policy - Relationship with the Public and Other COO Beneficiaries Policy - Asset Protection Policy - Technology and Cyber Security Policy - Reserves Policy 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (if needed)</i></p>	
		<p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	

Measure:	
3.1 Council decisions are transparent.	
Required Evidence	College Response
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Partially</p> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Minutes from board meetings can be found on the COO website here.</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>A process is underway to make status updates on the implementation of board decisions accessible on the COO website.</p>
	<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on

		<p>matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

<p>Measure: 3.2 Information provided by the College is accessible and timely.</p>				
<p>Required Evidence</p>		<p>College Response</p>		
		<p>a. With respect to Council meetings:</p> <p>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</p> <p>ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>Materials for upcoming board meetings can be found on the COO website here. Materials from past board meetings can be found on the COO website here.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. <p>Information about upcoming discipline hearings, including a link to the specified allegations, can be found on the COO website here</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

Measure:	
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.	
Required Evidence	College Response
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> Please insert a link to the College’s DEI plan. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>The College’s 2023-2025 Strategic Plan includes goals related to diversity, equity and inclusion in each of its three pillars (patient, registrant and organizational). The current strategic plan was approved in December 2022. The minutes from the meeting where this plan was approved can be found here (page 9, agenda item 14.0).</p> <p>Specific strategies, goals and key performance indicators are reviewed by the board semi-annually, together with budget associated for each strategy. These reports can be reviewed here: March 2024 Strategic Plan Monitoring Report and September 2024 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?</i></p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>
<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>Every briefing note prepared for a board or committee meeting relating to a policy, operational or strategic decision includes a section on the diversity, equity and inclusion considerations that relate to the decision at hand, which is considered by the board prior to making a decision.</p> <p>An example from 2025 includes approval of a new Inactive Class Policy (June 3, 2024 board meeting). The board considered the impact of the policy on registrants in different life circumstances, and the need for the policy to ensure flexibility and not create unnecessary barriers. For more information see the briefing note at page 2.</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

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

Further clarification:

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

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

Monitoring reports are made to the board on a semi-annual basis on the status of activities and projects relating to the strategic plan, including key performance indicators and budget allocation. In 2024, strategic plan monitoring reports were delivered to the board in [March](#) and [September](#).

The board approves an annual budget and receives quarterly financial variance reports. The most recent approved budget can be found [here](#).

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

Choose an item.

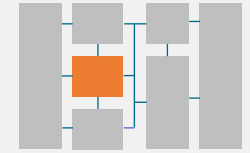
Additional comments for clarification (optional)

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>The COO’s Reserves Policy was most recently reviewed/updated on June 3, 2024.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The board regularly reviews and updates written policies in the following areas relating to staff resources and succession planning:</p> <ul style="list-style-type: none"> Human Resources and Relations Policy: this policy was last reviewed/updated June 3, 2024 (item 4.1) The board also reviews monitoring reports on this policy on a biannual basis. The most recent monitoring report was reviewed in October 2023. Emergency Registrar, CEO Succession Policy: this policy was last reviewed/updated March 4, 2024 (item 8.2) The board also reviews a monitoring report on this policy on a biannual basis. The most recent monitoring report was reviewed in March 2023. <p>In addition, the board receives quarterly reports from the Registrar, CEO on staffing matters. All of this information is taken into account by the Finance Committee and the board when reviewing annual budgets to ensure that sufficient resources are allocated to staffing requirements.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The board approved a new Technology and Cyber Security Policy in October 2022 and established regular review and monitoring cycles for the policy. The most recent monitoring report on this policy was presented in September 2024.</p> <p>In addition, the board receives quarterly reports from the Registrar, CEO on any relevant updates relating to data and technology.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>Indigenous Engagement Project</p> <p>In 2024, the COO continued to work in collaboration with the College of Optometrists of Ontario on an initiative to engage with members of the Indigenous community on the delivery of equitable, safe, culturally competent and accessible vision care. Two focus groups were held in Spring 2024 that aimed to help both colleges gain a better understanding of the vision care experience of Indigenous patients in Ontario. Next steps include work on developing a standard of practice on culturally competent care. By collaborating on this initiative, the colleges aim to align our approaches and improve overall outcomes for Indigenous patients.</p> <p>Joint DEI Webinar with the College of Audiologists and Speech Language Pathologists of Ontario</p> <p>In 2024, the COO worked together with the College of Audiologists and Speech Language Pathologists of Ontario (CASLPO) to plan a joint webinar on anti-oppression, peacemaking and allyship in the delivery of healthcare services. By collaborating, COO and CASLPO realized significant cost savings while ensuring both registrant bases would have access to these timely and vital learnings.</p>

Regulation Implementation Projects

On July 1, 2024, amendments to three of the COO's regulations came into effect: Professional Misconduct, Registration and Examinations. Beginning in Spring 2024, the COO began a wide-scale education campaign to help support registrants and other impacted system partners to understand and implement the changes. In addition to e-blasts, social media posts, targeted communications, website updates, blog posts and webinars, the COO leveraged existing relationships with opticianry professional associations to arrange speaking spots and/or booths at six in-person registrant events across the province (Toronto, Ottawa, London and Sudbury). Attendance at each event ranged from 40 to 500 registrants. The COO's presentations focused on the new regulations and provided guidance to registrants on how they would be impacted. The COO has also built strong relationships with opticianry educators, and participates in Program Advisory Committee (PAC) meetings organized by four accredited Canadian opticianry programs Canada. The PAC meetings provided a further opportunity to provide program coordinators, students and intern opticians with important updates about the regulation changes and answer questions.

Space Sharing with the College of Respiratory Therapists of Ontario

In 2024, the COO began sharing its physical office space with another health regulatory college, the College of Respiratory Therapists of Ontario (CRTO). The space sharing agreement between the COO and CRTO has resulted in significant cost savings for both colleges without any reduction in service levels. The COO and CRTO are continuing to explore other ways to collaborate and/or reduce or streamline operating costs.

Electoral District Reform

In 2024 the COO approved reforms to the electoral districts for professional board members that will see the elimination of geographic-based electoral districts beginning in 2026, and their replacement with a single all-Ontario district from which all 8 professional board members will be elected. As part of its environmental scan, the COO reviewed recent reforms approved at other Ontario health regulatory colleges, including the College of Dietitians and the College of Nurses. To help the COO's board understand trends in governance best practices around board elections for professional regulatory bodies, the COO invited the Registrar of the College of Dietitians (CDO) to deliver a presentation to board and committee members during a strategic working session. The COO was able to benefit from the CDO's insight and experience in implementing election reforms at their own college.

Collaborations with NACOR

The National Alliance of Canadian Opticianry Regulators (NACOR) is a collaboration formed between the ten provincial opticianry regulators to ensure entry-to-practice requirements for opticians remain consistent, fair, and accessible across all provinces. Over the course of 2024, the COO has been working with NACOR to identify opportunities to streamline processes and ensure a consistent and efficient experience for applicants across Canada.

National Examinations

One of NACOR's functions is assisting with the administration of the national opticianry examinations. For the past 18 years, the COO has been co-administering national exam sessions held in Ontario in partnership with NACOR. NACOR was responsible for exam development, maintenance and grading, while the COO was responsible for logistics, including the procurement of venues, examiners and models.

As of 2024, however, the COO handed off full administration of Ontario examination sessions to NACOR. In so doing, the COO was able to reduce significant draws on its own financial and staff resources, and leverage additional resources available at the national level, following a recent expansion in services by NACOR. The COO maintains a central role in examination oversight through its participation in NACOR's National Examination Committee and by having an Examination Observer attend all examination sessions to observe and provide feedback.

PLAR Administration

In addition to handing off the administration of national examinations, the COO and NACOR began work in 2024 on a proposal to hand off full administration of the COO's Prior Learning Assessment and Recognition (PLAR) process to NACOR. Under the COO's Registration Regulation, PLAR is one of the possible pathways to registration for applicants seeking to practice as opticians in Ontario. For the past 15 years, the PLAR process approved by the COO's Registration Committee has been a tool designed by NACOR, in collaboration with the national opticianry regulators. PLAR is currently jointly administered by the COO and NACOR, with most administrative functions being carried out by COO staff. As a result of a recently expansion by NACOR, however, there is an opportunity for the COO to hand off full administration of PLAR to NACOR. This will streamline PLAR administration across Canada (currently Ontario and Quebec are the only provinces where PLAR is not administered directly by NACOR), reduce administrative workload, and ensure consistency of PLAR across provinces. Plans for the handoff are expected to be finalized in 2025.

PLAR Promotion Campaign

In 2024, the COO initiated a project with NACOR and the other Canadian opticianry regulators to develop a public awareness campaign to promote the Prior Learning Assessment and Recognition (PLAR) process as an alternative pathway to registration. The campaign will be primarily aimed at internationally trained opticians, optometrists, and/or others with relevant education and training who are seeking to practice opticianry in Canada without the need to complete additional education. Interest in this pathway has become increasingly relevant in light of recent restrictions on access to international student visas. This collaboration seeks to ensure that there continues to be an adequate number of qualified opticians available to serve the needs of Ontario patients, and to ensure those seeking to register in the province can do so without unnecessary delays or barriers.

In order to build a more effective and focused campaign, the COO invested in market research in 2024 to gather information to better understand international applicant demand, countries of origin for those seeking to register in Canada as opticians, and best information delivery modes to reach target groups (e.g. social media channels). Work is currently underway to deploy the awareness campaign following an upcoming Industry Roundtable event scheduled for Spring 2025, where the COO is planning to further widen our reach by collaborating with additional system partners made up of industry, education and professional associations.

Collaboration with other Ontario health regulatory colleges

The COO regularly collaborates with other Ontario health regulatory colleges through its participation in the Health Professions Regulators of Ontario (HPRO). In 2024, collaborations included participation in meetings and working grounds in the following areas: registrar touch-base meetings, diversity, equity and inclusion initiatives, compliance monitoring, human resources, communications, registration practices, quality assurance, professional conduct and artificial intelligence.

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

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

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

Attendance at industry events/trade shows, including OOA road show

In 2024 the COO attended 6 optical industry events and trade shows to engage with registrants, professional association members, business owners and industry members. The events took place across the province, including Toronto, London, Ottawa, and Sudbury, with attendance totaling over 1000 registrants. The COO set up a booth at each event that was staffed by team members to answer questions relating to registration, quality assurance, practice advice and other matters. The Registrar and Deputy Registrar also delivered continuing education presentations at the Toronto, Ottawa and Sudbury events to provide attendees with important regulatory updates and practice advice. The presentations were all accredited and could be claimed by registrants toward their annual quality assurance program requirements.

Presentations to opticianry students and participation in student events

The COO delivered presentations to students from two opticianry programs in 2024. The presentations provided an opportunity for the COO to engage directly with students and talk to them about the registration process and professional responsibilities after becoming registered. In addition to the presentations, the COO also attended student night events to further engage with and answer students' questions about the registration process.

Public engagement initiatives

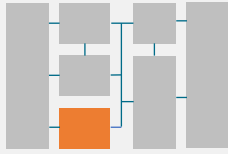
In 2024, the COO had the opportunity to engage with members of the public in Durham region at an event focused on access to healthcare services for low-income seniors. The COO set up a booth to answer questions and to provide information pamphlets on what patients should expect when accessing opticianry services, the College's role and public protection mandate, and the complaints process. The COO also engaged with members of the public at an event in Sudbury that was organized by the Ontario Opticians Association.

Consultations with system partners

The COO regularly engages in consultations with system partners on key decisions relating to standards, by-laws, policies and/or guidelines. In 2024 the COO carried out the following consultations:

- Proposed changes to by-laws relating to the annual renewal process and Emergency Class fees
- Feedback on the Standards of Practice and Practice Guidelines, ahead of a scheduled content review
- Proposed changes to fees for Peer and Practice Assessments
- Proposed governance reform relating to the COO’s election districts
 - In addition to a general consultation, the COO also held a focus group with members of the Citizens’ Advisory Group for public feedback on the election model that would best instill public trust and accountability
- Eligibility of members of the new Inactive Class to run in board elections, vote in board elections, or be appointed to COO committees

Feedback surveys were posted to the COO’s website and shared directly via email with specific impacted groups, including, where applicable, registrants, students, educators, professional associations, continuing education providers and/or members of the public.



Measure:

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

The College fulfills this requirement:

Yes

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

The following COO policies pertain to the collection, use and/or disclosure of information:

- [Privacy Code](#)
- [College of Opticians of Ontario Email and Website Privacy Policy](#)
- Article 7.3 of the [COO By-laws](#), page 20 (Duty of Confidentiality)
- Schedule C to the [COO By-laws](#), page 56 (Rules of Order of the Board of Directors and its Committees)
- Schedule D (including Appendix II) to the [COO By-laws](#), page 59 (Code of Conduct for Directors and Committee Members)

Other processes:

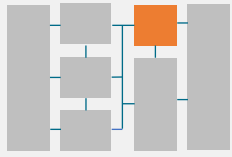
- All board and committee members sign a confidentiality agreement on an annual basis
- All college staff and contractors are required to sign a confidentiality agreement prior to beginning their work
- All requests for information are reviewed by internal legal counsel prior to being acted on

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

Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College underwent a fulsome 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>In addition, the Registrar meets regularly with Executive Strategist of the COO's IT provider to review the COO's data and technology plan. During these meetings, any upgrades or updates to existing systems are identified and discussed, as well as any new software or programs which can provide an added layer of cybersecurity. The IT provider furthermore alerts the COO between meetings if any areas require urgent attention.</p> <p>In 2023, the COO carried out additional training for board and committee members and staff on cybersecurity, identifying phishing attempts and preventing security breaches.</p> <p>In the event of accidental or unauthorized disclosure of information, internal legal counsel is immediately alerted and steps are taken to assess the situation, ensure that confidential information is returned/destroyed, notify affected individuals, and examine internal processes to prevent further/future disclosures from occurring.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

Met in 2023, continues to meet in 2024

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

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.

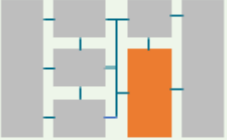
[Standards of Practice and Practice Guidelines](#) are reviewed every five years, or more frequently as required (see page 4: Review Frequency).

In 2024, the Clinical Practice Committee began a scheduled review of the Standards of Practice and Practice Guidelines. As part of this review, an initial consultation took place to gather feedback from registrants and other sources on areas where more guidance or clarity is needed. The Committee has reviewed the feedback and provided direction on areas where the standard may need to be updated/amended, additional guidance and/or clarification may be needed and areas where additional education around the standard may be beneficial.

If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> 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. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>When developing or updating policies, standards of practice, or practice guidelines, some or all the following steps are taken, depending on the nature of the policy, standard or guideline at issue:</p> <ul style="list-style-type: none"> • Conducting a literature review of relevant publications • Reviewing relevant regulations, public health directives and/or information published by the Ministry of Health • Conducting an environmental scan of the regulatory environment in Ontario and/or nationally and/or internationally • Using surveys and/or focus groups to gather information from registrants and other relevant system partners • Circulating draft information to stakeholders for feedback • Circulating draft materials to the Citizens’ Advisory Group for feedback on the expectations of the public • Identifying potential risks posts to patients and/or the public <p>All briefing notes relating to policies, standards and/or guidelines include sections that identify relevant:</p> <ul style="list-style-type: none"> • Public interest considerations • Diversity, equity and inclusion considerations • Risk management considerations 	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>In 2020, the board updated the COO's organizational core values to add equity, respect and diversity to its list of core values. Since that time, all briefing notes include a section on diversity, equity, and inclusion considerations to ensure that a DEI lens is applied to all policy decisions.</p> <p>The COO's 2023-2025 Strategic Plan integrates DEI into each of the three pillars: public, registrant and organizational, including the following goals/outcomes:</p> <ul style="list-style-type: none"> • Safer and more inclusive patient care • Patient care is more inclusive and culturally safe • College processes and services are fair, relational and accessible to all registrants, applicants and members of the public • Registrants have access to high quality continuing education resources, including resources on diversity, equity and inclusion and cultural safety and humility • Diversity, equity and inclusion are integrated within the College's internal governance structure and decision-making process <p>The Code of Ethics includes provisions on respecting the dignity of all patients, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, religion/creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability, financial position, or ability to pay.</p> <p>The COO developed and released a jurisprudence module in 2021 on DEI to provide registrants with an overview of DEI concepts and how they apply in the practice environment. This module is available in both English and French. To date, 724 registrants have successfully completed the module, including 120 in 2024.</p>	<p>Yes</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.		
		Required Evidence	College Response	
DOMAIN 6: SUITABILITY TO PRACTICE	2	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>All documentation received as part of the registration application package is assessed against the criteria set out in the College's Registration Regulation. Specific processes relating to registration are set out in the College's Registration Policies.</p> <p>The College utilizes a multi-tier process for document screening and evaluation to ensure accurate and unbiased registration decisions. All received documentation undergoes initial screening for accuracy and completeness by the Registration Coordinator. The documentation is then further assessed by the Senior Registration Coordinator against the criteria outlined in the Registration Regulation and relevant Registration Policies. To verify the authenticity of documents, the College requires notarization of the original documents. Additionally, letters of standing must be sent directly by the issuing authority. The College reserves the right to contact the applicant's educational institution, licensing body, or supervisor directly to verify the information provided by the applicant. Registration is granted following review by the Director, Registration. If necessary, clarification and legal advice are sought from the College's legal counsel.</p> <p>Applications that do not appear to meet the registration criteria are referred to the Registration Committee by the Registrar.</p>	Met in 2023, continues to meet in 2024
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i>		

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

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. <p>The College has several policies to evaluate whether applicants meet the registration requirements. To ensure that registration policies are reviewed every three years and remain aligned with best practices for assessing applicant qualifications, the College follows a quarterly policy review schedule. Additionally, the College actively participates in knowledge-sharing with other members of the Ontario Regulators for Access Consortium (ORAC).</p> <p>Board meeting materials of March 4, 2024 - Items 7.2 Policies for Content Review; 7.2a Registration Timelines Policy; 7.2b Retiring or Resigning Policy; 7.3 Reinstatement and Changing from Inactive to Active Practice Policy.</p> <p>Board meeting materials of June 3, 2024 – Items 10.2 Approved Education Programs Policy; 10.4 Language Proficiency Requirements Policy.</p> <p>Board meeting materials of September 23, 2024 – Items 8.1 Labour Mobility Policy; 8.2 Examinations and Upgrading Policy; 8.4 Acceptance of Quality Assurance Program Compliance from other Canadian Provinces Policy.</p> <ul style="list-style-type: none"> Please provide the date when the criteria to assess registration requirements were last reviewed and updated. <p>Labour Mobility Policy (replaced Mutual Recognition Policy) – approved on September 23, 2024.</p> <p>Examination and Upgrading Policy – last reviewed and updated on September 23, 2024.</p> <p>Language Proficiency Policy – last reviewed and updated on September 4, 2024.</p> <p>Currency Policy – came into effect on July 1, 2024, reviewed and updated on September 4, 2024.</p> <p>Practicum Policy – came into effect on July 1, 2024; reviewed and updated on September 4, 2024.</p> <p>Reinstatement and Changing from Inactive to Active Practice Policy – came into effect on July 1, 2024.</p> <p>Inactive Class Policy – came into effect on July 1, 2024.</p> <p>Approved Education Programs Policy – came into effect on July 1, 2024.</p> <p>Registration Timelines Policy – last reviewed and updated on March 4, 2024.</p> <p>Internationally Educated Applicant Policy – last reviewed and updated on December 4, 2023.</p> <p>Retention of Legal and Verifying Documents Policy – last reviewed and updated on December 4, 2023.</p> <p>Contact Lens Fittings Policy – last reviewed and updated on November 13, 2023.</p> <p>Vulnerable Sector Check and Applicants with Charges or Findings – came into effect on January 1, 2021; scheduled for review in 2025.</p>	<p>Yes</p>
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			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.				
		c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <p>Currency Requirements</p> <p>Under the new Registration Regulation that came into force on July 1, 2024, all Registered Opticians are required to demonstrate on an ongoing and regular basis that their knowledge and skills are current and up to date. The currency requirement has been defined under the College’s new Currency Policy as 500 practice hours over any three-year period. The Currency Policy was approved on June 5, 2023, and was most recently revised on September 4, 2024.</p> <p>Registered Opticians who do not demonstrate at least 500 practice hours over a three-year period have the options of transferring to the new Inactive class of registration, completing a refresher program, or resigning their certificate of registration.</p> <p>Currency requirements for opticians changing from the Inactive Class to the Registered Optician class are set out in the Reinstatement and Changing from Inactive to Active Practice Policy.</p> <p>Currency is monitored via registrant annual self-declaration. Random audits are periodically performed by the College staff.</p> <p>Other Competency Requirements</p> <p>All Registered Opticians must upload proof of compliance with the COO’s quality assurance program (including continuing education requirements) on an annual basis. Documents are subject to random and targeted audits through the COO’s Competency Review and Evaluation Program (CRE). Each year, 20% of</p>	

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

registrants are randomly selected to participate in the CRE, which includes a review of their Professional Portfolio (continuing education hours, self-assessment and jurisprudence).

All registrants must self-declare any relevant conduct issues at the time of initial application and on an ongoing basis. All self-declarations are reaffirmed annually at renewal. Applicants for a certificate of registration as a registered optician are also required to submit a Vulnerable Sector Check report as part of their application to the College.

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

Choose an item.

Additional comments for clarification (optional)

Measure:

9.3 Registration practices are transparent, objective, impartial, and fair.

a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).

The College fulfills this requirement:

Yes

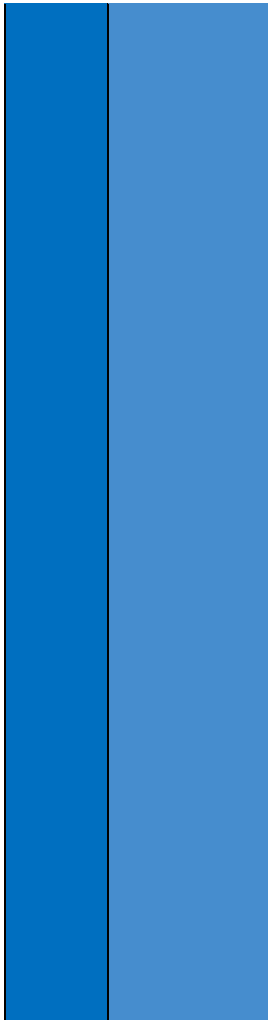
- Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report.
[Fair Registration Practices Report 2023](#)
- Where an action plan was issued, is it: No Action Plan Issued

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

Choose an item.

Additional comments for clarification (if needed)

Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.			
Required Evidence	College Response		
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided <p>No standards were introduced or amended in 2024. However, on July 1, 2024, amendments to three of the College’s regulations (Registration, Examinations and Professional Misconduct) came into force. The amendments had a significant impact on registrants (both current and suspended) and applicants. The College provided the following support:</p> <ul style="list-style-type: none"> E-blasts, social media posts and blog posts alerting registrants and applicants to the changes Communications to other impacted system partners, including educators and professional associations Adding pages on the COO website that: <ul style="list-style-type: none"> https://collegeofopticians.ca/registrants/professional-obligations/legislation/regulatory-amendmentsSummarized the key changes to each regulation Provided details about the new inactive class of registration Explained the impact of the amendments on the annual renewal process Updated renewal FAQs Three webinars, which were delivered live and also made available as on-demand recordings: <ul style="list-style-type: none"> Understanding the New Ongoing Currency Requirement (167 participants) Inactive Class of Registration (144 participants) Navigating the Renewal Process (600 participants) Delivering live presentations at 5 registrant events - 3 in Toronto (400, 500 and 241 attendees, respectively), 1 in Sudbury (43 attendees) and 1 in Ottawa (125 attendees), that outlined the impact of the amendments. The College also had a booth at each event, plus one additional event in London (65 attendees) where College staff were available for registrants to ask additional questions. A communication drive to contact former registrants who had previously been administratively suspended, to alert them to the new regulation which requires automatic revocation of a suspended certificate of registration if the suspension has not been lifted after a period of three years. Creating a dedicated email address (certificate@collegeofopticians.ca) to field questions about regulation changes and their impact to current and former registrants’ status <p>Work to support registrants in understanding the impact of these amendments began in early 2024 and remain ongoing.</p>		Met in 2023, continues to meet in 2024
	<ul style="list-style-type: none"> Does the College always provide this level of support: Yes 		



If not, please provide a brief explanation:

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

Choose an item.

Additional comments for clarification (optional)

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .			
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> <p>Internal COO policies codify the foundational components of peer and practice assessments and principles regarding alignment between the National Competencies for Canadian Opticians, the Standards of Practice, and the optician’s individual areas of practice.</p> <p>In 2024, the College implemented an updated Peer and Practice Assessment tool. Peer and Practice Assessments are now conducted in two steps; Step 1, which consists of a practice profile and chart review, is designed to identify registrants who may demonstrate a higher risk of practice-related issues. Step 2 involves a professional practice interview that probes into critical aspects of practice, including decision making processes and compliance with the Standards of Practice. Registrants may be randomly selected or may be ordered to participate in a Peer and Practice Assessment by the Quality Assurance Committee for non-compliance with the Quality Assurance Program, the Registrar, or another Committee of the College.</p> <p>A registrant may be required to participate in Step 2 of the PPA if:</p> <ul style="list-style-type: none"> ○ Concerns or deficiencies are identified in Step 1; or ○ Random selection <p>The two-step process helps to ensure the PPA process is risk based and aligned with right touch principles by incorporating a process that identifies registrants who may be at higher risk for practice-related issues, while also providing comparative data (through random selection) to help inform practice and risk trends over time.</p>	Met in 2023, continues to meet in 2024	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

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

			<i>Additional comments for clarification (optional)</i>								
		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="758 298 2091 347" style="width: 80%;">The College fulfills this requirement:</td> <td data-bbox="2091 298 2572 347" style="width: 20%; text-align: center;">Met in 2023, continues to meet in 2024</td> </tr> <tr> <td colspan="2" data-bbox="758 347 2572 1027"> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. n/a - <i>Employers</i> Choose an item. n/a - <i>Registrants</i> Choose an item. n/a - <i>other stakeholders</i> Choose an item. n/a <p>The COO has applied right touch principles in its approach to registrant assessments since at least 2020. Since 2022, all members of the Quality Assurance Committee have received annual training on right touch regulation and how it applies in the context of quality assurance.</p> <p>In 2024, a stratified random selection process was used to identify registrants who would undergo an assessment, with a focus on registrants who failed to demonstrate full compliance with annual Quality Assurance program requirements.</p> <p>In addition, a new Peer and Practice Assessment tool was introduced in 2024 that uses right-touch principles to determine the level of assessment that registrants will undergo (see section 10.2(a)(i) for full details).</p> </td> </tr> <tr> <td data-bbox="758 1027 2193 1076" style="width: 80%;"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2193 1027 2572 1076" style="width: 20%; text-align: center;">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="758 1076 2572 1422" style="text-align: center;"><i>Additional comments for clarification (optional)</i></td> </tr> </table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. n/a - <i>Employers</i> Choose an item. n/a - <i>Registrants</i> Choose an item. n/a - <i>other stakeholders</i> Choose an item. n/a <p>The COO has applied right touch principles in its approach to registrant assessments since at least 2020. Since 2022, all members of the Quality Assurance Committee have received annual training on right touch regulation and how it applies in the context of quality assurance.</p> <p>In 2024, a stratified random selection process was used to identify registrants who would undergo an assessment, with a focus on registrants who failed to demonstrate full compliance with annual Quality Assurance program requirements.</p> <p>In addition, a new Peer and Practice Assessment tool was introduced in 2024 that uses right-touch principles to determine the level of assessment that registrants will undergo (see section 10.2(a)(i) for full details).</p>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (optional)</i>	
The College fulfills this requirement:	Met in 2023, continues to meet in 2024										
<ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. n/a - <i>Employers</i> Choose an item. n/a - <i>Registrants</i> Choose an item. n/a - <i>other stakeholders</i> Choose an item. n/a <p>The COO has applied right touch principles in its approach to registrant assessments since at least 2020. Since 2022, all members of the Quality Assurance Committee have received annual training on right touch regulation and how it applies in the context of quality assurance.</p> <p>In 2024, a stratified random selection process was used to identify registrants who would undergo an assessment, with a focus on registrants who failed to demonstrate full compliance with annual Quality Assurance program requirements.</p> <p>In addition, a new Peer and Practice Assessment tool was introduced in 2024 that uses right-touch principles to determine the level of assessment that registrants will undergo (see section 10.2(a)(i) for full details).</p>											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.										
<i>Additional comments for clarification (optional)</i>											

	iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024	
		<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>The Quality Assurance Committee uses a risk assessment tool to assist in identifying what level of risk a registrant presents when reviewing the results of Peer and Practice Assessments. The committee is focused on identifying risks and addressing that risk in a way best suited for the circumstance. The following criteria are used to inform remediation activities following a peer and practice assessment:</p> <ul style="list-style-type: none"> Competencies identified as deficient by peer and practice assessment report 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 			
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
		<i>Additional comments for clarification (optional)</i>			
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.					
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:		Yes	
		<ul style="list-style-type: none"> Please insert a link to the College's process for monitoring whether registrant's complete remediation activities OR please briefly describe the process. Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>All remediation activities that registrants must complete include an evaluation method and a mechanism for tracking successful completion (e.g. certificate of completion). COO staff track the results of remediation activities, including that the registrant has demonstrated successful completion. Registrants who successfully complete the assigned remediation are considered to demonstrate the required knowledge, skill, and judgement and are not further assessed.</p>			
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
		<i>Additional comments for clarification (if needed)</i>			

Measure 11.1

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

Required Evidence

College Response

a. The different stages of the complaints process and all relevant supports available to complainants are:

i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;

ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

The following information is available on the college’s website:

- Complaints and Conduct: <https://collegeofopticians.ca/public/complaints-and-conduct>
- How to File a Complaint: <https://collegeofopticians.ca/public/complaints-and-conduct/how-to-file-a-complaint>
- Understanding the Complaints Process: <https://collegeofopticians.ca/public/complaints-and-conduct/understanding-the-complaints-process>
- FAQ : <https://collegeofopticians.ca/public/complaints-and-conduct/complaints-faq>
- Funding for Therapy and Counselling: <https://collegeofopticians.ca/public/funding-for-therapy>

Information received is initially screened by College staff who assess if more information is required from the complainant. Where necessary, staff will contact the complainant to request additional information.

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

Choose an item.

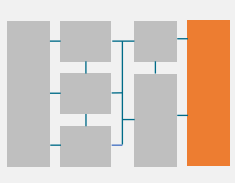
Additional comments for clarification (optional)

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>All complainants receive an acknowledgment letter and information sheet that explains the investigations process and possible ICRC outcomes. These documents have been reviewed by College staff and General Counsel. The ICRC is provided with these documents in their review of each individual investigation. If changes need to be made, the ICRC instructs College staff to do so.</p> <p>In 2019, standard letters and communications that are sent to complainants underwent a relational review process following staff training sessions on relational writing and communication. Additionally, the College engaged an external consultant in 2015 and in 2020 to conduct a relational audit. This audit included a review of selection of documents, including complaint communications.</p>	Yes
		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>In 2024 the COO's response rate was 1.00.</p>	Met in 2023, continues to meet in 2024
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>		Choose an item.

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"> Please list supports available for the public during the complaints process. Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>All public inquiries about the College’s complaint process are responded to promptly and staff are available to guide the public as needed. Information on the College’s complaints process is published on the College’s website. The College’s Decisions and Reasons are written in plain language and the complainant receives a copy of the Decision and Reasons at the conclusion of the process.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
Measure:			
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The complainant is provided with contact information (telephone number and email address) for the Director and Senior Coordinator of Professional Conduct initially during the start of the of the process, and on an ongoing basis as needed.</p> <p>Parties are supported to participate in the complaints process by receiving information that thoroughly describes the process and the potential outcomes. Parties are also provided with information about available accommodations, such as translation, transcription or visual aids if required. Parties are also made aware of HPARB and the ability to seek a review of the outcome.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

Measure: 12.1 The College addresses complaints in a right touch manner.		
a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>Guidance on the risk assessment framework used by the Inquiries, Complaints and Reports Committee is available on the COO website here.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>		

<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>			
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>	
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. <ul style="list-style-type: none"> • Information about investigations and/or decisions made by the ICRC or Discipline Committee are shared with other regulatory bodies where a registrant is a member or is seeking registration. • Changes to a registrant’s registration status (e.g., suspension, resignation, terms, conditions or limitations) will be shared with the registrant’s employer. • Concerns about a registrant of another regulatory body that the COO becomes aware of in the course of an investigation or through other means will be shared with the relevant regulatory body. • Information will be shared, in accordance with s. 36 of the RHPA, with law enforcement and/or another individual or organization, where there are reasonable grounds to believe that disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. • Information will also be shared with third party payors to confirm information on the public register about a registrant’s registration status and/or history. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>In 2024 the COO shared concerns about a registrant of another regulatory body on 5 occasions. In each case, an individual had contacted the college to make a complaint against a person who was not a registrant of the COO. The complainants provided their consent for the COO to forward their complaint on to the appropriate regulatory body.</p> <p>Additionally, in one instance, the College forwarded information obtained about a registrant of another college through the course of our investigation to the appropriate regulatory body.</p> 		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Yes</p>
	<p><i>Additional comments for clarification (if needed)</i></p> <p>The COO is planning to develop a policy outlining consistent criteria for disclosure of concerns about a registrant with other regulators or external system partners.</p>		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
		Required Evidence	College Response
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2023, continues to meet in 2024</p> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>March 2024 Strategic Plan Monitoring Report September 2024 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?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>	
		b. The College regularly reports to Council on its performance and risk review against: <ol style="list-style-type: none"> i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational 	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2023, continues to meet in 2024</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>March 2024 Meeting: Strategic Plan Monitoring Report and Approved Minutes (see page 4 for discussion/approval of strategic plan monitoring report) September 2024 Meeting: Strategic Plan Monitoring Report and Approved Minutes (see page 7 for discussion/approval of 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?</i>		Choose an item.	

	<p>indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p><i>Additional comments for clarification (if needed)</i></p>	
<p>Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>			
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>The board reviews bi-annual monitoring reports on the strategic plan and progress/achievement of KPIs, and provides direction, where needed, on improvement activities. In 2024, Strategic Plan monitoring reports were reviewed by the board in March and September. The reports identified those KPIs that had been achieved, or, where applicable, any adjustments that had been made to KPIs or overall strategies in light of new information or changing practice or environmental conditions or evolving public expectations. The board was of the view that achievement of identified strategic objectives and KPIs was on track and agreed with any course corrections identified, and therefore no improvement activities were identified.</p>	<p>Yes</p>	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
<p>Measure: 14.3 The College regularly reports publicly on its performance.</p>			
<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>March 2024 Strategic Plan Monitoring Report September 2024 Strategic Plan Monitoring Report</p>	<p>Met in 2023, continues to meet in 2024</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
		<p>Choose an item.</p>	

Part 2: Context Measures

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

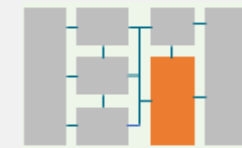
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Completion of Professional Portfolio	3116	
ii. Competency Review and Evaluation Process – Professional Portfolio Review	426	
iii. Competency Review and Evaluation Process – Random Peer and Practice Assessment	20	
iv. Peer and Practice Assessment Ordered by the Quality Assurance Committee	6	
v. Specified Continuing Education or Remediation Programs ordered by the Quality Assurance Committee	7	
vi. <Insert QA activity or assessment>		
vii. - <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

[NR](#)

Additional comments for clarification (if needed)

Professional Portfolio: All registrants who practice during the reporting year in question are required to complete a Professional Portfolio. The portfolio consists of a self-assessment, a requirement to complete a minimum of 16 continuing education hours, and a requirement to complete a jurisprudence module on professional boundaries and sexual abuse prevention within 12 months of initial registration and then once every 3 years. Registrants are required to upload proof of completion of all components to an online portal annually.

Competency Review and Evaluation Process: The COO uses the Competency Review and Evaluation (CRE) process to audit registrants' compliance with the Quality Assurance Program. In 2024, a stratified random selection process was used to focus on registrants who failed to upload some or all their professional portfolio requirements; registrants were either required to:

- undergo an audit of their previous year's professional portfolio
- undergo an audit of their previous year's professional portfolio and participate in a Peer and Practice Assessment

In addition, registrants may be:

- directed by the Quality Assurance Committee to participate in the CRE process as a result of deficiencies identified in a prior year or where a deferral had been previously granted
- referred for a Peer and Practice Assessment if they failed to demonstrate compliance with the CRE process.

Table 2 – Context Measures 2 and 3

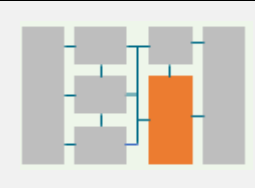
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2024	3116	100%	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	7	0.22%	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.</i>
NR			
<p><i>Additional comments for clarification (if needed)</i></p> <p>-</p> <p>All registrants who are current and active or current and inactive during the reporting year are required to participate in the Quality Assurance Program via completion of an annual Professional Portfolio.</p> <p>The majority of remediation ordered by the QAC related to record keeping.</p>			

Table 3 – Context Measure 4

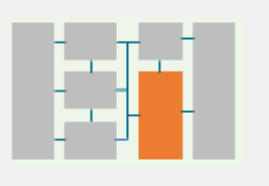
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	6	86%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	1	14%	
NR <i>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.</i> <i>**This measure may include any outcomes from the previous year that were carried over into CY 2024.</i>			
<i>Additional comments for clarification (if needed)</i> -			

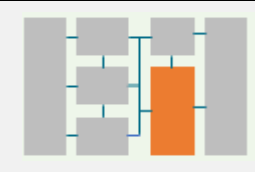
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	0	0	0	0
III. Communication	0	0	0	0
IV. Competence / Patient Care	NR	NR	0	0
V. Intent to Mislead including Fraud	0	0	NR	NR
VI. Professional Conduct & Behaviour	14	70	NR	NR
VII. Record keeping	NR	NR	0	0
VIII. Sexual Abuse	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0
X. Unauthorized Practice	NR	NR	NR	NR
XI. Other <please specify>				
Total number of formal complaints and Registrar’s Investigations**	20	100%	7	100%

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	33		<p><i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i></p>
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	NR		
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 2024	20		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%	
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	5	13	
IV. Formal complaints that proceeded to ICRC and are still pending	19	47	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	
VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	

[ADR](#)

[Disposal](#)

[Formal Complaints](#)

[Formal Complaints withdrawn by Registrar at the request of a complainant](#)

[NR](#)

[Registrar's Investigation](#)

May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

*** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.*

Additional comments for clarification (if needed)

CM#9: The figures in this section refer only to complaint and report matters "received in CY 2024" and does not include matters carried over from previous reporting years.

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024	23						
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++						
Nature of Decision	Take no action	Provides advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	0	0	0	0	0	0	0
IV. Competence / Patient Care	9	NR	NR	0	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	NR	NR	0
VI. Professional Conduct & Behaviour	7	NR	NR	0	0	0	0
VII. Record Keeping	0	NR	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0
X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	0	0	0	0	0	0	0

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2024.*
- ++ *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.*

[NR](#)

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

Additional comments for clarification (if needed)

Table 7 – Context Measure 11

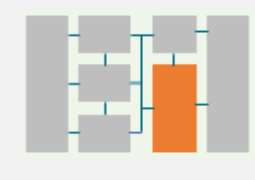
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Recommended</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i></p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p>
I. A formal complaint in working days in CY 2024	273	
II. A Registrar’s investigation in working days in CY 2024	n/a	
<p>Disposal</p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p style="text-align: center;">-</p>		

Table 8 – Context Measure 12

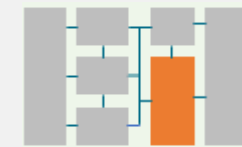
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: College Method <i>If a College method is used, please specify the rationale for its use:</i> It was not possible to calculate a 90th percentile as only one uncontested matter were disposed of by the COO in 2024. Therefore, the figure below represents the number of working days to dispose of the one uncontested matter		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2024	362	
II. A contested discipline hearing in working days in CY 2024	n/a	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed) -		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>	
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	NR
V. Conduct unbecoming	0
VI. Dishonourable, disgraceful, unprofessional	NR
VII. Offence conviction	0
VIII. Contravene certificate restrictions	0
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	0
XI. Falsifying records	0
XII. False or misleading document	0
XIII. Contravene relevant Acts	0

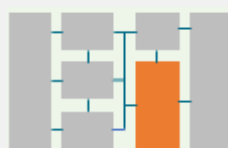
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

** 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.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

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

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)