



# College Performance Measurement Framework (CPMF) Reporting Tool

College of Opticians of Ontario  
2021 Reporting Year

Submitted: March 31, 2022

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# Introduction

## The College Performance Measurement Framework (CPMF)

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

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

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

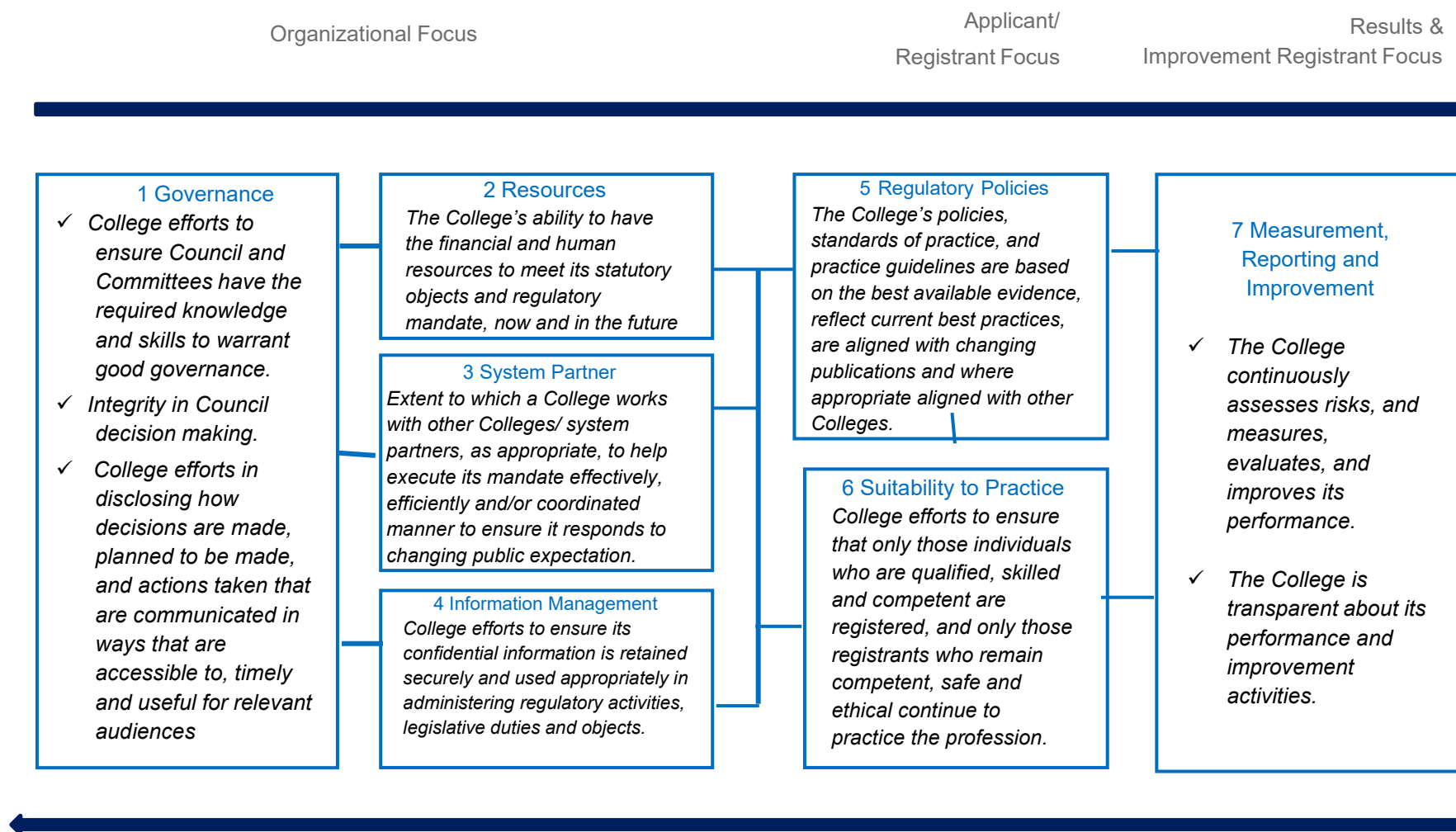
**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

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

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



**Figure 2: CPMF Domains and Standards**

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

## The CPMF Reporting Tool

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

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

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

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

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: [health.gov.on.ca/en/pro/programs/hwrob/regulated\\_professions.aspx](https://health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx), and

In French: [health.gov.on.ca/fr/pro/programs/hwrob/regulated\\_professions.aspx](https://health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx)

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.<sup>1</sup>

## **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 activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

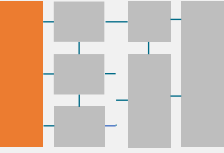
- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

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<sup>1</sup> Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.



## Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.		
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response	
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> <li>i. meeting pre-defined competency and suitability criteria; and</li> </ul>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: <b>Yes</b>  <i>If yes, please insert a link to where they can be found, if not please list criteria.</i></li> </ul> <p>Pre-election competencies can be found on the COO website <a href="#">here</a>.</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>			

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <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 2021 was Chapter 4 of the COO's Jurisprudence Tool: Introduction to the RHPA, which can be found on our website <a href="#">here</a>. The module is completed online and includes a multiple-choice test. Candidates must achieve a score of at least 80%.</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"> <li>• Introduction to the College</li> <li>• Board and Committee Member Duties</li> <li>• Governing Legislation</li> <li>• Fiduciary Duties</li> <li>• The opticianry profession</li> <li>• Self-regulation</li> <li>• Professional stakeholders</li> <li>• Strategic direction</li> </ul>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>The competency and suitability criteria are public: <b>Yes</b></li> <li><i>If yes, please insert a link to where they can be found, if not please list criteria.</i></li> </ul> <p>Suitability criteria for appointed committee members can be found at Article 12.2 of the <a href="#">COO By-laws</a>.</p> <p>Pre-appointment competencies for appointed committee members can be found <a href="#">here</a>.</p>	<p>Yes</p>																
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i></p>	<p>Choose an item.</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"> <li>Duration of each Statutory Committee orientation training.</li> <li>Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <table border="1" data-bbox="782 1013 2403 1354"> <thead> <tr> <th>Committee</th> <th>Duration</th> <th>Format</th> <th>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</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>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</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	Discipline Committee	1 day	In person (live via zoom)	Legal framework, principles of administrative law, hearing process, responsibilities of panel members	Registration Committee	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	<p>Yes</p>
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																	
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						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.  The Committee was also provided with the links to the OFC training modules and was encouraged to complete them independently.	
			Quality Assurance Committee	1.5 hours	In person (live via zoom)	Role and statutory mandate, confidentiality, funding for therapy and counselling program, sexual abuse prevention program, developing jurisprudence and other tools for opticians	
			Patient Relations Committee	30 minutes	In person (live via zoom)	Role and statutory mandate of the committee	
			Executive Committee	30 minutes	In person (live via zoom)	Role and statutory mandate of the committee	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>				
<i>Additional comments for clarification (optional):</i>							
		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:				Yes
			<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>Prior to the first board meeting of the year, all board members, including new public appointees, attend a full-day in-person (live via zoom) orientation session. In 2021, the orientation session covered the following topics:</p> <ul style="list-style-type: none"> <li>• Introduction to the College</li> <li>• Board and Committee Member Duties</li> <li>• Governing Legislation</li> <li>• Fiduciary Duties</li> <li>• The opticianry profession</li> <li>• Self-regulation</li> </ul>				

			<ul style="list-style-type: none"> <li>• Professional stakeholders</li> <li>• Strategic direction</li> <li>• Financial variance reports</li> <li>• Board governance</li> <li>• Cultural Safety and Humility</li> </ul> <p>Public members that are appointed mid-way through the year attend a 1-hour one-on-one orientation session on the college and board and committee member 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>Measure</b>  <b>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</b></p>			
		<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>
		<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials where (updated) Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: <b>NO</b></li> <li>• <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p>Meets Standard.</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 framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• A third party has been engaged by the College for evaluation of Council effectiveness: Yes</li> <li>• <i>If yes, how often over the last five years?</i></li> <li>• Year of last third-party evaluation.</li> </ul> <p>A process for carrying out third-party assessments of the COO board every three years was approved by the board in October 2021. A third party was engaged in 2021 to conduct a third-party evaluation in 2022.</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>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.</li> <li>• Please insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last year</u>.</li> </ul> <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 <a href="#">here</a>.</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 2021, 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"> <li>• Enhancements/updates to committee orientations (Various dates in 2021)</li> <li>• Enhancements to board orientation training in the following areas: fairness, transparency, public protection, governance principles, and monitoring reports (January 2021)</li> <li>• Training in Indigenous cultural safety and humility (January, May, September, October and December 2021)</li> <li>• Training on reading financial variance reports (January 2021)</li> <li>• Training in appreciative inquiry and communication (April 2021)</li> </ul>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training.</li> <li>• Please insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last year</u>.</li> </ul> <p>Board and committee members underwent extensive training (5 sessions) in 2021 in the area of Indigenous cultural safety and humility. In addition to this training having been informed by the outcomes of board/committee evaluations and the needs identified by board/committee members, the training was also informed by evolving public expectations, as gauged via environmental scanning, which included attending regulatory conferences and engaging with other regulatory bodies. For example, issues relating to cultural safety and humility have been flagged by the COO’s counterparts from other provinces during national meetings, as well as by other Ontario health regulators during collaborative working groups such as the HPRO BIPOC working group.</p> <p>In addition, the COO receives regular feedback from industry stakeholders on evolving practice trends and changing public expectations in the practice environment. In 2021 this type of feedback informed the information that was provided to the Clinical Practice Committee for its consideration on issues such as COVID-19 protocols and refraction.</p>	Yes
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	
<p><i>Additional comments for clarification (optional):</i></p>				



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

		ii. accessible to the public.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved.</li> </ul> <p>The Code of Conduct is found at Schedule D to the <a href="#">COO By-laws</a>, and the Conflict of Interest Policy is Appendix I to the Code of Conduct.</p>	Yes
			<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: <ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the college define the cooling off period?             <ul style="list-style-type: none"> <li>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</li> <li>– Insert a link to Council meeting where cooling of period has been discussed and decided upon; <b>OR</b></li> <li>– Where not publicly available, please describe briefly cooling off policy.</li> </ul> </li> </ul> <p>Meets standard.</p>	Yes met in 2020, continues to meet in 2021
			<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> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <b>Yes</b></li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire.</li> </ul> <p>The conflict of interest declaration that board members sign on an annual basis was last updated in 2021. Also in 2021, the board approved a new conflict of interest questionnaire that will be completed/updated prior to each board meeting.</p> <p>A link to the most recent board meeting materials that include the questionnaire can be found <a href="#">here</a>.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<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>Yes</p>
			<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.</li> </ul> <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 <a href="#">here</a>.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	
		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please provide the year the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities.</li> </ul> <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 <a href="#">2020-2022 strategic plan</a> identified the transformation of the COO’s governance framework and organizational processes as a central goal, and identified various strategies and objectives for its accomplishment.</p> <p>In 2021 the board received monitoring reports with respect to the following operational boundaries policies:</p> <ol style="list-style-type: none"> <li>1. Financial Planning and Budgeting Policy (February)</li> <li>2. Corporate Identity, Public Image and Communication Policy (February)</li> <li>3. Emergency Registrar, CEO Succession Policy (February)</li> </ol>	

		<p>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>	<ol style="list-style-type: none"> <li>4. Financial Condition Policy (May)</li> <li>5. Vendor Relations Policy (May)</li> <li>6. Relationship with the Public and other COO Beneficiaries Policy (May)</li> <li>7. Communication and Support to the Board Policy (October)</li> <li>8. Reserves Policy (December)</li> <li>9. Investment Policy (December)</li> </ol> <p>Operational boundaries policies are also in place relating to general operational constraints, asset protection, human resources and relations, registrant relations and intellectual property. These policies are scheduled for monitoring in 2022.</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>			

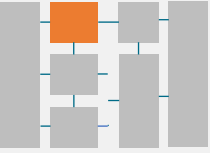
STANDARD 3	Measure	
	3.1 Council decisions are transparent.	
	Required Evidence	College Response
	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	<p>The College fulfills this requirement:</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted.</li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Minutes from board meetings can be found on the COO website <a href="#">here</a>.</p> </div>
		Partially
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: right;">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>
	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>The College fulfills this requirement:</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li>Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.</li> </ul> <p>Information about Executive Committee meetings is included in the Executive Committee Reports that are made to the board at each meeting, and includes details of the meeting dates, matters that are discussed, decisions made, and, where applicable, instances where the committee acted as the board. Board meeting materials are available on the website <a href="#">here</a>.</p> </div>
	<ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and</li> </ul>	Yes

		<p>decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				
<p><b>Measure</b> <b>3.2 Information provided by the College is accessible and timely.</b></p>				
<p><b>Required Evidence</b></p>		<p><b>College Response</b></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>Yes</p>	
		<ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> <p>Materials for upcoming board meetings can be found on the COO website <a href="#">here</a>. Materials from past board meetings can be found on the COO website <a href="#">here</a>.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<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>Yes</p>	
		<ul style="list-style-type: none"> <li>Please insert a link to the College’s Notice of Discipline Hearings.</li> </ul> <p>Information about upcoming discipline hearings, including a link to the specified allegations, can be found on the COO website <a href="#">here</a>.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional)</i>
		<b>Measure</b>	
		<b>3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.</b>	
		<b>Required Evidence</b>	<b>College Response</b>
		<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.</li> </ul> <p>The COO’s DEI Strategic Plan can be found on the COO website <a href="#">here</a>. Minutes from the December 2021 board meeting where this plan was approved can be found <a href="#">here</a>. These minutes also include approval of the 2022 budget, which included allocation of resources toward DEI strategic initiatives, including DEI training for examiners and other COO contractors, development of jurisprudence and/or continuing education materials, and DEI consulting and policy development</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
			<i>Additional comments for clarification (optional)</i>
		<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</p>	<p>The College fulfills this requirement:</p> <p>Partially</p> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.</li> </ul> <p>Since 2020, every briefing note prepared for a board or committee meeting relating to a policy, operational or strategic decision has included a section on the diversity, equity and inclusion considerations that relate to the decision at hand. The committee/board is therefore prompted to have a discussion on the potential diversity, equity or inclusion impacts of their decision, and where applicable, review relevant data that has been presented for their consideration.</p>



	encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (optional)</i>	
		The COO is currently exploring tools for a more formal/structured approach to conducting equity impact assessments in a way that will be sustainable and cost effective.	

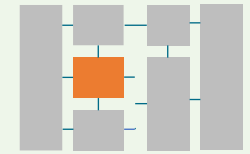
		<b>Measure</b> 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.		
		<b>Required Evidence</b>	<b>College Response</b>	
<b>DOMAIN 2: RESOURCES</b>	<b>STANDARD 4</b>	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement:	
		<i>Further clarification:</i> 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.	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to most recent approved budget.</li> <li>Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul> <p>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. In 2021, strategic plan monitoring reports were delivered to the board in <a href="#">February</a> and <a href="#">October</a>.</p> <p>The board approves an annual budget and receives quarterly financial variance reports. The most recent approved budget can be found <a href="#">here</a>.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i>	
		<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>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>Yes met in 2020, continues to meet in 2021</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li> </ul> <p>The COO continues to meet this standard. The <a href="#">Reserves Policy</a> was most recently reviewed/updated on May 17, 2021.</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</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The 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"> <li>• <b>Human Resources and Relations Policy:</b> this policy was last reviewed/updated <a href="#">May 17, 2021</a>. The board also reviews monitoring reports on this policy on a biannual basis. The first monitoring report on this policy will be reviewed by the board in October 2022.</li> <li>• <b>Emergency Registrar, CEO Succession Policy:</b> this policy was last reviewed/updated <a href="#">December 3, 2018</a>. The board also reviews a monitoring report on this policy on an annual basis. The most recent monitoring report was reviewed on March 1, 2021.</li> </ul> <p>In addition, the board receives quarterly reports from the Registrar, CEO on staffing matters.</p> <p>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>	

		and engagement).	<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>				
		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Partially
<ul style="list-style-type: none"> <li>Please insert a link to the College’s data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>The board regularly reviews and receives monitoring reports on operational boundaries policies relating to the protection of COO data and on achievement of KPIs on strategic objectives relating to streamlining technological processes.</p> <p>The COO’s <a href="#">Emergency Registrar, CEO Succession Policy</a> requires the Registrar, CEO to ensure they do not operate without maintaining COO administrative policies, procedures, and business records in an organized and accessible manner. As evidenced by annual monitoring reports made with respect to this policy (see the <a href="#">monitoring report</a> delivered in February 2021), this policy criteria has been interpreted by the Registrar, CEO to include a duty to ensure that COO files are protected from internal and external risks, including cyber security threats.</p> <p>the COO’s <a href="#">Financial Planning and Budgeting Policy</a> requires the Registrar, CEO to ensure the financial planning that assigns the funds reasonably necessary for the COO to fulfill its regulatory responsibilities and strategic outcomes. General plans relating to data technology form part of the annual budgeting process where the Finance Committee and board are presented with relevant information relating to data technology needs for the year and can allocate funds accordingly. In addition, the COO has established strategic objective relating to streamlining COO processes, and the board receives regular updates on the achievement of KPIs relating to these goals.</p>				
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>				
<i>Additional comments for clarification (optional)</i>				Yes
Plans are underway to establish a more formal operational boundaries policy specific to data technology and cyber security.				

**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 of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice 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"> <li><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>Active engagement with other health regulatory colleges and system partners continued to be central to the work carried out by the COO in 2021 to execute its mandate.</p> <p>The following outlines 3 examples of engagement with system partners and the respective outcomes:</p> <ol style="list-style-type: none"> <li><b>Administration of Entry-to-Practice Examinations during the COVID-19 Pandemic</b></li> </ol> <p>The COO works in collaboration with multiple system partners in order to facilitate and host entry-to-practice examination sessions for opticians in Ontario. These system partners include:</p> <ul style="list-style-type: none"> <li><i>The National Alliance of Canadian Optician Regulators (NACOR):</i> NACOR is made up of the 10 opticianry regulators across Canada. Through NACOR, the COO works collaboratively with its national counterparts to develop and administer the national entry-to-practice examinations for opticians. The COO also elects a board member to serve as a member of the National Examinations Committee (NEC), a sub-committee of NACOR that meets to</li> </ul>

review and make recommendations on the national examinations, having regard to the latest data and environmental factors relating to opticianry practice and competencies.

- *Education institutions:* There are currently eight opticianry educational programs across Canada that have been accredited by the COO, or deemed to be equivalent to an accredited program. The COO works closely with these institutions to monitor graduation rates and timelines, the size of current student cohorts, and supporting recent graduates in applying for registration as an Intern Optician and sitting the national examinations. The COO also works with Ontario opticianry programs to serve as host institutions for the examinations themselves. In 2021 Ontario examination sessions were held at Seneca College in Toronto and La Cité College in Ottawa.
- *Registrants:* The COO recruits and trains qualified registrants to serve as examiners for the practical portion of examination sessions.
- *Other Canadian opticianry regulators:* The COO works collaboratively with its national counterparts to facilitate inter-provincial mobility for students as they work to meet entry-to-practice requirements.

The impact of the COVID-19 pandemic necessitated cancelling one examination session in Spring 2020. The pandemic also impacted graduation timelines as many opticianry programs had their terms disrupted by various lockdown measures. From October 2020 onward, however, the COO worked with the system partners identified above to not only ensure that examination sessions resumed (with appropriate safety measures in place), but to actually improve overall access to the examination by:

- Doubling the number of sessions offered in 2021 from 2 to 4
- Adding, for the first time in Ontario, two French-language exam sessions at La Cité College in Ottawa, and thus furthering the COO's commitment to diversity, equity and inclusion by improving linguistic and geographic accessibility.

In total, 240 candidates completed the national examinations in 2021, which represented a 15% increase compared to pre-pandemic numbers. The success of these examination sessions during an arguably challenging period can be largely attributed to the COO's ability to work closely with its system partners and to leverage existing relationships to navigate frequent changes to public health guidelines and other logistical challenges that arose as a result of the pandemic.

In particular, the COO:

- Worked with NACOR and the NEC to modify the practical portions of the examinations to ensure they could be performed safely and in line with public health measures. This included working closely with experts to validate the modified examination and ensure it continued to be a reliable measure of candidates' readiness for independent practice.
- Worked with Seneca College and La Cité College to seek their agreement to serve as host venues for the examinations themselves, as lockdown measures during much of 2021 prevented the use of most other external venues such as conference spaces.
- Worked with examiners and other contractors to develop safety protocols for the examinations themselves, including creating candidate cohorts, sourcing additional equipment, developing cleaning and disinfection protocols, and sourcing personal protective equipment. Examination sessions are typically held over a 2-day period, however with smaller cohorts in place, the sessions were lengthened to 5-6 days. The fees for the examinations, which are typically set at a level to permit for cost-recovery, were kept at pre-pandemic levels out of fairness to candidates. As a result, the increased

costs of running the examination sessions in this manner were absorbed by the COO.

**2. Streamlining Proof of Insurance for Registrants**

Practising opticians are required by regulation to provide documentary evidence of professional liability insurance as part of the annual renewal process. In 2021 the COO worked closely with its system partners within the opticianry industry to streamline the process for submitting and verifying proof of insurance. Under the updated system, several large employers have agreed to supply the COO with a detailed list of the registered opticians covered under group insurance policies. As a result, the individual opticians employed by these employers no longer need to request that the employer prepare personalized insurance documentation that they can then submit to the COO. In turn, the COO is able to verify proof of insurance for these opticians much more efficiently.

**3. National collaboration on access to vision care under the Non-Insured Health Benefits program**

In 2021, the COO initiated a national collaboration between opticianry regulators to examine and address barriers facing eligible First Nations and Inuit patients in accessing vision care benefits under the Non-Insured Health Benefits program. This initiative seeks to build on training provided to the COO board in 2021 on Indigenous cultural safety and humility and is in line with the goal identified by the board in its [Diversity Equity and Inclusion Strategic Plan](#) to use principles of diversity, equity and inclusion to protect the public through effective regulation. The ultimate aim of the initiative is to investigate ways that the colleges, as regulatory allies, can work to improve access to vision care and support opticians who dispense optical appliances under this program.

This initiative was launched in 2021 with meetings between opticianry regulators across Canada to begin a preliminary exploratory phase of information gathering and relationship-building. The project will continue into 2022 and beyond with efforts to build on relationships with other system partners, including First Nations and Inuit patient and community groups, the First Nations Health Authority of British Columbia, other benefit plan providers, and the federal government.

**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). 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).*

The COO uses a variety of tactics to engage with partners to ensure it can respond to changing public/societal expectations. In 2021 these tactics included:

- **Public Poll:** Commissioning Leger to conduct a public poll of 1000 Ontarians on their experience with opticianry services
- **Citizens Advisory Group (CAG):** Engaging the CAG for feedback on specific policy items. In 2021 these included updates to the COO’s Code of Ethics for opticians and a proposed regulatory amendment for an exemption that would permit registered opticians to provide opticianry services to their spouses
- **Website improvements, feedback survey and search engine optimization:** These tools, which launched in 2020, continued to be leveraged in 2021 to gather important feedback on ways that the COO could improve website navigation and content. For example, the COO collects ongoing feedback from a window on our website where visitors to the site can provide input on their navigation experience and recommend improvements.
- **Blog posts and communication strategy:** The College’s social media strategy regularly includes content directed at and intended to engage patients and opticians on the latest COO updates and information about public safety and factors impacting the practice environment. The COO also published a number of [blog posts](#) in 2021 to engage patients and to provide registrants with guidance that will improve patient care.
- **Monitoring internal data sources:** The COO monitors trends and themes in practice advice calls from both the public and opticians, along with patient complaints, and uses this data to inform college communications and social media posts, along with COO presentations to opticians at continuing education seminars.
- **Reviewing news and media reports:** The COO regularly reviews news and media reports that relate to patient experience and expectations, including around service standards, new technology, and diversity, equity and inclusion issues.

Examples of key successes and achievements in 2021:

**COVID-19 Pandemic Response**

In 2021 the COO continued to work closely with its system partners to respond in a timely way to changing public and societal expectations. This was made possible by fostering and building on strong relationships and communication channels with partners such as industry representatives, professional associations, registrants, provincial and local governments and public health units, and educational institutions.

Throughout 2021, the COO closely monitored changes to public health guidelines, directives and regulations and employed a robust communication strategy to ensure registrants and patients were provided with the most up to date information on impacts to the practice environment. This included:

- 19 eblasts to registrants relating to COVID-19 in 2021
- Social media posts on Twitter, Instagram, Facebook and LinkedIn, with links back to the website with additional information
- Engaging with registrants, dispensary operators and business owners, patients, and public health representatives via phone and email to respond to inquiries, provide or receive clarifications on public health measures, and offer guidance on implementation of public health measures in the practice environment
- Updating the [COVID-19 website hub](#) with information for registrants and patients, including a detailed [FAQ document](#) which was updated regularly based on inquiries made by registrants, dispensary operators, and patients.
- Updating the [Return to Practice Guidelines](#) in response to guidance received from public health authorities on cleaning and disinfection protocols

#### **Building Capacity for the Future**

One of the goals identified by the board in its [2020-2022 Strategic Plan](#) is to transform the COO's governance framework and organizational processes to increase efficiency and public trust. This goal recognizes that there is a strong public and societal expectation that colleges will take steps to modernize their governance framework in a manner that promotes transparency, public trust and accountability.

In 2021, the COO achieved two key milestones of governance transformation: implementing a competency-based screening process for board and committee members, and building capacity of public appointed members to serve on college committees.

#### *Establishment of the competency-based screening process*

In 2021 the COO engaged a governance expert to work with the board to establish a robust competency profile and screening process for board and committee members. This resulted in the approval of the following 5 "core behavioural competencies" for board and committee members:

- **Passion – Public Service Oriented:** Demonstrates outstanding initiative and commitment towards the practice of opticianry. Committed to service the College's mandate to regulate the profession of opticianry in the public interest.
- **Exemplified Integrity:** Demonstrates a conviction to do what's right and to reject what's wrong, regardless of the consequences.



- **Unbiased and Open Minded:** Demonstrates the ability to self identify and set aside conscious biases. Proactively reflects on the impact of unconscious biases in all situations. Actively listens and absorbs all information to make an informed and open-minded decision.
- **Critical Judgment and Decision Making:** Makes good decisions based upon a combination of analysis, wisdom, experience and sound judgment. Comfortably deals with concepts and complexity and looks beyond the obvious to avoid ‘group think’ and/or the status quo.
- **Collaboration and Inclusion:** Demonstrates an open mindset, listens without judgment, and embraces diversity of others and of thought. Seeks to understand and build on the strengths of others.

The COO also developed a Diversity, Skills and Preferences matrix to assess current and skills and preferences, and to identify potential gaps that could be filled through recruitment of additional qualified members and/or training.

A screening panel was also established to hold interviews to screen candidates against the established competencies. The screening panel was made up of public members of the Governance Committee (both government-appointed board members and public appointed committee members).

In order to ensure the success of this framework and promote overall accessibility, the COO held two information sessions for potential candidates in 2021. The purpose of the information sessions was for interested candidates to educate themselves about the role of the college, duties of board and committee members, and the competency profile and screening process. The sessions were designed to encourage participation, remove barriers, and set candidates up for success.

*Building capacity of public appointed members*

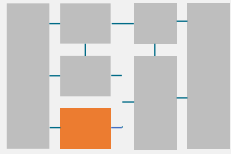
In 2020 the board amended the by-laws to permit non-opticians to be appointed to COO committees. The board also expressed a desire to build additional capacity of appointed members (opticians and non-opticians) to achieve greater separation between the board and committees, within the existing legislative framework.

In 2021, the COO employed various strategies to achieve the goal set by the board, including approving the competency framework described above, and employing a multi-faceted strategy to recruit and onboard new committee members.

The recruitment strategy included:

- Advertising for committee positions on various job sites such as Indeed and Charity Village
- Leveraging the COO’s growing social media presence to broadcast information and reminders about the recruitment process.
- Holding an information session for interested candidates to educate them on the role of the college, the screening process, and the type of work they would be doing as committee members.

As a result of these efforts, the COO was successful in recruiting 7 additional committee members for terms starting January 1, 2022. 5 of these candidates were completely new to the College, while 2 had previously served as board or committee members in the past. In addition, this recruitment strategy brought the total number of appointed members from 10 to 13, and the total number of public (non-optician) appointment members from 1 to 5.



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](#) (Duty of Confidentiality)
- Schedule C to the [COO By-Laws](#) (Rules of Order of the Board of Directors and its Committees)
- Schedule D (including Appendix II) to the [COO By-Laws](#) (Code of Conduct for Directors and Committee Members)

Other processes:

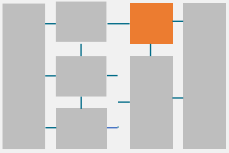
- All board and committee members sign a confidentiality agreement on an annual basis
- All college staff and contractors are required to sign a confidentiality agreement prior to beginning their work
- All requests for information are reviewed by internal legal counsel prior to being acted on

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

Choose an item.

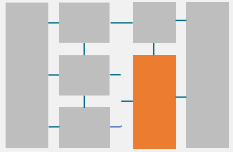
*Additional comments for clarification (optional)*

		<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>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>The College underwent a security audit in 2019 to review its processes and policies with respect to safeguarding confidential information. As a result of this audit, updates were made to the following processes:</p> <ul style="list-style-type: none"> <li>• Providing all board and committee members with college-issued email addresses</li> <li>• Implementing multifactor authentication for all college accounts</li> <li>• Ensuring the secure destruction of any credit card information on file</li> <li>• Introducing new automated payment processes so that it would no longer be necessary to collect credit card information</li> <li>• Issuing laptops/tablets to peer assessors</li> <li>• Providing training to board members on cyber security</li> </ul> <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", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

		<b>Measure</b> 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).	
		<b>Required Evidence</b> 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.	<b>College Response</b> The College fulfills this requirement: <ul style="list-style-type: none"> <li>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 <b>OR</b> 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).</li> </ul> <p>The college regularly monitors changing practice environments and technology through environmental scans and consultations with stakeholders and system partners, including but not limited to: opticianry regulators across Canada, opticianry educators, Health Professions Regulators of Ontario, the College of Optometrists of Ontario, opticianry associations and industry stakeholders.</p> <p><a href="#">Standards of Practice and Practice Guidelines</a> are reviewed every five years, or more frequently as required (see page 4: Review Frequency).</p> <p>All governance policies are reviewed at least every three years, based on a review schedule set out in the COO’s Policy Governance Manual.</p> <p>Other policies relating to registrant practice are updated on an as-needed basis, having regard to changes in the standards, guidelines, legislation, practice environment and/or technology.</p> <p>In 2021, the following documents were reviewed/updated in response to the COVID-19 pandemic and/or to respond to other changes in the practice environment:</p> <ul style="list-style-type: none"> <li><a href="#">COVID-19 Return to Practice Guidelines</a></li> <li><a href="#">Contact Lens Mentor Policy</a></li> <li><a href="#">Contact Lens Fitting Policy</a></li> <li><a href="#">Code of Ethics</a></li> </ul>
<b>DOMAIN 5: REGULATORY POLICIES</b> <b>STANDARD 8</b>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul>	<p>The College fulfills this requirement:</p> <p>Partially</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>When developing or updating policies, standards of practice, or practice guidelines, some or all of the following steps are taken, depending on the nature of the policy, standard or guideline at issue:</p> <ul style="list-style-type: none"> <li>• Conducting a literature review of relevant publications</li> <li>• Reviewing relevant regulations, public health directives and/or information published by the Ministry of Health</li> <li>• Conducting an environmental scan of the regulatory environment in Ontario and/or nationally and/or internationally</li> <li>• Using surveys and/or focus groups to gather information from registrants and other relevant stakeholders</li> <li>• Circulating draft information to stakeholders for feedback</li> <li>• Circulating draft materials to the Citizens’ Advisory Group for feedback on the expectations of the public</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Yes</p> <p><i>Additional comments for clarification (optional)</i></p> <p>The college is planning to make risk assessment more central to the development of standards, guidelines and policies.</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>	<p>Yes</p>
<ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>In 2020, the board updated the COO's <a href="#">organizational core values</a> 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>In 2021, the board approved a <a href="#">Diversity, Equity and Inclusion Strategic Plan</a> to run alongside its existing <a href="#">Strategic Plan</a>. The DEI Strategic Plan commits the board to various goals and strategies, including a commitment to regulate registrants fairly and equitably, and a commitment to ensuring that standards and guidelines set expectations for registrants to demonstrate DEI in their practice.</p> <p>Also in 2021, the board approved an updated <a href="#">Code of Ethics</a>. The updated Code 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>In addition, in 2021 the COO developed and released a new jurisprudence module on DEI to provide registrants with an overview of DEI concepts and how they apply in the practice environment.</p>				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				

		<b>Measure</b> <b>9.1 Applicants meet all College requirements before they are able to practice.</b>	
		<b>Required Evidence</b>	<b>College Response</b>
<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>	<b>STANDARD 9</b>	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>2</sup>.</p>	<p>The College fulfills this requirement:</p> <p>Yes met in 2020, continues to meet in 2021</p> <ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>• Please insert a link <b>OR</b> 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.).</li> </ul> <p>Meets standard</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>

<sup>2</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p>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"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>The college has a number of <a href="#">policies</a> in place that determine how it assesses whether an applicant meets the registration requirements. As part of its commitment to continuous improvement, the college undertook an in-depth review of its registration processes and procedures to ensure they continue to follow current best practices with respect to assessing applicant qualifications and to determine whether a further review by the Registration Committee is required. The college also regularly engages in sharing of best practices and knowledge with other members of the Ontario Regulators for Access Consortium (ORAC) network.</p> <p>Examples of recently conducted reviews include:</p> <ul style="list-style-type: none"> <li>• <a href="#">Contact Lens Fitting Policy</a>: The criteria to assess contact lens and eyeglass fittings were last reviewed/updated in October 2021</li> <li>• <a href="#">Reinstatement Policy</a>: This policy was last reviewed in November 2020</li> <li>• <a href="#">Policy on Vulnerable Sector Check and Applicants with Charges or Findings</a>: This policy was last reviewed/updated in May 2020. The process for obtaining vulnerable sector checks during the COVID-19 pandemic was last reviewed in November 2020.</li> <li>• Timeframe for the transition between certificates of registration: This process was last reviewed in February 2020</li> </ul>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		
<p><b>Measure</b> 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>				
		<p>a. A risk-based approach is used</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul>	<p>Partially</p>



to ensure that currency<sup>3</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).

Currency requirements for reinstatement applications are set out in the [Reinstatement Policy](#), which applies the criteria set out in the COO’s [Registration Regulation](#) under the *Opticianry Act, 1991*.

There is currently no requirement under the Registration Regulation for registrants to demonstrate currency as a condition of holding a certificate of registration as a registered optician. The COO is currently seeking amendments to the Registration Regulation that would introduce ongoing currency requirements for holders of a certificate of registration as a registered optician. The proposed amendments were submitted to the Ministry of Health in June 2017 following extensive consultation with registrants, opticianry associations, educators and industry stakeholders.

To maintain a current certificate of registration, registrants are required to renew their registration annually and report on their continued eligibility to practise, attest to their compliance with quality assurance and professional liability insurance requirements, as well as complete professional conduct declarations.

Maintenance of continued eligibility to practice and current liability insurance is monitored monthly by the college staff.

**Ongoing conduct requirements:** The College relies on self-declaration in determining whether an applicant/registrant meets ongoing requirements related to conduct and character. Applicants to the college must answer conduct related questions during the application process. Effective January 1, 2021, all 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. Registrants are required to make self-reports to the college at annual renewal (via conduct questions) and throughout the year in the event of a change of information.

**Currency Requirements:** Per the [Reinstatement Policy](#), registrants seeking reinstatement following a period of suspension greater than three years must submit evidence to the college that they demonstrate appropriate knowledge, skill and judgment through opticianry related activities and education. This evidence is evaluated by the Registration Committee. The committee may further require a registrant to undergo a competency-based assessment, examinations or quality assurance program activities prior to reinstatement.

The college recently began the process of developing a policy to address ongoing currency requirements for registrants in active practice. The policy is expected to be finalized in 2022, for implementation once the proposed amendments to the Registration Regulation are approved.

**Continuing Education Requirements:** Registrants report their annual continuing education requirements through an online registrant portal. This information is subjected to regular audits through the Competency Review and Evaluation (CRE) Process, which forms part of the COO’s Quality Assurance Program. Each year, 20% of registrants are randomly selected to participate in the CRE, which includes a review of their Professional Portfolio (continuing education hours, self-assessment and jurisprudence).

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

Yes

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

		<p><i>Additional comments for clarification (optional)</i></p> <p>Work is underway to develop policies relating to ongoing currency requirements for registered opticians, however implementation of the policy will not occur until amendments to the Registration Regulation have been approved by the Ontario Government.</p>	
<p><b>Measure</b></p> <p><b>9.3 Registration practices are transparent, objective, impartial, and fair.</b></p>			
		<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>• Where an action plan was issued, is it: No Action Plan Issued</li> </ul> <p><a href="#">Fair Registration Practices Report 2020</a></p>	<p>Yes met in 2020, continues to meet in 2021</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>			

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>	The College fulfills this requirement:	
	<p>Yes met in 2020, continues to meet in 2021</p>	
	<ul style="list-style-type: none"> <li>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:                             <ul style="list-style-type: none"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>Does the College always provide this level of support: <b>Yes</b> <i>If not, please provide a brief explanation:</i></li> </ul> <p>The COO developed <a href="#">COVID-19 Return to Practice Guidelines</a> in 2020. To assist with the initial implementation of the guidelines, the COO held a webinar on May 15, 2020 that was attended by approximately 30% of registrants (898 attendees). Updates were made to these guidelines at various points in 2020 and again in 2021. Registrants were kept informed of updates via eblasts, social media posts, a detailed <a href="#">FAQ</a> page, and semi-annual presentations at continuing education events.</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.	
	<i>Additional comments for clarification (optional)</i>	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>4</sup> .			
<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>	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> <li>Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found.</li> <li>Is the process taken above for identifying priority areas codified in a policy: <b>NO</b> <i>If yes, please insert link to policy:</i></li> </ul> <p>Internal COO policies codify the foundational components of peer and practice assessments (behaviour-based interview, chart review and premises inspection), and principles regarding alignment between the assessment and the National Competencies for Canadian Opticians, the Standards of Practice, and the optician's individual areas of practice.</p> <p>The Peer and Practice Assessment (PPA) process was developed with the assistance of a consultant with expertise in the assessment of regulated health professionals. In order to ensure the assessment would focus on the areas of practice that would most impact the quality of a registrant's practice, the COO conducted environmental scans and held focus groups with registrants in a variety of practice settings and specialties who provided insight into the competencies that should be assessment using a peer assessment methodology. Pilot testing was also carried out to assess the reliability of assessment methods.</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>		

<sup>4</sup> "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach <b>OR</b> please briefly describe right touch approach and evidence used.</li> </ul> <p>The COO uses an evidence-informed approach to determine which registrants will undergo an assessment activity. Pursuant to regulation and the COO's <a href="#">Peer Assessment Selection Criteria Policy</a>, registrants are required to undergo an assessment in the following circumstances:</p> <ul style="list-style-type: none"> <li><b>Random selection:</b> The <a href="#">General Regulation</a> under the <i>Opticianry Act, 1991</i> specifies that the Quality Assurance Committee will select a random sampling of registrants to undergo a peer and practice assessment each year.</li> <li><b>Non-compliance with the QA Program/Failure to submit or complete Professional Portfolio:</b> Registrants are periodically audited for compliance with their annual Quality Assurance Program requirements. Registrants who fail to demonstrate adequate compliance with the Competency Review and Evaluation (CRE) process, which includes completing an annual Professional Portfolio, may be required to undergo a Peer and Practice Assessment (PPA). The CRE process is used to assess whether registrants are remaining current and engaging in continuing education and self-assessment, and by extension are continuing to practice in a manner that is in line with standards. Where the registrant fails to engage with the CRE process, the PPA is then used to serve a similar function – i.e. to assess whether the registrant is demonstrating currency and adhering to appropriate standards of practice.</li> <li><b>Failure to participate in the Multi-Source Feedback Process, or deficiencies identified:</b> Registrants who are selected to participate in the Multi-Source Feedback (MSF) process who fail to do so will be required to undergo a PPA. In addition, registrants who fall below a threshold score will also be required to undergo a PPA. Threshold scores are based on two statistical concepts: <ul style="list-style-type: none"> <li><i>Z score:</i> indicates who a single point of data compares to the norm – i.e. whether the point is above/below the average and how unusual it is from the norm</li> <li><i>Percentile rank:</i> establishes a relative position of the registrant's score, compared to other registrants</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li><i>Public</i> Choose an item.</li> <li><i>Employers</i> Choose an item.</li> <li><i>Registrants</i> Choose an item.</li> <li><i>other stakeholders</i> Choose an item.</li> </ul> </li> </ul>	<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>	

		<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:	Yes
		<ul style="list-style-type: none"> <li>• Please insert a link to the document that outlines criteria to inform remediation activities <b>OR</b> list criteria.</li> </ul> <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 risk 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"> <li>• Competencies identified as deficient by multi-source feedback process (where applicable)</li> <li>• Competencies identified as deficient by peer and practice assessment report</li> <li>• whether the concerns identified are likely to have a direct impact on patient care, safety, or the public interest if not addressed</li> <li>• whether any mitigating or aggravating factors were present</li> </ul>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.		
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 practising.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <li>Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>All remediation activities that registrants are required to undergo include an evaluation method and a mechanism for tracking successful completion (e.g., certificate of completion). COO staff track the results of all remediation activities, including verifying that the registrant has demonstrated successful completion by achieving the minimum score or meeting other relevant evaluation criteria. Registrants who successfully complete the assigned remediation activity are therefore considered to demonstrate the required knowledge, skill and judgment 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: <ul style="list-style-type: none"> <li>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;</li> <li>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</li> </ul>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li> <li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p>Understanding the Complaints Process: <a href="https://collegeofopticians.ca/public/complaints-and-conduct/understanding-the-complaints-process">https://collegeofopticians.ca/public/complaints-and-conduct/understanding-the-complaints-process</a></p> <p>Frequently Asked Questions: <a href="https://collegeofopticians.ca/public/complaints-and-conduct/complaints-faq">https://collegeofopticians.ca/public/complaints-and-conduct/complaints-faq</a></p> <p>Information about Funding for Therapy and Counselling: <a href="https://collegeofopticians.ca/public/funding-for-therapy">https://collegeofopticians.ca/public/funding-for-therapy</a></p> <p>The College ensures all relevant information is received during intake by indicating which information is needed to the complainant. Once the complaint is received, staff review it and contact the complainant if anything is missing or if clarification is needed i.e. details, supporting document(s), receipt(s), prescription(s), communication, etc.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>		



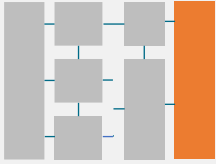
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>All complainants receive an acknowledgment and information sheet that explain the investigations process and possible ICRC outcomes. These documents have been reviewed by College staff and General Counsel. The ICRC is provided 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>	
			<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 responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>In 2021, 86 inquiries were received, and the College's response rate was 0.9.</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. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list supports available for public during complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>Supports available for the public during the complaints process include:</p> <ul style="list-style-type: none"> <li>• Timely response to email and phone inquiries regarding the complaints process</li> <li>• Assistance with identifying an optician for the purpose of making a complaint</li> <li>• Helping complainants to record or transcribe their complaint if they were unable to write their complaint</li> <li>• Engaging translators</li> <li>• Providing regular status updates</li> <li>• Adjusting how documents or information are communicated in order to accommodate a complainant's needs or preferences</li> </ul> <p>College staff provides information about available supports at the intake stage of each inquiry and/or complaint. As the complaint enters the process, complainants and respondents are provided with any new relevant information that is received by the college during the complaints investigation process and invited to make submissions. If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time. The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of.</p> <p>Complainants are notified by the college if allegations of professional misconduct arising out of their complaint were referred to the Discipline Committee. Complainants subsequently receive updates from the prosecutor representing the college in the discipline matter, either directly or through their legal counsel or representative.</p>	Yes
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.	
<p><i>Additional comments for clarification (optional)</i></p>			
<p><b>Measure</b></p> <p><b>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</b></p>			
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process <b>OR</b> please provide a brief description.</li> </ul> <p>The complainant is provided with contact information (telephone number and email address) for the Manager and Senior Coordinator of Professional Conduct initially during the start of the of the process, and on an ongoing basis as needed.</p>	Yes

		information, translation services etc.).	<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>				
			<table border="1"> <tr> <td data-bbox="760 492 2196 649"><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="2196 492 2575 649">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="760 649 2575 751"><i>Additional comments for clarification (optional)</i></td> </tr> </table>	<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>	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.						
<i>Additional comments for clarification (optional)</i>							
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<p><b>Measure</b></p> <p><b>12.1 The College addresses complaints in a right touch manner.</b></p>					
		<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to guidance document <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p>Panels of the ICRC use a risk assessment tool when reviewing all complaint matters. The risk assessment tool is used as an assistive tool to help determine the level of risk the conduct at issue poses to the public, if any. Factors considered in this tool include the type of conduct, whether the registrant demonstrated insight, and mitigating and aggravating factors. Based on the outcome of the risk assessment, the panel considers whether the complaint belongs in one of the four following categories: no/minimal risk, low risk, moderate risk and high risk. Each category lends itself to possible proportionate dispositions.</p> <p>The ICRC Risk Assessment Tool was most recently reviewed and updated in 2020.</p>	Yes met in 2020, continues to meet in 2021			
			<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		
13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> <li>Please insert a link to the policy <b>OR</b> please briefly describe the policy.</li> <li>Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul> <p>Information is sought and/or shared with other colleges or other relevant system partners on a case-by-case basis. Legal counsel is consulted prior to disclosing any confidential information with another college or system partner to ensure that disclosure is consistent with the requirements of s. 36 of the RHPA. Circumstances for disclosure could include:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Changes to a registrant’s registration status (e.g., suspension, resignation, terms, conditions or limitations) will be shared with the registrant’s employer.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul> <p>In 2021, information was shared by the College in the following circumstances:</p> <ul style="list-style-type: none"> <li>On one occasion with another health regulatory college where information received by the college identified concerns about a registrant of the other health regulatory college</li> <li>On one occasion a copy of a complaint made to the COO about a registrant of another regulatory college was shared with that regulatory college. This disclosure was made on the consent of the complainant.</li> </ul>	

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (if needed)</i>  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.	

	<b>Measure</b> <b>14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</b>			
	<b>DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT</b>  <b>STANDARD 14</b>	<b>Required Evidence</b>	<b>College Response</b>	
		a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included <b>OR</b> list KPIs and rationale for selection.</li> </ul> <a href="#">February 2021 Strategic Plan Monitoring Report</a> <a href="#">October 2021 Strategic Plan Monitoring Report</a>	Yes met in 2020, continues to meet in 2021
			<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:		Yes met in 2020, continues to meet in 2021
		<ul style="list-style-type: none"> <li>Please insert a link to Council meetings 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.</li> </ul> <p><b>February 22, 2021 Meeting</b>  <a href="#">Public Meeting Materials</a>  <a href="#">Approved Minutes</a></p> <p><b>October 4, 2021 Meeting</b>  <a href="#">Public Meeting Materials</a>  <a href="#">Approved Minutes</a></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>Measure</b>			
<b>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</b>			
	a. Council uses performance and	The College fulfills this requirement:	Yes

	<p>risk review findings to identify where improvement activities are needed.</p>	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.</li> </ul> <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 2021, Strategic Plan monitoring reports were reviewed by the board in <a href="#">February</a> and <a href="#">October</a>. 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>
<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>Measure</b> <b>14.3 The College regularly reports publicly on its performance.</b>		
<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>	<p>Yes met in 2020, continues to meet in 2021</p>
<ul style="list-style-type: none"> <li>Please insert a link to the College's dashboard or relevant section of the College's website.</li> </ul> <p><a href="#">February 2021 Strategic Plan Monitoring Report</a>  <a href="#">October 2021 Strategic Plan Monitoring Report</a></p> <p>These documents are included in public board meeting packages, which are available on the COO website <a href="#">here</a>.</p>		Choose an item.
<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>		

## 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.

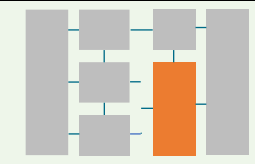
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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 11		
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 2021*		
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 2021. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>
i. Completion of Professional Portfolio	3187	
ii. Competency Review and Evaluation – Professional Portfolio	702	
iii. Competency Review and Evaluation – Multi-Source Feedback Process	0	
iv. Peer and Practice Assessments	20	
v. Specified Continuing Education or Remediation Programs ordered by the Quality Assurance Committee	NR	

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

[NR](#)

*Additional comments for clarification (if needed)*

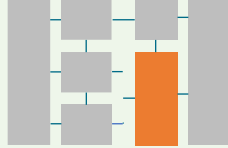
**Professional Portfolio:** All registrants who practice during the reporting year in question are required to complete a Professional Portfolio. The portfolio consists of a self-assessment, a requirement to complete a minimum of 16 continuing education hours, and a requirement to complete a jurisprudence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

**Competency Review and Evaluation Process:** The COO uses the Competency Review and Evaluation (CRE) process to audit registrants' compliance with the Quality Assurance Program. Annually, 20% of registrants are randomly selected to participate in the CRE. 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.

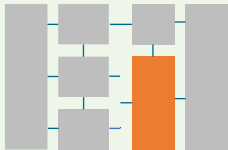
**Multi-Source Feedback Process:** The Multi-Source Feedback process was suspended in 2021 due to the ongoing COVID-19 pandemic.

**Peer and Practice Assessments:** In 2021, due to the ongoing COVID-19 pandemic, all Peer and Practice Assessments were conducted remotely, following the development and approval by the Quality Assurance Committee of remote assessment tools.

**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: <b>R e c o m m e n d e d</b> <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2021	3187	100%	<i>What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i>
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	NR	NR	<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 2021, understanding that some cases may carry over.</i>
<u>NR</u>			
<i>Additional comments for clarification (if needed)</i>			
All registrants who practice during the reporting year in question are required to participate in the Quality Assurance Program via completion of an annual Professional Portfolio.			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b>  <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2021:**	#	%	<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 judgment following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	
<p><u>NR</u></p> <p>* This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.</p> <p>**This number may include any outcomes from the previous year that were carried over into CY 2021.</p>			
<i>Additional comments for clarification (if needed)</i>			

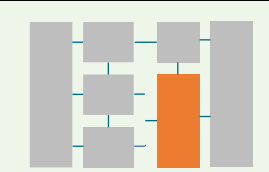
**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
Statistical data is collected in accordance with the recommended method or the College’s 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 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	NR	NR	0	0	
II. Billing and Fees	NR	NR	0	0	
III. Communication	5	24	0	0	
IV. Competence / Patient Care	NR	NR	0	0	
V. Intent to Mislead including Fraud	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	10	48	NR	NR	
VII. Record keeping	0	0	NR	NR	
VIII. Sexual Abuse	0	0	NR	NR	
IX. Harassment / Boundary Violations	0	0	NR	NR	
X. Unauthorized Practice	0	0	NR	NR	
XI. Other <please specify>	NR	NR	0	0	
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>21</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>R e c o m m e n d e d</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2021	22	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	13	
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2021	7	
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	NR	NR
IV. Formal complaints that proceeded to ICRC and are still pending	17	81
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
<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 committee.</i>		

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>NR</p>	<p>NR</p>	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p># 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.</p>			
<p>Additional comments for clarification (if needed)</p>			



**Table 6 – Context Measure 10**

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s 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 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	NR	NR	0	0	0
III. Communication	0	0	0	0	0	0	0
IV. Competence / Patient Care	5	6	NR	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	5	5	NR	0	0
VI. Professional Conduct & Behaviour	12	7	NR	NR	0	NR	0
VII. Record Keeping	0	NR	NR	NR	NR	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	NR	0
XI. Other	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 2021.

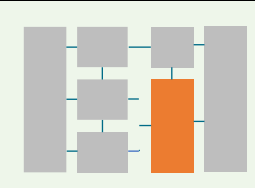
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number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

[NR](#)

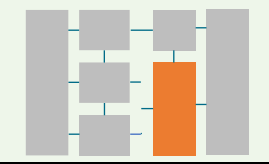
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing 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)

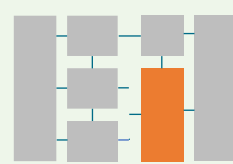
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
<p>Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b></p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
<b>Context Measure (CM)</b>		
<b>CM 11.</b> 90 <sup>th</sup> 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 2021	480	
II. A Registrar’s investigation in working days in CY 2021	679	
<p><a href="#">Disposal</a></p> <p><i>Additional comments for clarification (if needed)</i></p>		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
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 90 <sup>th</sup> percentile as only 3 matters were disposed of by the COO in 2021 (two uncontested and one contested). The figures below therefore represent the actual number of working days to dispose of the one contested matter, and the number of working days to dispose of the longer of the two uncontested matters.		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.  The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2021	577	
II. A contested discipline hearing in working days in CY 2021	158	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
Additional comments for clarification (if needed)		

**Table 9 – Context Measure 13**

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
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	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	0	

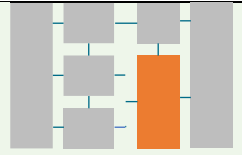
*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.*

\* *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 13		
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
<b>CM 14.</b> Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
Type	#	
I. Revocation	NR	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	0	
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases. <a href="#">Revocation</a> <a href="#">Suspension</a> <a href="#">Terms, Conditions and Limitations</a> <a href="#">Reprimand</a> <a href="#">Undertaking</a> <a href="#">NR</a>		
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 Professionals 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 he/she 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](#)