AGENDA
Council Meeting
College of Homeopaths of Ontario
by teleconference
Thursday, January 28, 2021 10:00 a.m. – 12:34 p.m.

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
1		Call to Order	Information	Verbal	M Heller	10:00	2 min
2	2.1	Adoption of Agenda	Decision	Written	M Heller	10:02	2 min
	2.2	Welcome to New Council Member	Information	Verbal	M Heller	10:04	5 min
3		Declaration of Conflict of Interest	Decision	Verbal	M Heller	10:09	1 min
4		Approval of minutes – October 1, 2020	Decision	Written	M Heller	10:10	5 min
5		Ministry of Health College Performance Measurement Framework (CPMF)	Information	Written	J Blanchard	10:15	20 min
IN CAMERA							
In-camera *As permitted by the* Regulated Health Professions Act, 1991*, Schedule 2, section 7.2, there are times when it is appropriate for Council to discuss matters* in camera*. These include issues of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel. A meeting or any portion of a conference held* in-camera *is not open to the public.*							
6		Approval of *in camera* minutes–October 1, 2020	Decision	Written	M Heller	10:35	5 min
7		Membership Scorecard	Discussion	Written	B Ziv	10:40	10 min
8		2020-2021 Statement of Operations	Decision	Written	B Ziv	10:50	10 min
9		COVID-19 Impact on Registrants	Information	Written	J Blanchard	11:00	10 min
10		2020 – 2021 Goals & Objectives Update	Information	Written	B Ziv	11:10	10 min
11		Planning Cycle for 2021/2022 Operational Goals & Objectives	Information	Verbal	M Heller	11:20	10 min
12		Bylaw Change re: Professional Health Care Corporation Fees	Decision	Written	J Blanchard	11:30	20 min
13		Updates 13.1 Complaints 13.2 QA	Information	Verbal	Staff	11:50	10 min
14		Election of Treasurer	Decision	Written	J Blanchard	12:00	10 min
15		Committee Appointments Update	Decision	Written	J Blanchard	12:10	5 min
16		Upcoming Election of Professional Council Members	Information	Written	K Harvey	12:15	5 min
17		Requirement for an Additional Council Meeting	Discussion	Verbal	J Blanchard	12:20	5 min

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
18		**Other Business and Action Items Arising**	**Discussion**	**Verbal**	**M Heller**	**12:25**	**5 min**
19		**HBS – Preparation Time**	**Decision**	**Written**	**M Heller**	**12:30**	**2 min**
20		**Adjournment**	**Decision**	**Verbal**	**M Heller**	**12:32**	**2 min**

NOTE: Please be reminded that all meeting materials, discussions and decisions are confidential to the College and cannot be copied or shared until they are made public.

College of Homeopaths of Ontario

Council Member Declarations re:

Conflict of Interest

as of January 28, 2021

Statement

I acknowledge and agree that an actual or perceived conflict of interest can undermine confidence in the College and its ability to fulfill its public interest mandate. I have read and understood the College's By-laws and conflict of interest policies. I agree to take all reasonable steps to avoid any actual or perceived conflict of interest from arising and, if one cannot be avoided, I undertake to declare any real, perceived or potential conflict of interest and to remove myself from any consideration of the matter in issue.

Council Member	Form Signed and Returned	Affiliations Identified	Conflict Identified
Heather Broadhead	✓	Rotary Club of London, member, ongoing Institute of Corp. Directors, member, ongoing Vimy Ridge Legion, member, ongoing	None
Anna Cardozo	✓	None	None
Kerri Flood	✓	CCHM, contract teacher, 2020-2021	None
Mark Heller	✓	IPAC Canada, member, ongoing Canadian College of Health Leaders, member, ongoing Ontario Long Term Care Association, member, ongoing Advantage Ontario, member, ongoing	None

Council Member	Form Signed and Returned	Affiliations Identified	Conflict Identified
		Ontario Retirement Communities Association, member, ongoing Canadian Standards Association, member, ongoing	
Julie Hughes	✓	Ontario Trillium Foundation, volunteer, 3 years	None
Paul Joseph	✓	Ontario Homeopathic Medical Association, member, 2018-present CTCMPAO, member, 2016-present North American Medical College, 2018-present	No No Yes
Sukhdev Singh Kooner	✓	Royal College of Physicians and Surgeons of Canada, lifetime member Punjab Medical Council, Punjab, India, lifetime member Dookh Nivaran Gurdwara Sahib, Brampton ON, President, life term position	None
Kamika McLean	✓	None	None
Sanjeev Nayyar	✓	None	None
Guru Dutt Vaid	✓	None	None
Bhupinder Sharma (past President, non-voting)	✓	LIGA Homeopathica Medicorum Internalis, NVP Canada, 2009-present Ontario Homeopathic Medical Association, member, 2017-present Canadian Homeopathic Medical College, Dean, teaching homeopathy, 2016-present Past affiliations: Community Advisory Council, William Osler Health, Brampton General Hospital, member, 2009-2019 Community Care Access Centre, board member, 2009-2017 Homeopathic Medical Educational Center of Canada, teacher, 2006-2008	None

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Thursday, October 1, 2020
by telephone and video conference

Present

Council

Mark Heller	Public (Chair)	
Heather Broadhead	Public	(departed at 12:57 p.m.)
Anna Cardozo	Professional	
Kerri Flood	Professional	
Eden Gajraj	Public	
Julie Hughes	Public	
Paul Joseph	Professional	
Sukhdev Kooner	Professional	(telephone only)
Kamika Mclean	Public	
Sanjeev Nayyar	Professional	
Guru Dutt Vaid	Professional	
Bhupinder Sharma	Professional (Past-President)	

Staff

Janet Blanchard	Senior Manager, Quality Assurance, Patient Relations, Communications
Kathryn Harvey	Communications Officer (recorder)
Basil Ziv	Registrar

Guest

Sheila McAllister	Ministry of Health

1 Call to Order

The President called the meeting to order at 10:01 a.m. and conducted a roll call.

2 Adoption of Agenda

2.1 Adoption of Agenda

(Appendix 2.1 Agenda, Council Meeting, June 11, 2020)

Motion # 1: To adopt the agenda.
Moved by E. Gajraj, seconded by H. Broadhead

That Council adopt the agenda.
CARRIED

2.2 Consent Agenda

Motion # 2: To accept the consent agenda.
Moved by H. Broadhead, seconded by A. Cardozo

That Council accept the consent agenda.
CARRIED

DRAFT / CONFIDENTIAL

3 Declaration of Conflict of Interest
None declared.

4 Approval of Minutes
(Appendix 4.1 Minutes, June 11, 2020 Council meeting)

Motion # 3: To approve the minutes of June 11, 2020
Moved by E. Gajraj, seconded by J. Hughes

That Council approve the minutes of its June 11, 2020 meeting.
CARRIED

5 Ministry of Health College Performance Measurement Framework (CPMF)
(Appendix 5.1 Report Form: MOH College Performance Measurement Framework)
(Appendix 5.2 Ministry Memo: MOH College Performance Measurement Framework)

Staff provided an overview of activities to date related to fulfilling the requirements of the College Performance Measurement Framework. Staff have been working through the standards to complete the report. Meeting the benchmarks described in the framework will continue to be integrated into the College's processes and objectives. Committees will be involved in shaping any changes required to meet CPMF standards.

Secretary's note:
As permitted by the Regulated Health Professions Act, 1991*, Schedule 2, section 7.2 there are times when it is appropriate for Council to discuss matters* in camera*. These include matters of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel. A meeting or any portion of a meeting held* in camera *is not open to the public.*

Motion # 4: To move *in camera*
Moved by H. Broadhead, seconded by G. Vaid

That Council move *in camera* at 10:20 a.m.
CARRIED

12 2020-2021 Goals & Objectives Planning
(Appendix 12.1 Report Form: 2020-2021 Goals and Objectives Planning)
(Appendix 12.2 2020-2021 Operating Plan, Goals & Objectives Draft V3.3.2)

The President presented and Council members discussed the strategic goals and objectives. It was agreed that a number of amendments would be made to the document. These include:

2B, 2 and 3	change timeframe from Q3 to Q4
3A, 2	change to "will achieve a membership level of 475 by the end of Q4" remove chart
3B, 4	change order of Leading Practices, moving Essential Services to Q4

DRAFT / CONFIDENTIAL

Motion # 12: To accept the Operating Plan, Goals & Objectives as amended.
Moved by A. Cardozo, seconded by G. Vaid

That Council accept the Operating Plan, Goals & Objectives as amended.
CARRIED

13 2020-2021 Meeting Dates

It was agreed that staff would poll for dates in January, June, and October 2021.

14 Other Business and Action Items Arising

.

Action Plan resulting from the October 1, 2020 Council Meeting

1. Sign audited financial statements via digital platform. [Registrar, President]
2. Develop terms of reference for a panel to establish a framework for considering financial options for the future. To be ratified by Executive. [staff, E. Gajraj]
3. Have Governance Panel continue its work on Council evaluation, including setting a schedule for implementation. [staff to facilitate]
4. Amend Goals and Objectives document as discussed. [staff]
5. Poll for meeting dates in January, June and October 2021. [staff]
6. In an action step to move forward item 3D of the 2020/2021 Operating Plan, Goals and Objectives [Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario], form a panel of the Registration Committee to develop an action plan to consider pursuit of regulatory amendments. [Registrar]

15 HBS Preparation Time

Half day preparation, half day meeting
Start time: 10:01 a.m.
End time: 1:11 p.m.

16 Adjournment

Motion # 13: To adjourn
Moved by E. Gajraj, seconded by G. Vaid

That Council adjourn at 1:11 p.m.
CARRIED

The Chair agrees these minutes are an accurate reflection of the meeting.

Mark Heller, Chair **Date**

DRAFT / CONFIDENTIAL

Action Plan resulting from the October 1, 2020 Council Meeting

1. Sign audited financial statements via digital platform.	COMPLETED
2. Develop terms of reference for a panel to establish a framework for considering financial options for the future. To be ratified by Executive.	TO BE CONSIDERED BY NEW TREASURER
3. Have Governance Panel continue its work on Council evaluation, including setting a schedule for implementation.	IN PROGRESS, TO BE COMPLETED BY END OF APRIL
4. Amend Goals and Objectives document as discussed.	COMPLETED
5. Poll for meeting dates in January, June and October 2021.	COMPLETED
6. In an action step to move forward item 3D of the 2020/2021 Operating Plan, Goals and Objectives [Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario], form a panel of the Registration Committee to develop an action plan to consider pursuit of regulatory amendments.	IN PROGRESS PENDING DISCUSSION BY REGISTRATION COMMITTEE AT ITS NEXT MEETING

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5

Ontario

MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
Assistant Deputy Minister

DATE: Tuesday December 1st, 2020

RE: **Formal launch of the College Performance Measurement Framework**

In follow up to my memo on September 1, 2020 regarding the 'soft launch' of the College Performance Measurement Framework (CPMF), I am pleased to inform you that today the Ministry of Health (ministry) is formally launching the CPMF.

I would like to thank you all for your comments and feedback that have helped inform the final drafts of the Reporting Tool and the Technical Specifications Document. Your feedback was used to provide further clarification to many of the Measures and Context Measures.

The CPMF that you have helped to develop will, for the first time in Ontario, further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public's interest.

This work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices reduces variation in the efficiency and effectiveness with which colleges carry out their functions.

The ministry is also aware that data and responses provided from the year 2020 are likely to be impacted by COVID-19, and that while the majority of the information requested in this reporting cycle should not be impacted, there may be instances where the requested data or information may be a significant outlier from previous years.

…/2

Ministry staff will work with you to ensure that this context is clearly communicated in the Colleges' Reporting Tools that will be posted on Colleges' websites to help the public better understand the information provided.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing during this first reporting cycle. However, during this baseline reporting cycle the ministry will:

- Provide each College with performance feedback and potentially identify opportunities for improvement, and
- Draft and post a Summary Report on the ministry website that will capture the Colleges' CPMF results at a system level (as opposed to the performance of each individual College).

Prior to beginning the second CPMF reporting cycle in October 2021, the ministry, together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of the reports and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you again for your advice and support to date.

The ministry looks forward to continuing this very important work with you over the coming year.

Sincerely,

_____

Sean Court
Assistant Deputy Minister

c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

Introduction 3
The College Performance Measurement Framework (CPMF) 3
The Proposed CPMF Reporting Tool 7
Part 1: Measurement Domains 11
Domain 1: Governance 11
Domain 2: Resources 19
Domain 3: System partner 21
Domain 4: Information management 23
Domain 5: Regulatory policies 24
Domain 6: Suitability to practice 25
Domain 7: Measurement, reporting, and improvement 34
Part 2: Context Measures 36

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

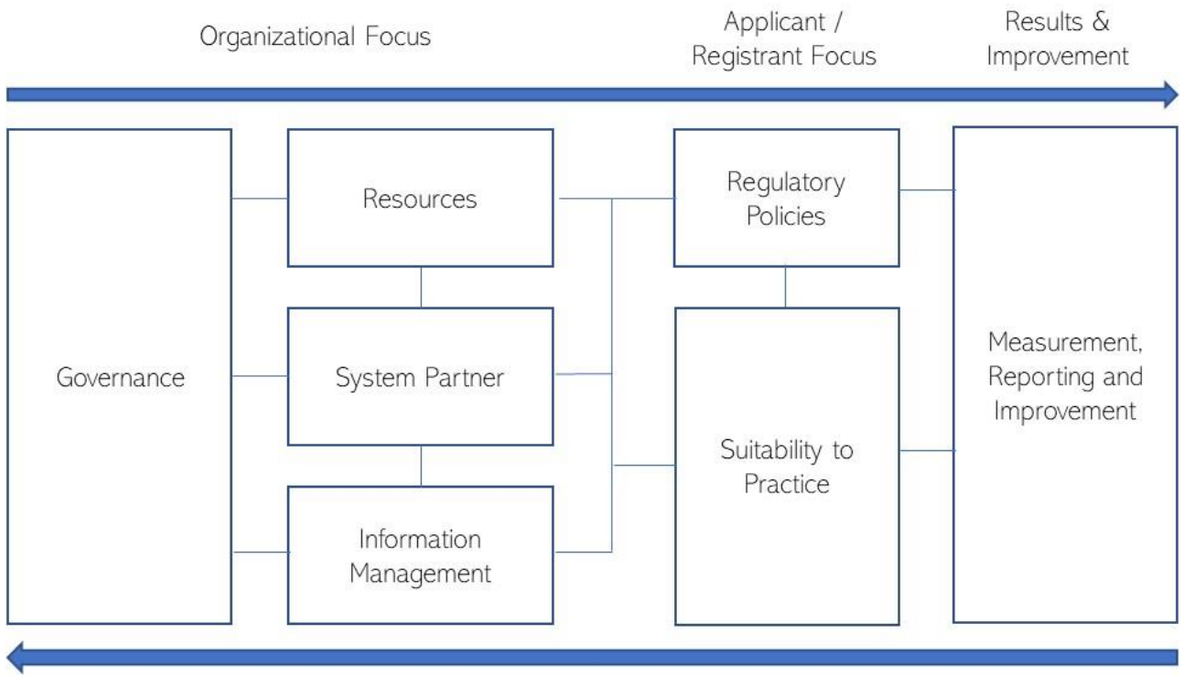
a) Components of the CPMF:

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

b) Measurement domains:

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

Figure 1: CPMF Model for measuring regulatory excellence



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

Table 1: Overview of what the Framework is measuring

	Domain	Areas of focus
1	**Governance**	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	**Resources**	• The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	**System Partner**	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	**Information Management**	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	**Regulatory Policies**	• The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	**Suitability to Practice**	• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	**Measurement, Reporting and Improvement**	• The College continuously assesses risks, and measures, evaluates, and improves its performance. • The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

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

Example:

Domain 1: Governance			
Standard →	**Measure** →	**Evidence** →	**Improvement**
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

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

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

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

Furthermore,

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

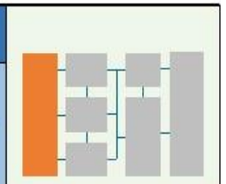
Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

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

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

Example:

DOMAIN 1: GOVERNANCE



Standard 1

Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public ***OR*** list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional):*

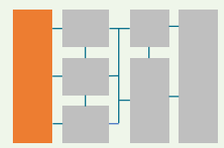
PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE

Standard 1

Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.



Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public ***OR*** list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*

		Additional comments for clarification (optional):
	b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• The competency / suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of each Statutory Committee orientation training: • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public ***OR*** list orientation training topics for Statutory Committee:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional):
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public ***OR*** list orientation training topics:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

		Additional comments for clarification (optional):
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Year when Framework was developed ***OR*** last updated: • Insert a link to Framework ***OR*** link to Council meeting materials where (updated) Framework is found and was approved: <*insert link*> • Evaluation and assessment results are discussed at public Council meeting: Yes ☐ No ☐ • *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:*
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ No ☐ *If yes, how often over the last five years? <insert number>* • Year of last third-party evaluation: <*insert year*>
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

		Additional comments for clarification (optional)
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; • Insert a link to Council meeting materials where this information is found ***OR*** • Describe briefly how this has been done for the training provided over the last year.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional):

Standard 2 **Council decisions are made in the public interest.**		
Measure	**Required evidence**	**College response**
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented ***OR*** last evaluated/updated: • Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy ***OR*** Council meeting materials where the policy is found and was discussed and approved:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

		Additional comments for clarification (optional)
	b. The College enforces cooling off periods[2].	The College fulfills this requirement: Yes ☐ No ☐
		• Cooling off period is enforced through: Conflict of interest policy ☐ By-law ☐ Competency/Suitability criteria ☐ Other <*please specify*> • The year that the cooling off period policy was developed ***OR*** last evaluated/updated: • How does the college define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; – insert a link to Council meeting where cooling of period has been discussed and decided upon; ***OR*** – where not publicly available, please describe briefly cooling off policy:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

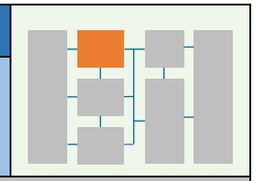
[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

	c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally</u>: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• The year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☐ Often ☐ Sometimes ☐ Never ☐ • Insert a link to most recent Council meeting materials that includes the questionnaire:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Describe how the College makes public interest rationale for Council decisions accessible for the public: • Insert a link to meeting materials that include an example of how the College references a public interest rationale:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 3 **The College acts to foster public trust through transparency about decisions made and actions taken.**		
Measure	**Required evidence**	**College response**
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert link to webpage where Council minutes are posted:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to the College's latest strategic plan and/or strategic objectives: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

DOMAIN 2: RESOURCES

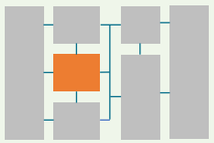


Standard 4

The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to Council meeting materials that include approved budget ***OR*** link to most recent approved budget: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

	b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ If applicable: • Insert a link to "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved: • Insert most recent date when "financial reserve policy" has been developed ***OR*** reviewed/updated: • Has the financial reserve policy been validated by a financial auditor? Yes ☐ No ☐ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (if needed)*
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

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

<table>
<tr>
<td rowspan="2">The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.

Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health</u>.

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

In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:
• Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.</td>
<td colspan="2">Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:

• 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.).</td>
</tr>
<tr>
<td>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive 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 “pushed” information by system partners, or where the College proactively seeks information in a timely manner.

• Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.
• 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).</td>
<td>Standard 7: The College responds in a timely and effective manner to changing public expectations.

Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.

• How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).
• The College is asked to provide an example(s) of key successes and achievements from the reporting year.</td>
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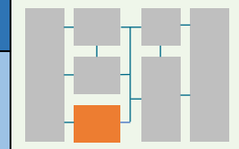
DOMAIN 4: INFORMATION MANAGEMENT

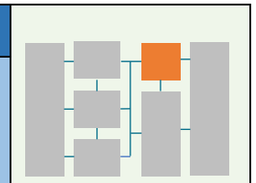


Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to policies and processes ***OR*** provide brief description of the respective policies and processes. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

DOMAIN 5: REGULATORY POLICIES

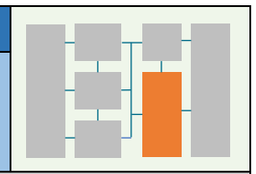


Standard 9

Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.

Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment ***OR*** describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) ***OR*** describe it in a few words. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 10

The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.

Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[3].	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements ***OR*** describe in a few words the processes and checks that are carried out: • Insert a link ***OR*** provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

[3] 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.

	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).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon ***OR*** describe in a few words the process and checks that are carried out. • Provide the date when the criteria to assess registration requirements was last reviewed and updated. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*
10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency[4] and other ongoing requirements are continually met (e.g., good character, etc.).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon ***OR*** provide a brief overview: • List the experts / stakeholders who were consulted on currency: • Identify the date when currency requirements were last reviewed and updated: • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

[4] 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).

10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to the most recent assessment report by the OFC ***OR*** provide summary of outcome assessment report: • Where an action plan was issued, is it: Completed ☐ In Progress ☐ Not Started ☐ No Action Plan Issued ☐ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (if needed)*

Standard 11

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

Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	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).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes ☐ No ☐ *If not, please provide a brief explanation:* *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[5].	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • List the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** link to website where this information can be found: • Is the process taken above for identifying priority areas codified in a policy: Yes ☐ No ☐ *If yes, please insert link to policy* • Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach ***OR*** describe right touch approach and evidence used: • Provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable): *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* *Yes* ☐ *No* ☐ – *Employers* *Yes* ☐ *No* ☐ – *Registrants* *Yes* ☐ *No* ☐ – *other stakeholders* *Yes* ☐ *No* ☐ • Insert link to document that outlines criteria to inform remediation activities ***OR*** list criteria: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

[5] "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).

11.3 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 its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** describe the process: • Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** describe the process: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (if needed)*

Standard 12 **The complaints process is accessible and supportive.**		
Measure	**Required evidence**	**College response**
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: • Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes ☐ No ☐ • Does the College evaluate whether the information provided is clear and useful: Yes ☐ No ☐ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*
	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 ☐ Partially ☐ No ☐ • Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	• List all the support available for public during complaints process: • Most frequently provided supports in CY 2020: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process ***OR*** provide a brief description: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

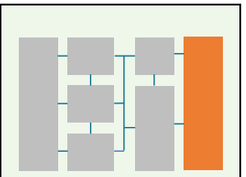
Standard 13

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

Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to guidance document ***OR*** describe briefly the framework and how it is being applied: • Provide the year when it was implemented ***OR*** evaluated/updated (if applicable): *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

Standard 14 **The College complaints process is coordinated and integrated.**		
Measure	**Required evidence**	**College response**
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to policy ***OR*** describe briefly the policy: • 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'). *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (if needed)*

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT



Standard 15

The College monitors, reports on, and improves its performance.

Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included ***OR*** list KPIs and rationale for selection:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

		Additional comments for clarification (if needed)
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to College's dashboard or relevant section of the College's website:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

PART 2: CONTEXT MEASURES

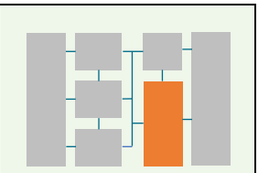
The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad'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

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

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

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

Domain 6: Suitability to Practice



Standard 11

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

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

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

Context Measure (CM)

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

Type of QA/QI activity or assessment	#
i. <Insert QA activity or assessment>	
ii. <Insert QA activity or assessment>	
iii. <Insert QA activity or assessment>	
iv. <Insert QA activity or assessment>	
v. <Insert QA activity or assessment>	
vi. <Insert QA activity or assessment>	
vii. <Insert QA activity or assessment>	
viii. <Insert QA activity or assessment>	
ix. <Insert QA activity or assessment>	
x. <Insert QA activity or assessment>	

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

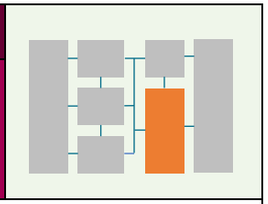
***NR** = Non-reportable: results are not shown due to < 5 cases*

What does this information tell us? *Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).*

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

Additional comments for clarification (if needed)

Domain 6: Suitability to Practice



Standard 11

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

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

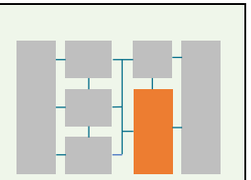
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
	#	%	***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 him or her to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.*
CM 2. Total number of registrants who participated in the QA Program CY 2020			
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *			

Additional comments for clarification (optional)

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

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 11

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

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

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

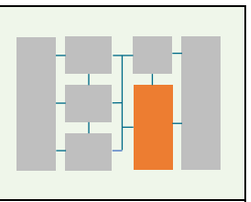
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	***What does this information tell us?*** *This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation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

Additional comments for clarification (if needed)

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

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

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

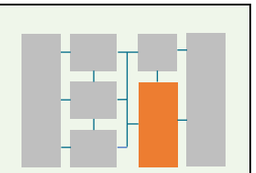
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		
Themes:	#	%	#	%	
I. Advertising					***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.*
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <*please specify*>					
Total number of formal complaints and Registrar's Investigations**		**100%**		**100%**	

* ***Formal Complaint**: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.* ***Registrar's Investigation**: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.* ǂ ***NR** = Non-reportable: results are not shown due to < 5 cases (for both # and %)* ** *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.*	
Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020			
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020			
CM 9. Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ǂ			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed** of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee			

** ***Disposal:*** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

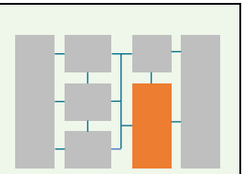
* ***Formal Complaints:*** *A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted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

ǂ ***ADR****: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*

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

Δ The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest. *# May relate to Registrars Investigations that were brought to 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 ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.* *ϕ **Registrar's Investigation:** Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.* ***NR** = Non-reportable: results are not shown due to < 5 cases (for both # and %)*	
Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

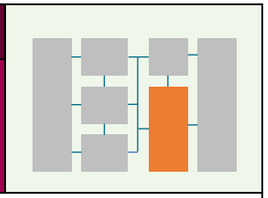
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020							
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions‡						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program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

** Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.*

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

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or findings.
What does this information tell us? *This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

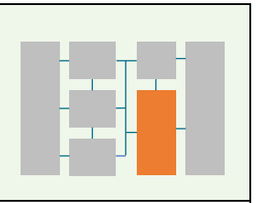
Context Measure (CM)		
CM 11. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency 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. A formal complaint in working days in CY 2020		
II. A Registrar's investigation in working days in CY 2020		

* ***Disposal Complaint:*** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

* ***Disposal Registrar's Investigation:*** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. ** *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 2020		
II. A contested# discipline hearing in working days in CY 2020		

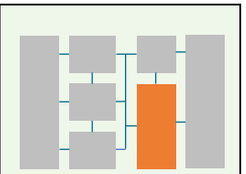
* ***Disposal:*** *Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).*

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

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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type		#
I.	Sexual abuse	
II.	Incompetence	
III.	Fail to maintain Standard	
IV.	Improper use of a controlled act	
V.	Conduct unbecoming	
VI.	Dishonourable, disgraceful, unprofessional	
VII.	Offence conviction	
VIII.	Contravene certificate restrictions	
IX.	Findings in another jurisdiction	
X.	Breach of orders and/or undertaking	
XI.	Falsifying records	
XII.	False or misleading document	
XIII.	Contravene relevant Acts	

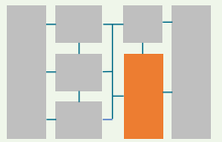
What does this information tell us? *This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*

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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type		#
I.	Revocation+	
II.	Suspension$	
III.	Terms, Conditions and Limitations on a Certificate of Registration**	
IV.	Reprimand^ and an Undertaking#	
V.	Reprimand^	

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

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

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

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

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

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

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

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

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

Additional comments for clarification (if needed)

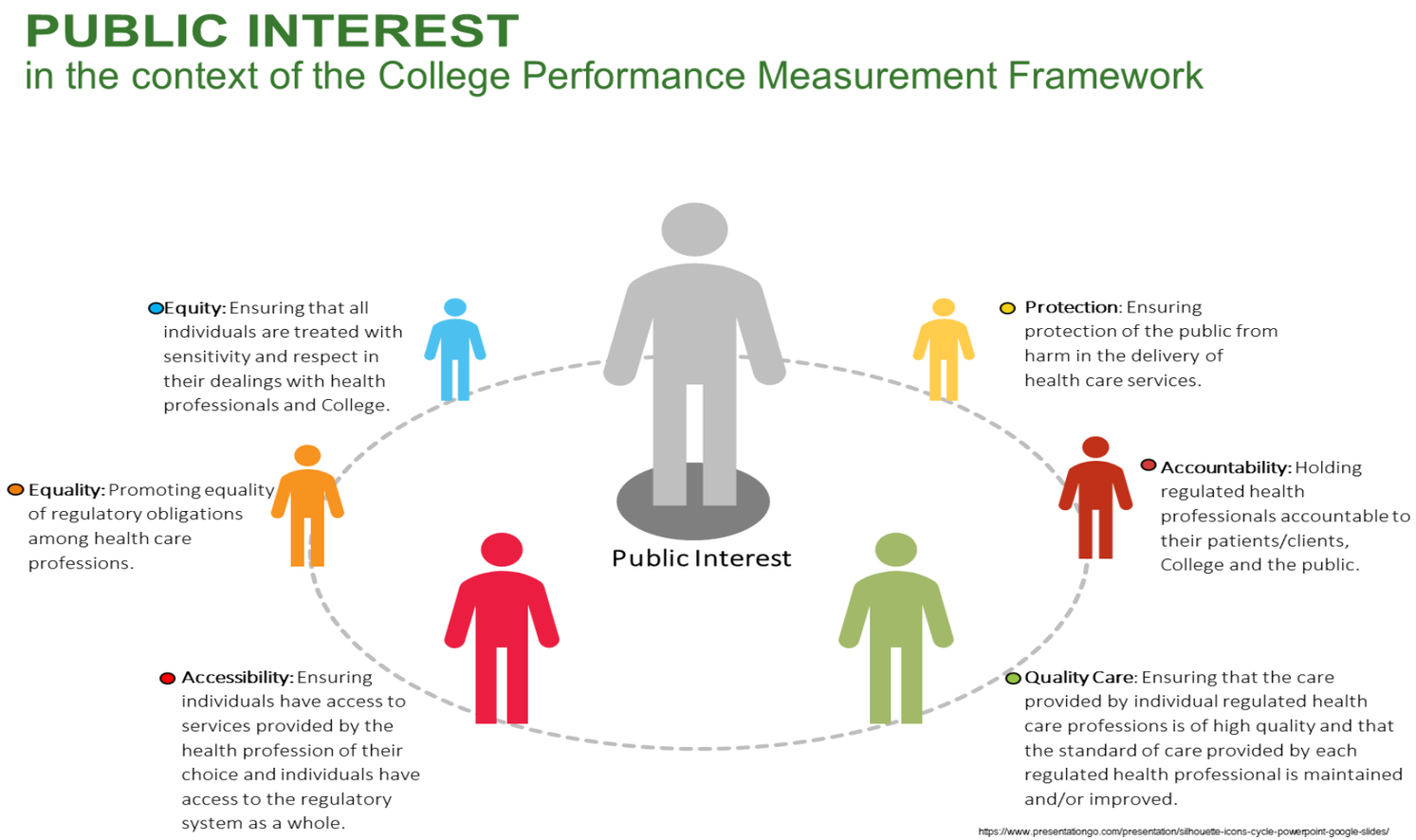
For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

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



College of Homeopaths of Ontario

College Performance Measurement Framework

Introduction

- Concept of introduced by Ministry of Health several years ago and developed in consultation with all regulatory colleges and other interested stakeholders
- First draft of College Performance Measurement Framework (CPMF) released in September 2020. Final version in December 2020
- 2020 is the first reporting cycle

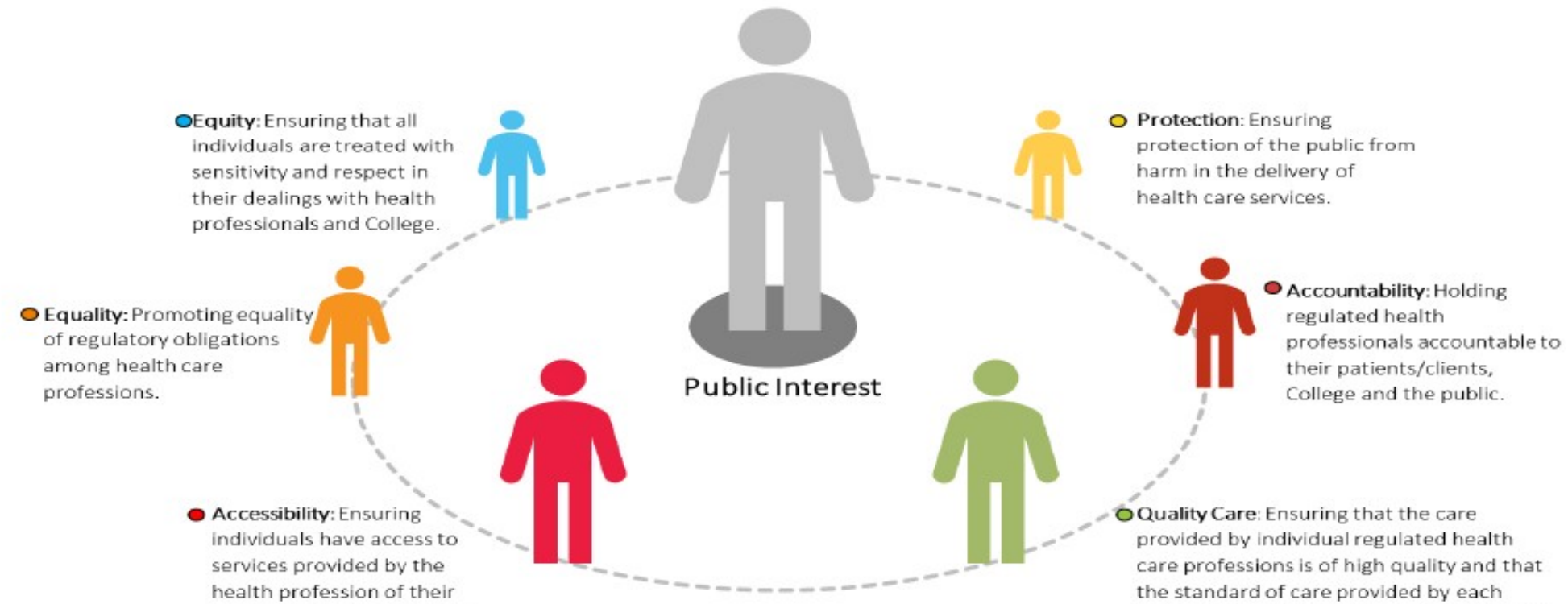
Goal: Increased Regulatory Oversight

- Inspired by the work of Harry Cayton of the Professional Standards Authority in the UK (Regulatory services | Professional Standards Authority
- Proposals for change have called for increased accountability and oversight across Canada
  - British Columbia
  - Quebec
  - Alberta

Tools and framework unique approach to oversight of health regulators in Ontario

Concept – Public Interest & Continuous Improvement

PUBLIC INTEREST
in the context of the College Performance Measurement Framework



Equity: Ensuring that all individuals are treated with sensitivity and respect in their dealings with health professionals and College.

Equality: Promoting equality of regulatory obligations among health care professions.

Accessibility: Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole.

Protection: Ensuring protection of the public from harm in the delivery of health care services.

Accountability: Holding regulated health professionals accountable to their patients/clients, College and the public.

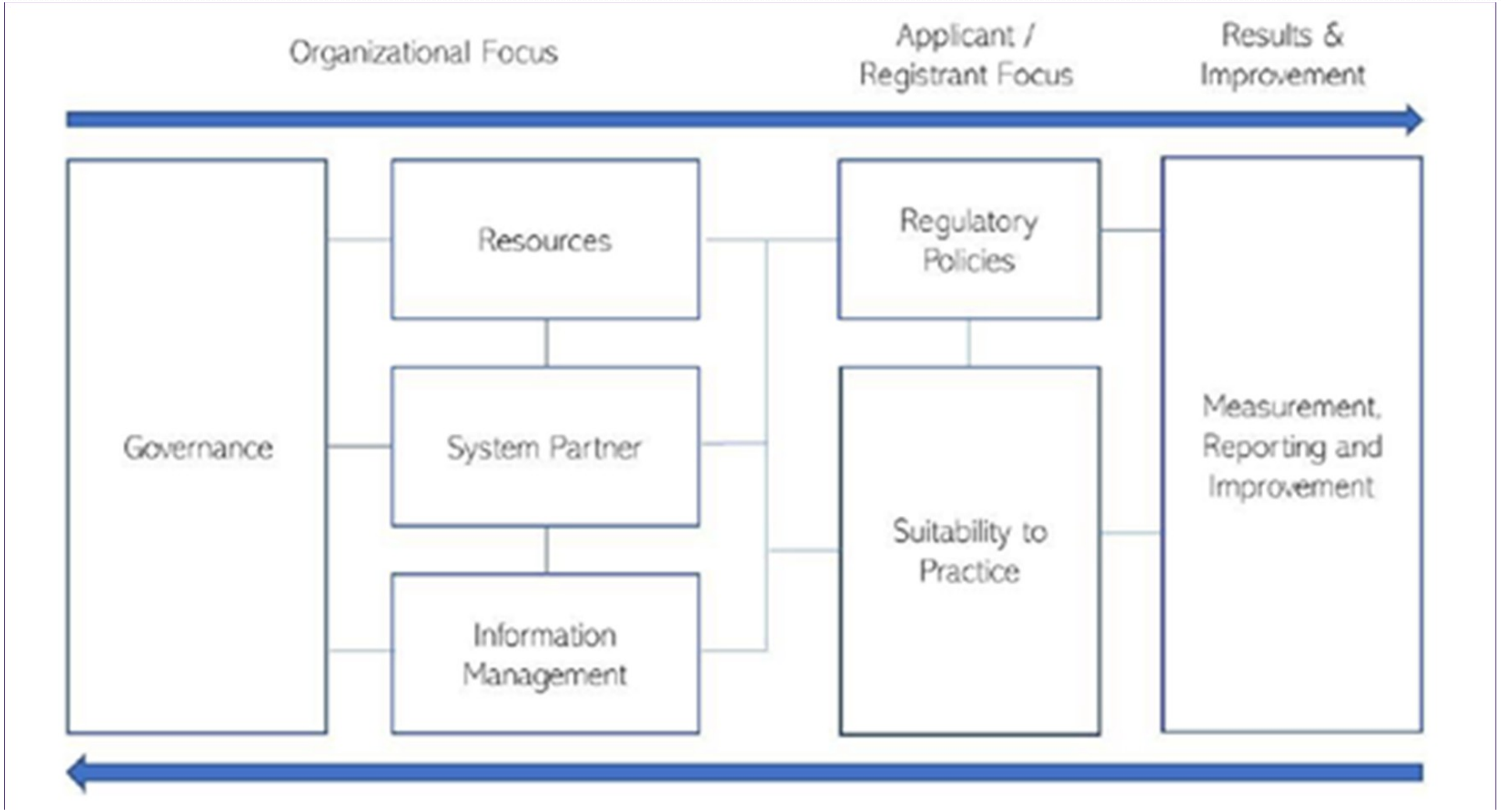
Quality Care: Ensuring that the care provided by individual regulated health care professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved.

https://www.presentationgo.com/presentation/silhouette-icons-cycle-powerpoint-google-slides/

What is the CPMF?

- 50 page tool completed annually by each College
- 15 standards spread over 7 “domains” or primary focus areas
- College indicates complete, partially complete or not complete
- Responses to be supported by demonstrated proof through attached documentation or links to website
- Published by each College on their respective website by March 31
- Reviewed and summarized by Ministry

CPMF Model for Measuring Regulatory Excellence



Components of CPMF

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

7

Domain 1: Governance – 3 Standards

Standard 1 - Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

Standard 2 - Council decisions are made in the public interest.

Standard 3 - The College acts to foster public trust through transparency about decisions made and actions taken.

Domain 2: Resources – 1 Standard

Standard 4 The College is a responsible steward of its (financial and human) resources.

Domain 3: System Partners – 3 Standards

Standard 5 - The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Standard 6 - The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.

Standard 7 - The College responds in a timely and effective manner to changing public expectations.

Domain 4: Information Management – 1 Standard

Standard 8 - Information collected by the College is protected from unauthorized disclosure.

Domain 5: Regulatory Policies – 1 Standard

Standard 9 – Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.

Domain 6: Suitability to Practice – 5 Standards

Standard 10 - The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.

Standard 11 - The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Standard 12 - The complaints process is accessible and supportive.

Standard 13 - All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Standard 14 - The College complaints process is coordinated and integrated.

Domain 7: Measurement, Reporting & Improvement - 1 Standard

Standard 15 - The College monitors, reports on, and improves its performance.

Measures and Evidence

- Self-assessment process through which the colleges indicate whether they meet standards through measures and evidence
- Example: Measure 13.1:
  - "The College addresses complaints in a right touch manner."
- Proposed evidence / example:
  - 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).
  - Rigor is similar to registration process assessment through by the Office of the Fairness Commission of Ontario

Measures and Evidence

Standards 5, 6 and 7 have no specific measures or evidence requirement and will be demonstrated through a narrative which highlights the College's activities, processes and results in collaborating with other stakeholders to improve regulatory excellence and/or patient/public outcomes.

Colleges have submitted initial reports and met with the Ministry to discuss system partner relations and improvements.

This approach to partnerships and initiatives and shifting to a public benefit thinking may change, for the better, the College's attempt to outreach and outcomes.

Measures and Evidence – Standards 5, 6, 7

How has the College engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations?

Explain 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, communications, policies, guidance, website etc.).

Talk about examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.

How does it identify relevant system partners, maintain relationships so that the College is able access relevant information from partners in a timely manner, and leverage the information obtained to respond.

How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program?

How did the College engage the public/patients to inform changes to the relevant policy/program?

Provide an example(s) of key successes and achievements from the reporting year.

Report Outcomes / What happens Next?

- To be approved by Council prior to submission
- Posted on the College's website
- Summary report by Ministry
  - Factual
  - No rankings
  - Informal discussions with individual regulators
  - Develop benchmarks
  - Develop indicators of regulatory excellence
- This will become an annual reporting requirement
- Overall data will be reviewed by Ministry

Creates New Outputs and Expectations of the Colleges

- Key Performance Indicators of organizational priorities/activities
- Competency-based selection of committee and Council members
- Executive Committee transparency
- Annual Conflict of Interest questionnaires
- Cooling off periods (between staff/Council, College/interest groups)
- Documented decision trees / risk matrix
- Disclosure of concerns to system partners
- Documentation of policy making considerations
- Communications of changes to policies
- Purposeful development of system partnerships
- Measured outcomes of complaints, disciplines and quality assurance processes

Acknowledgements

- Steinecki, Maciura and LeBlanc
  - *Oversight through Performance Measurements*
  - *January 21, 2021 with Erica Richler and Richard Steinecke*
  - Webinars | SML-LAW (sml-law.com)
- College of Physiotherapists of Ontario
- HPRO – Health Profession Regulators of Ontario

COLLEGE OF HOMEOPATHS OF ONTARIO

2020-2021 Operating Plan, Goals & Objectives
Summary of Deliverables
as of January 15, 2021

Key Result Area 1: CHO Deliver of Legislative & Legal Mandate
Key Result Area 2: CHO to Practice Good Governance
Key Result Area 3: CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels)

Status Legend	On track	Facing challenges	Stuck

Deliverable	Status/Comments
1A) Participate in the MOH Cycle 1 of College Performance Measurement Framework Fully participate in the College Performance Measurement Framework (CPMF) assessment administered by the Ministry of Health to demonstrate and support the regulatory functions and programs provided by CHO.	On track.
1B) Quality Assurance Program (Self-Assessment Process) 1. Complete the pilot testing and launch of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements. 2. Complete the rollout of the self-assessment requirement to all registrants, completed by the end of Q4	On track to launch in Q4. Full rollout to all registrants must move to 2021/2022. Due to delays in the start of the pilot project this will spill into Q1 of 2021/2022.
1C) Patient Relations Program 1. Implement a plan to deliver a Patient Relations Program	Planning in progress. On track.
1D) Spousal Treatment / Exemption Regulation Submit Regulation Submission Application for the MOHLTC, completed by Q3	Complete by Q4.
2A) Financial The CHO will maintain/grow the cash reserves by 0% Preserve cash reserves at 2019 year-end levels by the end of the F2020 fiscal year.	On track. Impact of new complaints still to be assessed.
2B) Technology Infrastructure Enhancements to Support Regulatory Functions and programs including Quality Assurance and Jurisprudence [Carry forward from 2019/2020] 1. Technology and system update, completed by the end of Q1 2. Review and update of Jurisprudence Program and launch of the continuing education component of the Quality Assurance Program, completed by the end of Q4 3. Implementation of the new membership database, completed by the end of Q4	1. Completed. 2. On track. 3. The detailed requirements and content for wire frames and design will be completed by end of Q4. The project will then move to development stage which will carryover to 2021/2022.

COLLEGE OF HOMEOPATHS OF ONTARIO

2020-2021 Operating Plan, Goals & Objectives
Summary of Deliverables
as of January 15, 2021

Deliverable	Status/Comments
3A) Membership Levels The CHO will encourage and attract new registrants and optimize the retention of current registrants. 1. Deliver a strategy to understand culpable member loss by the end of Q1. [Carry forward from 2019/2020] 2. The CHO will maintain a membership level of 475 for the fiscal year, completed by Q4 3. The Registrar will continue to track and report to the Council, and the Executive Committee at every regular meeting, using the established Membership Scorecard reporting tool.	1. Completed. 2. On track. 3. On track.
3B) Support CHO and its members to Navigate the COVID-19 Pandemic - Leading Practice 1: Understanding the definition of Essential Services - Leading Practice 2: Remote Patient Screening & Clinical Assessment - Leading Practice 3: Virtual Practice Administration (Patient Outreach and Management) 1. Source subject matter experts (one for each of the three topics), as volunteers, preferably from within the CHO membership base, to host the leading practice Webinar, by Q3 2. Organize and promote electronic town hall events on CHO Website, and through email, completed by Q3 3. For each topic, complete the review by the Quality Assurance Committee of final draft guidance material within 15-days of receipt from the subject matter expert Q3 4. Host Two (2) Electronic Townhalls for each of the three topics - Leading Practice 1: Understanding the definition of Essential Services, by Q4 - Leading Practice 2: Remote Patient Screening & Clinical Assessment, completed by Q3 - Leading Practice 3: Virtual Practice Administration (Patient Outreach and Management), completed by Q3 5. For each topic, publish guidance material on CHO Website, within 30-days of receipt of the draft, from the subject matter expert	1. On track. 2. Timeline has moved to Q4. 3. Timeline has moved to Q4. 4. Timeline has moved to Q4. 5. On track.

COLLEGE OF HOMEOPATHS OF ONTARIO

2020-2021 Operating Plan, Goals & Objectives
Summary of Deliverables
as of January 15, 2021

Deliverable	Status/Comments
3C) Assess the impact of the Pandemic, on the requirements for 2021/22 membership renewal in the CHO 1. Conduct a College-wide survey of registrants to establish the impact of Pandemic on practices. The College will also attempt to understand how registrants have responded to COVID-19 imposed practice changes, completed by Q3 2. Utilize the AdHoc Advisory Panel to act as advisors to the CHO on matters of 2021/22 membership renewal, completed by Q3 3. Based on the results of the survey of registrants and the input from the AdHoc Advisory Panel, develop communication and action strategies, completed by Q3 4. Report back to the Council/Executive on any potential barrier and recommendation for mitigation, completed by Q3	1. Completed. Report coming to January Council meeting.
3D) Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario. Develop a case for Homeopaths to perform specified Controlled Acts. This initiative is a long-term solution to improved patient care and access (estimate is 8-10 years), with multiple stages, including initial viability assessment, formal submission, passing legislation, development and implementation of regulations. This project requires approval by the Government of Ontario. 1. Strike a task force or ad-hoc sub-committee of the Registration Committee shall lead the preparation of responses for the initial viability assessment; the task force will be in place and active by Q4. 2. Complete the initial assessment and submit to Ministry in 2021-2022.	1. Planning in progress. On track. 2. On track.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, JANUARY 28, 2021**	**DECISION**	**X**
DATE:	**JANUARY 21, 2021**	**DISCUSSION**	□
ITEM NAME:	**Corporation Fees**	**INFORMATION**	□
INITIATED BY:	**J BLANCHARD**		
PRESENTED BY:	**B ZIV/J BLANCHARD**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):

To forward to Council a recommendation approved by the Executive Committee to reduce the fees for application and renewal related to a certificate of authorization for a health profession corporation (HPC).

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2019/2020 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **1 Delivering on Legislative & Legal Mandate**
□ **2 Practicing Good Governance**
□ **3 Achieving Growth**
□ **Fulfilling RHPA Objects**
X **Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:
Appendix I - Section 3.2 of the *Business Corporations Act*
Appendix II - Ontario Regulation 39/02 under the *Regulated Health Professions Act*, "Certificates of Authorization"

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
Currently CHO manually processes applications and renewals for Health Profession Corporations (HPC) Certificates. It is anticipated that approximately 5% of registrants operate under a HPC. Currently no HPCs are registered with CHO. One inhibiting factor is the price of HPC registration and renewal.

As the College works to move to a new registrant database, it has the option to automate the HPC registration and renewal processes without additional cost to CHO. A link to the HPC registration and renewal button will be visible on each member's individual dashboard/profile page/account.

PROTECTING THE PUBLIC: Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

Transparency and the public's right to know is of importance as it relates to HPC. RHPA requires the College to provide information on the public register if a registrant practices under a health profession corporation. This is to ensure there is full disclosure of information about who practices and has the right to practice under the name of the corporation. Practicing under a HPC does not inhibit a patient's right to make a complaint nor their right to sue through the court system in the case of damages or injuries as the result of substandard care or professional misconduct. A HPC does not insulate the registrant from his/her professional responsibilities or obligations to the College.

BACKGROUND (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number).:
The *Regulated Health Professions Act,* through Ontario Regulation 39/02 "Certificates of Authorization" permits College registrants to establish a corporation for the sole purpose of providing homeopathic services. Registrants intending to incorporate a homeopath professional corporation must do so under the Ontario Business Corporations Act (OBCA). Following incorporation, the corporation must apply to the College (CHO) for a Certificate of Authorization. Without this Certificate, the corporation is not permitted to practise. Certificates of authorization are renewable each year.

Registrants are responsible for ensuring they are in strict compliance with the OBCA if they do wish to incorporate a homeopathy professional corporation. There are several tax and business incentives to setting up a professional corporation.

Health Profession Corporation Fee Schedule
CHO health profession corporation fees payable by Registrants are as follows and such amounts do not include the applicable taxes which must also be paid as part of the fee.

Bylaw 19.03D Fees Relating to Professional Corporations and Certificates of Authorization

	Fee Type	Current Fee	Proposed Fee
1	Application Fee	$200	$50
2	Issuance Fee	$900	$0
3	Renewal Fee	$900	$200
4	Administrative Fee (Record changes outside of renewal period)	$60	$50
5	Documentation Fee	$60	$50

Fees were originally set in 2015, based on a comparison against that of other RHPA colleges. Below, is a list of RHPA College HPC fees as of November 23, 2020.

Other Colleges

Lowest application fee: Traditional Chinese Medicine $50
Highest application fee: Denturists $1000
Average application fee: $414

Lowest annual fee: Dental Hygienists $150
Highest annual fee: Dental Technologists $1326
Average annual fee: $408

College	Application Fees	Annual Fee	Issuance Fee*	Other Fees
Audiologists/Speech Language Pathologists	$100	$500	$200	Document $50
Chiropodists	$100	$900 $475 half year	--	--
Chiropractors	$50	$200	$600	Change/Admin $50 Document $50
Dental Hygienists	$750	$150	$750	--
Dental Technologists	$121	$1326	$1326	--
Dentists	$750	$175	$750	--
Denturists	$1000	$350	--	Late Fee $150

College	Application Fees	Annual Fee	Issuance Fee*	Other Fees
Dietitians	$185	$641	--	--
Homeopaths	$200	$900	$900	Change/Admin $50 Document $50
Kinesiologists	$200	$400	--	--
Massage Therapists	$200	$200	--	--
Laboratory Technologists	$150	$340	--	Change/Admin $100 Certificate $100
Medical Radiologists/Image Tecs	$500	$425	--	--
Midwives	$250	$500	--	--
Naturopaths	$400	$200	$250	Change/Admin $50 Document $50
Nurses	$500	$250	--	--
Occupational Therapists	$500	$250	--	--
Opticians	$750	$380	--	--
Optometrists	$440	$220	$200	Certificate $26 Duplicate $11 Late Fee $105
Pharmacy/Pharma Tecs	$938	$375	--	--
Physicians and Surgeons	$400	$175	--	--
Physiotherapists	$700	$250	--	--
Psychologists and Psychological associates	$350	$250	--	Certificate $50
Psychotherapists	$624	$416	--	--
Respiratory Therapists	$650	$650	--	--
Traditional Chinese Medicine	$50	$200	--	--

*Issuance Fee: Some Colleges use this fee to cover the costs of verification of the business identity and status and issuance of an official certificate of authorization.

RISKS / MITIGATION OPTIONS:

1. Time required to develop proposal and manage consultation process takes away from other key projects and initiatives.
   Mitigation option → Low level of resource required -- use templated consultation materials.
2. Registrants continue to practice under unregistered HP corporations which could put public at greater risk if registrant is not maintaining good ethical business practices.
   Mitigation option → Will require a good communication strategy/plan about the requirements and why registrants should register their corporation before CHO enforces compliance.

KEY CONSIDERATIONS:

1. Registrant compliance.
2. Increase in the College's ability to encourage and enforce compliance.
3. Cost to set-up module under Thentia database. This is a standardized subprogram within the database development framework. There are no additional development fees.
4. Lower fees makes it cost effective for registrants to register their HPC and comply with requirements.

ANALYSIS:

Currently there are no HPC registrations/registrants so there is no lost of revenue to CHO.

RESOURCE IMPLICATIONS:

1. Human resources to manage 60-day consultation on fee change bylaw.

OPTIONS:

1. Approve proposed changes HCP fee bylaw and proceed to required 60-day public consultation.
2. Bring additional details and analysis back to Executive Committee and/or Council for further review and discussion.
3. Reject proposal and leave fees unchanged.

DEADLINES AND NEXT STEPS (BASED ON OPTION 1 ABOVE):

1. November 2020 – Executive Committee supported recommendation to reduce fees as presented.
2. January 2021 – Council meeting – draft report and proposal to consider fee change. [Note: only Council can approve a bylaw change.]
3. January to April 2021 – If proposed fee change is approved – 60-day public consultation.
4. June 2021 – Feedback to June Council meeting for final decision.
5. June 2021 – Implementation if approved.

RECOMMENDATIONS: Staff to proceed to develop fee change bylaw proposal for review by Council.

RESOLUTION:

BE IT RESOLVED THAT COUNCIL APPROVE THE PROPOSED CHANGES TO THE APPLICATION, ISSUANCE AND RENEWAL FEES FOR A HOMEOPATHY HEALTH PROFESSION CORPORATION AND THAT THESE CHANGES BE CIRCULATED FOR 60-DAY PUBLIC CONSULTATION.

Council of the College of Homeopaths of Ontario

Election of Treasurer or Public Member-at-Large Executive Committee Package

Election date: January 28, 2021
Forms deadline: January 28, 2021
Package release date: January 21, 2021

College of Homeopaths of Ontario
163 Queen Street East, 2nd Floor Toronto, ON M5A 1S1
Direct 647-749-4956

Introduction

Dear CHO Council Member,

The College of Homeopaths of Ontario Bylaws requires the election of the Executive Committee on an annual basis. However, in December 2020, after an extended period of service on Council, Public member Eden Gajraj was not re-appointed by Health Board Secretariat. As such, Council needs to fill the vacancy of Treasurer.

Ideally, this position would be filled by a public member to maintain the required composition in accordance to the College's Bylaws. If no individual qualifies for the position of Treasurer puts their name forward, a Public member of Council who would serve on Executive Committee as a member-at-large would be appropriate. **ONLY ONE POSITION IS VACANT/REQUIRED.**

In accordance with Bylaw 13.01 (1) the Executive Committee shall be composed in accordance with the following principles:

(i) the Executive Committee shall consist of the President, Vice-President, Past President, Treasurer and two (2) members of Council;

(ii) three (3) members of the Executive Committee shall be Registrants;

(iii) two (2) members of the Executive Committee shall be Public Members; and

(iv) the immediate Past President of the College, who shall be an advisory ex-officio non-voting member of the Executive Committee.

Current Executive Committee composition is:

Mark Heller, President (Public)
Anna Cardozo, Vice-President (Professional)
Vacant, Treasurer
Kerri Flood (Professional)
Guru Dutt Vaid (Professional)
Bhupinder Sharma, Past-President (Professional)

This package contains the following documents to ensure you all have an equal opportunity to stand for election:

- Procedural steps for the election of Executive Committee (Page 3)
- Invitation to All Members of the Council of the College of Homeopaths of Ontario Form (Page 4)
- Role of Officers and Executive Committee (Page 5)
- Executive Committee Member Job Description (Page 6)
- Position Description – Treasurer (Page 8)
- Executive Committee Terms of Reference (Page 9)
- Role of Officers and Executive Committee detailed in CHO Bylaws (Page 14)
- Role of Executive Committee detailed in RHPA (Page 17)
- Schedule 1 to the Bylaws – Process for Election of Officers (Updated February 2020) (Page 18)

Should you have any questions or concerns, please contact janet.blanchard@collegeofhomeopaths.com or 647-749-4956.

Please email your completed Invitation Form by 9 a.m. Thursday, January 28, 2021, if you wish to stand for the election to any of the positions mentioned herein.

Process for Election of Officers

Due to other pressing matters before the College, the timelines for the election process have been amended for the 2021 Election of the Executive Committee.

1. Complete the attached forms to indicate your interest in for a position on the Executive Committee – Treasurer
2. Complete the form or forms and submit it with any brief personal statement you wish to be circulated to the Council in support of your candidacy. [Please note that such personal statements may not contradict the College code of conduct (see Bylaw schedules 3 and 4), RHPA (1991) or Homeopathy Act, 2007 and its regulations.
3. Provide your written intent to janet.blanchard@collegeofhomeopaths.com no later than 9:00 a.m. on January 28, 2021. Prior to announcing a the slate of candidates for Treasurer, the Registrar shall verify that each candidate has met the eligibility qualifications and shall notify any individual who does not meet such qualifications. The Registrar may, at any time, inform a member of Council about any other qualifying Council member's written intent that has been submitted before the deadline. If the Registrar is unable to announce a slate of candidates (due to ineligibility concerns or other analogous reasons) the Registrar shall alert Council and nominations can be made at the Council meeting as described below.
4. The slate of candidates and any brief personal statements made available to by the candidates will be released to all Council members.
5. A Council member may withdraw as a candidate at any time before the election.
6. No supporting signatures are required for this election.
7. Voting will take place by electronic means. The process to be followed for the election can be found in Schedule 1 at the end of this document.

Qualifications

6. ELECTION OF OFFICERS

6.01 – Eligibility for Nomination and Election

(i) Only a member of Council is eligible for nomination or election as an officer of the College.
(ii) A member of Council is eligible for nomination to the Executive Committee, if on the date of the nomination deadline, the member of Council provides evidence of successful completion of the Council approved training program relating to the Executive Committee duties, obligations and expectations.
(iii) A member of Council is eligible for election to the Executive Committee if, on the date of the election, the member of Council has served at least twelve (12) months on Council. If no members of Council have met the requirement set out at article 6.01(iii) Council may exempt this requirement.

6.01.1 - Eligibility for Nomination for President and Vice-President

(i) A member of Council is eligible for nomination for President or Vice-President, if on the date of the nomination deadline, the member of Council provides evidence of successful completion of the Council approved training programs relating to the Executive Committee duties, obligations and expectations and the President and Vice President duties, obligations and expectations.
(ii) A member of Council is eligible for election as President or Vice-President if, on the date of the election, the member of Council has served at least twelve (12) months on the current or past Executive Committee. If no members of Council have met the requirement set out at article 6.01.1(ii) Council may exempt this requirement.

Invitation to All Members of the Council of the College of Homeopaths of Ontario Form

RELEASE DATE: January 21, 2021

This letter is an invitation to all Council members of the College of Homeopaths of Ontario requesting person wishing to stand for the election to the offices of the **Treasurer or Executive Committee Public Members-at-large** to indicate in writing to the Registrar no later than **January 28, 2021 at 9:00 a.m.** The election will take place on **January 28, 2021.**

Name of candidate: _____

I wish to put my name forward for the following position(s):

Public Member at Large ☐

Treasurer ☐

☐ I declare that I have the required qualifications to fill the role of Treasurer including:

- Demonstrated experience leading and a knowledge of financial management within the public sector in the Province of Ontario.
- Demonstrated knowledge of current legislated compliance and reporting requirements in the Province of Ontario.

For Internal Purposes Only:

Elected/Appointed to Council on or before January 28, 2020	□ Yes	□ No	
Statement provided and reviewed	□ Yes	□ No	
Training completed	□ Yes	□ No	Pending □

Roles of Officers and Executive Committee

The Executive Committee's role is to provide leadership to Council, promote governance excellence and facilitate the effective functioning of the College. In certain circumstances, the Executive Committee can act of behalf of Council regarding matters that require immediate attention between Council meetings.

Between Council meetings, the Executive Committee has all the powers of the Council to deal with any matter that, in its opinion, requires immediate attention other than the power to make, amend or revoke a regulation or bylaw. If the Executive Committee exercises these powers, it must report on any action taken to the College Council at the Council's next meeting.

Like other statutory committees of the College, the Executive Committee must submit an annual report of its activities to the Council. The role, responsibilities and powers of the Executive Committee are set out in the Code. The College Council may make bylaws delegating to the Executive Committee certain powers and duties of Council.

Typically, the Executive Committee leads the development of the College's strategic planning and coordinates the College's initiatives to achieve the goals of the Strategic Plan. It may make recommendations to Council about regulations, bylaws and policies.

For the statutory roles and responsibilities related to the members of the governing council of the College, refer to the *Regulated Health Professions Act, 1991* (RHPA), *Schedule 2, Health Professions Procedural Code, HPPC Section 2 "Council"*.

For Schedule 2, Health Professions Procedural Code, please visit: https://www.ontario.ca/laws/statute/91r18#BK52

The College has Bylaws that detail the actual duties of officers (see Bylaw section 7).

This document shall not limit in any way the ability, authority, and obligation of the Council to operate in accordance with its legal duties and responsibilities.

Treasurer (Council Position) Job Description

Reports to:	**President / Council**
Term of Office:	**Approximately One Year**
Approved by Council:	**September 26, 2018**
Revised by Executive Committee:	**April 1, 2020**

Overview:
The Treasurer of the College has a watchdog role over all aspects of financial management. In conjunction with the Registrar, the Treasurer ensures fulfillment of the College's financial goals and the effective management of its financial affairs to ensure the organization's ongoing solvency. The Treasurer has an oversight responsibility to ensure compliance with the College's legal requirements, financial policies and Council's direction, and identifies requirements for new policies and processes in order to minimize financial risk. In addition, the Treasurer has oversight over financial planning and reporting, and provides financial knowledge and expertise to the Registrar, Executive Committee and Council.

Major Responsibilities:
According to Bylaw 7.04 the Treasurer shall:

- serve on the Executive Committee;
- perform those duties assigned to the Treasurer in the bylaws; and
- perform all duties and responsibilities pertaining to his or her office and such other duties and responsibilities as may be decided by Council.

The activities below expand upon the Bylaws.
Financial Oversight

- Gains a sufficient level of understanding of the College's finances, policy, bylaws, and is knowledgeable about the regulatory and statutory obligations of the College.
- Develops an appropriate working relationship with the Registrar and provides counsel and support on financial matters.
- Works with Executive Committee and Registrar to establish, monitor, and execute financial goals, policies.
- Ensures that appropriate accounting controls are in place and monitored on a regular basis.
- Works in cooperation with College management in the development of the committee's annual budget to allocate costs and expenses in a fiscally responsible manner.
- Is the spokesperson within the College and ensures that Council is informed and understands the rationale for financial decisions made in the fulfillment of its mandate.
- Responsible for reviewing the annual budget to support the College's objects, short term needs, strategic directives and mission.
- Responsible for regularly monitoring actual revenues and expenses against the annual budget and reporting any concerns to Council including any financial implications on the College's strategic and operational plans.
- Keep the Executive Committee and Council apprised of key financial events, trends, and concerns, and his/her assessment of the organization's fiscal health.
- Answers questions to ensure Executive Committee and Council members have the appropriate information to understand the matters at hand and to make informed financial decisions.

Principle Interfaces

Internal:	Registrar – on issues related to the financial health of the College
	President – on issues related to the financial health of the College
	Executive Committee members – at meetings
	Members of Council – at meetings of Council
External:	Auditor

Qualifications (Treasurer position):

- Demonstrated experience leading and a knowledge of financial management within the public sector in the Province of Ontario.
- Demonstrated knowledge of current legislated compliance and reporting requirements in the Province of Ontario.

Executive Member Committee of Council Job Description

The Executive Committee Members are directly accountable to the Council and indirectly accountable to the government, the public and the profession for the effective governance of the College in accordance with all applicable legislative requirements.

Duties of the Executive Committee Members may include:

1. working in collaboration with the President, Vice-President, Treasurer, Past-President and Registrar to address issues, deliberate and decide on matters before the Executive Committee;
2. learning and be informed of the regulatory and statutory obligations of the Committee and the College, its bylaws, governance policies and established protocol;
3. preparing materials and the agenda for meetings of the Council; and
4. perform all duties and responsibilities pertaining to his or her office and such other duties and responsibilities as may be decided by Council.

Meetings of the Executive Committee:
The President shall serve as chair of the Executive Committee but may delegate the chair to another Member of the Executive Committee. The Registrar shall be secretary of the Executive Committee but may delegate the responsibilities to a member of the staff.

The Executive Committee shall management and direction of the affairs of the College. Subject to the Act section 12(1) of RHPA, Schedule 2, Health Professions Procedural Code, between meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.

The Executive Committee meetings are closed meetings. However, the Executive Committee may invite such officers, Members of the Council, employees of the College and consultants to attend at meetings to assist in the consideration of the business and affairs of the College.

Executive Committee

Terms of Reference
as revised at January 2010; updated February 8, 2016

1. Committee Mandate

The Executive Committee is a Statutory Committee as defined in the *Health Professions Procedural Code* (Schedule 2 of the RHPA, 1991).

2. Scope and Purpose

The Executive Committee has all the powers of the Council to deal with any matter that, in its opinion, requires immediate attention other than the power to make, amend or revoke a regulation or bylaw. The Executive Committee is directly accountable to the Council and indirectly accountable to the government, the public, the profession for the effective governance of the College in accordance with all applicable legislative requirements.

The Executive Committee performs the following functions:

a. leads the development of the College's strategic planning and co-ordinates the College's initiatives to achieve the goals of the Strategic Plan;
b. makes recommendations to Council about regulations, bylaws and policies, if required.
c. reports to Council at its next meeting when it exercises a power of Council;
d. submits an annual report on its activities to the Council.

3. Composition

The Executive Committee shall be composed (Bylaw 13.01) of:

a. the President, the Vice-President and three (3) members of Council;
b. three (3) members of the Executive Committee shall be Registrants and two (2) members of the Executive Committee shall be Public Members appointed by the Lieutenant Governor in Council;
c. Subject to any specific composition requirements in the bylaws, Council may, at its discretion, appoint Registrants who are not members of Council to any Committee or panel.
d. The number of Committee members who are also Registrants shall, wherever possible, exceed the number of Committee members appointed by the Lieutenant Governor in Council (Bylaw 12.05).
e. Members are selected by Council subject to Section 13.13 of the Bylaws Eligibility for Appointment.

4. Term

The term of office of a Committee member shall commence immediately after the appointment and shall continue for approximately one (1) year.

5. Location and Frequency Meetings

The Executive Committee meets approximately 6 times per year and when required.

Committee meetings shall, wherever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business (Bylaw 14.01).

Executive Committee meetings are closed meetings.

Any meeting of a Committee may be conducted by means of teleconference or any other means that permit all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio or video conferencing) and persons participating in the meeting by such means are deemed to be present at the meeting (Bylaw 14.02).

6. Quorum

The quorum is three (3) members unless otherwise provided in the Code or the bylaws or unless the Committee/panel is composed of only three (3) members, in which case, the quorum for such a Committee/Panel shall be two (2) members (Bylaw 12.07).

Despite anything in the bylaws, a Committee/panel is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a panel of the Committee.

7. Selection of the Chair

Unless stated otherwise in these bylaws, the Chair or Chairs of each Committee shall be selected by the members of the Committee, failing which they may be appointed by Council.

8. Role of Chair

In the event that the Chair of the Committee/Panel is unable or unwilling to preside at the meeting, the Committee/Panel members shall select, from amongst their numbers, a Committee/Panel member to serve as Chair for the purposes of that meeting (Bylaw 14.03).

9. Roles and Responsibilities of Members (Bylaw 15.01)

Every member of Council and every Committee/Panel member shall, in the performance of his or her duties:

a. familiarize himself or herself with the Act, the RHPA, the bylaws and any policies of the College;

b. familiarize himself or herself with any other records, documents and guidelines that may be necessary for the performance of his or her duties;

c. comply with the provisions of the Act, the RHPA, the bylaws, any policies of the College and rules that are adopted by Council, from time to time;

d. regularly attend meetings on time and participate constructively in discussions;

e. ensure that confidential matters coming to his or her attention as a member of Council or as a member of a Committee are not disclosed by him or her, except as required for the performance of his or her duties or as permitted by the RHPA;

f. conduct himself or herself in an appropriate manner with College staff, other members of Council or members of the Committees/Panel, Registrants and members of the public;

g. comply with the College's Code of Conduct, which is attached as Schedule 3 to the bylaws and forms part of these bylaws;

h. avoid, or where that is not possible, declare all conflicts of interest in the manner set out in the bylaws;

i. step down from his or her position as Council and on in the event that allegations regarding his or her conduct, competence or capacity are referred to the Discipline Committee or Fitness to Practice Committee until such time as the matter has been finally disposed of;

j. publicly supports and does not speak against any decision of the Council or , if the matter is not going to be considered by Council, any decision of College Committees; and

k. perform the duties associated with his or her position conscientiously and with due care and diligence in a manner that serves and protects the public interest.

10. Voting

When possible decision making at the committee level will be made using a consensus model which is outlined in the Introduction to Committees Report. When necessary formal voting will be used.

Unless specifically provided for otherwise under the Code or the bylaws, every motion which properly comes before a Committee/panel shall be decided by a simple majority of the votes cast at the meeting by the Committee/panel members present. (Bylaw 14.05)

If the Chair is a member of the Committee/panel, he or she may vote. (Bylaw 14.06)

In the event of a tie vote, the motion is defeated. (Bylaw 14.07)

11. Panels

A committee may meet in panels selected by the Chair of the Committee/panel.

12. Staff Resources

The Registrar acts in an ex-officio role.
Assigned staff provide resource level and logistical support to the Committee.

13. Committee Records

The Chair of each Committee/panel shall ensure that accurate minutes of all Committee/panel meetings and proceedings are recorded, approved and maintained at the College office. (Bylaw 14.04)

14. Conflict of Interest

All Council and Committee/panel members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Council and Committee/panel members have a duty to uphold and further the intent of the Act to regulate the practice and profession of homeopathy in Ontario, and not to represent the views of advocacy or special interest groups. (Bylaw 16.01)

Comprehensive information regarding conflict of interest obligations is included in the Bylaws 16.02 to 16.10.

15. Parliamentary Authority

Schedule 2 of the Bylaws outlines the Rules of Order of Council. The Committee should attempt to work by consensus where possible.

16. Confidentiality (From the Bylaws)

Bylaw 17.01 – Duty of Confidentiality

Members of the Council and Committees, staff and persons retained or appointed by the College are required to maintain confidentiality of information that comes before them in the course of discharging their duties unless disclosure is authorized by the Council or is otherwise permitted under section 36(1) of the RHPA.

Bylaw 17.02 – In 2013, Subsection 36 (1) of the *Regulated Health Professions Act, 1991* reads, in part, as follows:

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every Member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person [1] ….

[1] …except,
(a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;

Bylaw 17.03 – Disclosure Under the RHPA
Subsection 36(1) of the RHPA permits disclosure in a number of specific circumstances. Members of the Council and Committees, staff and persons retained or appointed by the College are expected to understand when those exceptions apply and seek advice if they are in doubt.

Bylaw 17.04 – Confidentiality Agreement
Council and Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality or fiduciary agreement approved by Council.

17. Public Communications (From the Bylaws)

Bylaw 18.01 – Media Contacts
All media contact shall be channeled and coordinated through the Registrar's office. Any Council or Committee member [or any member of a panel] being asked by media representatives to provide interviews, respond to

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(b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
(c) to a body that governs a profession inside or outside of Ontario;
(d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act,* the *Health Insurance Act, the Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act, the Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);
(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
(f) to the counsel of the person who is required to keep the information confidential under this section;
(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
(h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons; or
(j) with the written consent of the person to whom the information relates. 2007, c. 10, Sched. M, s. 7 (1).

Reports required under Code
(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).
Definition
(1.2) In clause (1) (e),
"law enforcement proceeding" means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).
Limitation
(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).
No requirement
(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).
Confirmation of investigation
(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).
Not compellable
(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).
Evidence in civil proceedings
(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

inquiries or to comment on issues concerning the regulation of the profession or the operation of the College shall not provide any such communication and shall instead refer them to the Registrar's office

Bylaw 18.02 – College Communications
The Registrar, the President or, in the absence of the President, the Vice-President,

(i) are the authorized spokespersons of the College but either of them may request a member of Council, a College Employee or a consultant to perform this function, as appropriate, under the circumstances; and

(ii) may communicate with the media to provide interviews, respond to inquiries or comment on issues concerning regulation of the profession or the operation of the College. A member of Council or a Committee member shall not perform such Communications unless authorized by the Registrar, the President or, in the absence of the President, the Vice-President.

Bylaw 18.03 – Consistent Messaging
All messages to the media and to the public must be consistent with the approved policies and positions of the College. Any member of Council or Committee member shall resign all positions with the Council and its Committees prior to expressing public disagreement with a decision, policy or position of the College or its Committees and even then, shall only do so in a manner consistent with his or her ongoing fiduciary duties towards the College and under his or Confidentiality Agreement.

18. Reporting

The Executive Committee reports to Council.

Roles of Executive Committee as outlined in the CHO Bylaws

College of Homeopaths of Ontario Bylaws (Enacted Nov 18, 2013, Amended February 27, 2020)

1.01 – Definitions

In these bylaws, unless otherwise defined or required by the context, "Past-President" means the immediate past President of the College, who shall be an advisory ex-officio non-voting member of the Executive Committee.

4.08 – Expenses

The President, Vice-President and the Registrar may approve purchases or leasing of goods and acquisition of services in accordance with the following:

(i) the Registrar may authorize expenses not exceeding $25,000 if the expenditure has previously been approved as an item in the College budget;

(ii) the Registrar and one of the President, or Vice-President may authorize expenses in excess of $25,000 if the expenditure has previously been approved as an item in the College budget;

(iii) the Registrar may authorize expenses not exceeding $5,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar believes that the expenditure is necessary for the operations of the College; and

(iv) the Executive Committee shall review any proposed expense exceeding $5,000 if the item is not an expenditure in the College budget and make recommendations to Council for approval. If immediate action is required, the Executive Committee may approve the expenditure.

4.09 – Grants

The Executive Committee may negotiate the obtaining of a grant on behalf of the College but such agreements shall be approved by Council before they are finalized unless immediate action is required in which case Council shall be notified of the grant by its next meeting.

4.10 – Investments

Funds not immediately required by the College may be invested. The Executive Committee shall recommend, for the approval of Council, the investment strategies of the College as well as an investment dealer to implement investment of the College's funds in one or more of the following securities:

(i) securities and debt instruments issued or guaranteed by any one or more of the following:
  (a) the Government of Canada, or
  (b) the Government of any province of Canada;

(ii) securities and bank instruments guaranteed by a bank listed in Schedule I under the *Bank Act* (Canada) or such other financial institution approved by Council generally on the recommendation of the Executive Committee; and

(iii) other investments approved by Council generally on the recommendation of the Executive Committee.

7. DUTIES OF OFFICERS

7.01 – Duties of the President

The President shall:

(i) if present, preside as Chair at all meetings of the Council unless the President designates another Council Member as alternate Chair for all or any portion of the meeting, but Council approval is required to designate a person not on Council to act as a non-voting Chair;

(ii) serve as Chair of the Executive Committee;
(iii) perform those duties assigned to the President in the bylaws; and
(iv) perform all duties and responsibilities pertaining to his or her office and such other duties and responsibilities as may be decided by Council.

7.02 – Duties of the Vice-President
The Vice-President shall:
(i) perform the duties of the President in the event that the President is unable to perform those duties;
(ii) perform those duties assigned to the Vice-President in the bylaws;
(iii) serve on the Executive Committee; and
(iv) perform all duties and responsibilities pertaining to his or her office and such other duties and responsibilities as may be decided by Council.

7.03 – Duties of Other Officers
Any other officer of the College shall, unless Council designates otherwise:
(i) serve on the Executive Committee; and
(ii) perform all duties and responsibilities as may be decided by Council.

7.04 – Duties of the Treasurer
The Treasurer shall:
(i) serve on the Executive Committee; and
(ii) perform all duties and responsibilities as may be decided by Council.

8. THE REGISTRAR

8.01 – Appointment of Registrar
Except for the Registrar of the transitional Council, the Registrar shall be appointed by Council and, despite subsection 12(1) of the Code, the Executive Committee shall not exercise the authority of Council under this article.

8.02 – Duties of the Registrar
The Registrar shall be the Chief Executive Officer of the College and shall have such duties and responsibilities as are conferred by the Act, the RHPA, the bylaws and the policies of the College as well as such duties and responsibilities assigned to the position by Council.

8.03 – Acting Registrar
If the Registrar is absent, the most appropriate Deputy or other Registrar on the staff of the College shall serve as Acting Registrar during his or her absence. **Where the Registrar is absent and there is no Deputy or other Registrar available or where the office of the Registrar becomes vacant the Executive Committee or Council shall appoint an Acting Registrar until a Registrar is appointed.**

11. COUNCIL MEETINGS

11.04 – Business at Meetings
Council may only consider or transact at a regular meeting:
(i) matters on the agenda;
(ii) **matters brought by the Executive Committee** or the Registrar;
(iii) recommendations and reports by Committees;
(iv) matters for which notice was given by a member of Council at the preceding meeting or where written notice has been given at least thirty (30) days in advance of the meeting; and

(v) such other matters, not included on the agenda, as the majority of members in attendance determine to be of an urgent nature.

11.16 – Calling Special Meetings

The President or the majority of the Executive Committee shall call and convene a special meeting of Council:

(i) at his or her or its discretion;
(ii) upon receipt of the written request of any six (6) members of Council; or
(iii) if a request is received from the Executive Committee under article 15.02.

15. DUTIES OF COUNCIL AND COMMITTEE MEMBERS

15.02 – Removal of Council or Committee Member

The following procedure shall be followed in the event that a Council or Committee member is alleged to have contravened the duties of a Council or Committee member or meets the criteria for disqualification set out in article 10.29 other than paragraph (i).

(i) A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council or Committee member or the Registrar. If a member of Council or a Committee receives such a complaint, he or she shall immediately file it with the Registrar.
(ii) The Registrar shall report the complaint to the President or the Vice-President who shall bring the complaint to the **Executive Committee** if he or she believes that the complaint may warrant formal action. **If the Executive Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this article**.
(iii) If the Executive Committee or any Committee appointed by the Executive Committee, after any investigation it deems appropriate, believes that the complaint warrants formal action, it shall call a meeting of the Council. Council shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction. The appropriate sanction can include one or more of the following:
    (a) censure of the member verbally or in writing,
    (b) removal of the member from any Committee on which he or she serves,
    (c) disqualification of an elected Registrant of Council from the Council, or a report requesting removal of the member concerned from the Council to the Public Appointments Secretariat.
(iv) A decision finding that there has been a breach of duties or that a Council or Committee member meets the criteria for disqualification set out in article 10.29, and a decision to impose a particular sanction must be approved by a two-thirds affirmative vote of the Council Members present and voting.
(v) The Council or Committee member whose conduct is the subject of concern shall not take part in the deliberation or vote, however, he or she shall be given a reasonable opportunity to respond to the allegation.

Roles of Executive Committee as outlined in the From Regulated Health Professions Act, 1991, Health Professions Procedural Code, Schedule 2

Executive Committee's exercise of Council's powers
12. (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.

Report to Council
(2) If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting. 1991, c. 18, Sched. 2, s. 12.

Prior decisions [Relates to matters of the ICRC. Note this does not apply to CHO, as its Executive Committee was formed after changes were made to RHPA removing this complaints process from the preview of Executive Committee.]
26 (2) A panel of the Inquiries, Complaints and Reports Committee shall, when investigating a complaint or considering a report currently before it, consider all of its available prior decisions involving the member, including decisions made when that committee was known as the Complaints Committee, and all available prior decisions involving the member of the Discipline Committee, the Fitness to Practise Committee and the Executive Committee, unless the decision was to take no further action under subsection (5). 2007, c. 10, Sched. M, s. 30.

Reinstatement
Orders without hearing
74. (1) The Council or Executive Committee may, without a hearing, with respect to a person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings, make an order doing any one or more of the following:

1. Directing the Registrar to issue a new certificate of registration to the applicant.
2. Directing the Registrar to remove the suspension of the applicant's certificate of registration.
3. Directing the Registrar to impose specified terms, conditions and limitations on the applicant's certificate of registration if an order is made under paragraph 1 or 2. 1991, c. 18, Sched. 2, s. 74.

Limitation
(2) This section does not apply with respect to a revocation for sexual abuse of a patient. 1993, c. 37, s. 20.

By-laws
94. (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws,

(j) delegating to the Executive Committee powers and duties of the Council, other than the power to make, amend or revoke regulations and by-laws;

Schedule 1 to the Bylaws – Process for Election of Officers

The elections shall be supervised by the Registrar. The Registrar may be assisted by scrutineers.

At least forty-five (45) days before the date of the election, the Registrar shall notify every member of Council of the date of the election and of the procedure, criteria and deadline for members of Council to submit, in writing, their candidacy for a position as a member of the Executive Committee and any brief personal statement that the member of Council wishes to be circulated to the Council in support of their candidacy. Such personal statements may not contradict the College code of conduct, RHPA (1991) or Homeopathy Act, 2007.

A member of Council's written intent must be returned to the Registrar no later than 5:00 p.m. on the day one week before the meeting of Council when the election of officers shall take place (the "nomination deadline"). Prior to announcing the slate of candidates, the Registrar shall verify that each candidate has met the eligibility qualifications and shall notify any individual who does not meet such qualifications. The Registrar may, at any time, inform a member of Council about any other qualifying Council member's written intent that has been submitted before the deadline. If the Registrar is unable to announce a slate of candidates (due to ineligibility concerns or other analogous reasons) the Registrar shall alert Council and nominations can be made at the Council meeting as described below.

At least five (5) days prior to the meeting of Council when the election of officers shall take place, the Registrar shall circulate to all Council members a list of the eligible candidates for election, and any brief personal statements made available to by the candidates.

A Council member may withdraw as a candidate at any time before the election.

At the meeting of Council when the election of officers shall take place, the Registrar shall present the names of eligible candidates who have indicated their interest for the position of President.

Where there is only one nominee for a position, that person shall be elected by acclamation. In the event that there is more than one candidate for the office, the voting shall be conducted by ballot, with the result being tabulated and then recorded and reported by the Registrar. Where there are insufficient qualified nominations for a position, qualified nominations can be made from the floor.

Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot). The election of a candidate shall be confirmed by a majority vote of those present and voting. Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and the Council shall, by ballot, vote on the remaining candidates until one candidate receives a majority vote.

In the event of a tie, a second ballot shall take place. Candidates shall have an opportunity to speak briefly before the vote. If the second ballot also results in a tie, the winning candidate shall be determined by lot.

The results of each election shall be tabulated and reported by the Registrar, with the number of votes accorded to each candidate to remain confidential.

Once the President is elected, the Vice-President shall be elected in a similar manner. Once the Vice-President has been elected, the Treasurer shall be elected in a similar manner, and followed by the remaining Executive Committee positions which shall also be filled in a similar manner ensuring that there are an appropriate number of Registrants and Public Members.

Once the election is completed, the Registrar shall call for a motion to destroy the ballots.

The elected members of the Executive Committee may then speak briefly.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL/JANUARY 28, 2021**	**DECISION**	**X**
		DISCUSSION	**X**
		INFORMATION	□
DATE:	**JANUARY 25, 2021**		
ITEM NAME:	**Committee Appointment - Updated**		
PRESENTED BY:	**B ZIV / J BLANCHARD**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):

1. To recommend an updated 2020-2021 slate of committee appointments for Council's consideration and approval.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2019/2020 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

X **1 Delivering on Legislative & Legal Mandate**
□ **2 Practicing Good Governance**
□ **3 Achieving Growth**
□ **Fulfilling RHPA Objects**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **Other, specify:** _____

GUIDING LEGISLATION:
CHO Bylaws and internal appointment process (section 13)

STRUCTURE:
Council members are assigned to committees and panels on an annual basis. This activity usually occurs in the Spring, additionally there is generally a link between each committee and the Executive Committee. The President is an ex-officio member of all committees. Assignments are updated as required.

BACKGROUND (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number).:

Registration Committee
Chair: vacant
Julie Hughes (Public)
Mike Steele (Public)
Anna Cardozo (Professional)
Sanjeev Nayyar (Professional)
Gurudutt Vaid (Professional)

Registration Committee Appeals Panel
Kamika McLean (Public)
John Millar (Professional) (Non-Council appointee)
Bhupinder Sharma (Professional) (Non-Council appointee)

Quality Assurance Committee
~~Eden Gajraj (Public)~~
Heather Broadhead (Public)
Julie Hughes (Public)
Anna Cardozo (Professional) Chair
Kerri Flood (Professional)
Paul Joseph (Professional)
Sukhdev Singh Kooner (Professional)
Sanjeev Nayyar (Professional)
Gurudutt Vaid (Professional)

Governance Panel
Mark Heller (Public)
Gary Kapelus (Public) [Non-Council appointee]
Anna Cardozo (Professional)
Sanjeev Nayyar (Professional)

Patient Relations Committee
Heather Broadhead (Public)
Kerri Flood (Professional) (Chair)
Julie Hughes (Public)
Sukhdev Kooner (Professional)
Kamika McLean (Public)

Inquiries, Complaints and Reports Committee
Kamika McLean (Public)
Mike Steele (Public)
Kerri Flood (Professional) (Chair)
Paul Joseph (Professional)

KEY CONSIDERATIONS:

1. Complementary skill sets for each committee.

RESOURCE IMPLICATIONS:

1. Time and per diems for training and orientation.

OPTIONS:

1. Approve changes to slate of committee appointments as presented.
2. Approve changes to slate of committee appointments with amendments.
3. Reject changes slate of committee appointments.
4. Refer back to the Executive committee with specific direction for changes.

RECOMMENDATIONS:

1. Approve changes to slate of committee appointments as presented.

RESOLUTION:
BE IT RESOLVED THAT COUNCIL APPROVE THE REVISED 2020/2021 COMMITTEE APPOINTMENTS SLATE AS PRESENTED.

What is the time commitment?

The number of committee meetings per year (which may include panels and/or hearings) varies according to workload. Generally speaking Council members should expect to devote an average of 6 to 10 days each year and Non-Council Committee members 4 to 8 days per year depending on the committee(s).

The following table demonstrates an estimate of the time commitments for each Committee:

Committee	Time Commitment	Preparatory Time per meeting
Executive	6 half-day meetings per year (budgeted)	½ day; varied prep time as required
Registration	4 half-day meetings per year (budgeted) (plus training time)	½ day; varied prep time as required
Inquiries, Complaints, and Reports	3 half-day meetings (budgeted) (plus training time) Full- and half- day meetings, as needed.	½ day or more; varied prep time as required
Quality Assurance	1 full day meetings per year plus 3 half-day meetings (budgeted)	½ day; varied prep time as required
Patient Relations	5 half-day meetings per year (budgeted)	½ day; varied prep time as required
Curriculum Assessment	6 half-day meetings per year (budgeted) based on application	½ day; varied prep time as required
Governance Panel	4 half-day meetings per year (budgeted)	½ day; varied prep time as required
Ad Hoc Advisory Panel	Scheduled as required for consultation purposes.	
Discipline	Scheduled as required.	
Fitness to Practice	Scheduled as required.	
Council	4 full-day meetings per year (budgeted)	Full day prep time per meeting

FOR INFORMATION ONLY - CHO BYLAWS

13. SPECIFIC COMPOSITION AND SELECTION OF COMMITTEES

13.02 – Registration Committee

(1) The Registration Committee shall be composed of:
   (i) at least three (3) Registrants who are members of Council;
   (ii) at least two (2) Public Members who are members of Council; and
   (iii) one (1) or more Registrants who are not members of Council if Council so wishes.

(2) The transitional Council shall establish, for as long as is needed, the following standing Panels of the Registration Committee:
   (i) Individual Assessment Panel; and
   (ii) Steering Panel.

13.03 – Inquiries, Complaints and Reports Committee
The Inquiries, Complaints and Reports Committee shall be composed of:
(i) at least two (2) Registrants who are members of Council;
(ii) at least one (1) Public Member who is a member of Council; and
(iii) one (1) or more Registrants who are not members of Council if Council so wishes.

13.04 – Discipline Committee
The Discipline Committee shall be composed of every member of Council and one (1) or more Registrants who are not members of Council if Council so wishes.

13.05 – Fitness to Practise Committee
The Fitness to Practise Committee shall be composed of every member of Council and one (1) or more Registrants who are not members of Council if Council so wishes.

13.06 – Quality Assurance Committee
(1) The Quality Assurance Committee shall be composed of:
(i) at least two (2) Registrants who are members of Council;
(ii) at least two (2) Public Members who are members of Council; and
(iii) one (1) or more Registrants who are not members of Council if Council so wishes.

(2) The transitional Council shall establish, for as long as is needed, the following standing Panels of the Quality Assurance Committee:
(i) Quality Assurance Program Panel; and
(ii) Governance Panel.

13.07 – Patient Relations Committee
The Patient Relations Committee shall be composed of:
(i) at least one (1) Registrant who is a member of Council;
(ii) at least two (2) Public Members who are members of Council; and
(iii) two (2) or more Registrants who are not members of Council if Council so wishes.

13.08 – Appointment of Committee Members
Unless otherwise stated in the bylaws, every Committee member shall be appointed by Council, with the exception of the Executive Committee, whose members shall be elected to office.

13.09 – Appointment of Non-Council Individuals
Subject to any specific composition requirements in these bylaws, Council may, at its discretion, appoint individuals who are not members of Council to any Committee.

13.10 – Term of Office of Committee Members
The term of office of a Committee member shall commence immediately after the appointment and shall continue for approximately one (1) year.

13.11 – Chairs
Unless stated otherwise in these bylaws, the Chair or Chairs of each Committee shall be selected by the members of the Committee, failing which they may be appointed by Council.

13.12 – Decisions Regarding Appointments
In making an appointment under article 13.08 or 13.09, Council shall take into consideration the location of practice, if applicable, as well as the experience, expertise, availability and other qualifications and characteristics of the Registrant or other person, in order to complement the attributes of the other Committee members.

13.13 – Eligibility for Appointment

A Registrant is eligible for appointment to a Committee if, on the date of the appointment,

(i) the Registrant holds a certificate of registration;

(ii) the Registrant is not in default of payment of any fees prescribed to the College;

(iii) the Registrant is not the subject of any disciplinary or incapacity proceeding;

(iv) the Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three (3) years;

(v) the Registrant's certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason;

(vi) the Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee;

(vii) the Registrant has agreed to and does resign, before taking office, any position such as director, owner, board member, officer or Employee that the Registrant holds with a Professional Association relating to homeopathy;

(viii) the Registrant has not been disqualified from Council or a Committee within the preceding three (3) years;

(ix) the Registrant is not a member of a council of any other college regulated under the RHPA;

(x) the Registrant is not currently and has not been for the previous two years an Employee of the College;

(xi) the Registrant is not in any default of returning any required form or information to the College; and

(xii) the Registrant does not have a conflict of interest to serve as a committee member or has agreed to remove any such conflict of interest before sitting on the committee or panel.

13.14 – Removal of Committee Members

Despite the other provisions of this by-law that permit the removal of a Committee member in specific circumstances, Council may also remove a member of a Committee at its pleasure.

Council of the College of Homeopaths of Ontario
Process for Appointments to All Committees and Panels

Appointment of Committee and Panel Members

1. Invitation is sent out to Council members at large for the appointment of members to committees and working groups.
2. Staff will compile a list of all those interested in each committee/working group and, as required, will double check with each Council member to confirm their intent to sit on any Committee/Panels as outlined on their returned Invitation.
3. For the June 11, 2020 meeting Council members will be populated into Committees/ Panels based on the invitations. A decision-making matrix maybe used if deemed appropriate/required.
4. To ensure consistency and effectiveness in information flow, one member of the Executive Committee will be appointed to each committee.
5. In the event there are more Council members interested than required, and if deemed necessary the Group will use a decision-making matrix.
6. If deemed in the best interests of the CHO a Council member who has not indicated interest in a committee/panels may be appointed, to a committee/panel in order to ensure all committees have the required skill set to function effectively. If challenges arise when assigning individuals, the Registrar will come back to check with the individual appointed.

7. The slate for each committee/panel will be presented at Council for a vote. In the absence of an individual member, Council has the right to assign him/her to a committee/working group without their acceptance of the appointment in advance.

The Chair or Chairs of each Committee shall be selected by the members of the Committee, failing which they may be appointed by Council. Exception: Chair of the Adhoc Advisory Panel which is appointed by Council, in accordance with Bylaw 13.11.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, JANUARY 28, 2021**	**DECISION**	□
DATE:	**JANUARY 21, 2021**	**DISCUSSION**	□
ITEM NAME:	**2021 Election of Professional Members**	**INFORMATION**	**X**
PRESENTED BY:	**K HARVEY**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):

To inform Council of the process for holding an election to fill one vacant seat and three seats whose terms expire in 2021.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

X 1 Delivering on Legislative & Legal Mandate
X **2 Practicing Good Governance**
□ **3 Achieving Growth**
X **Fulfilling RHPA Objects**
X **Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:
CHO Bylaws

PROTECTING THE PUBLIC: Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

Ensuring a full complement of professional members on Council is a bylaw requirement and a necessary component of sound decision-making. Professional members provide experience specific to homeopaths and their patients and help to protect the public by infusing discussions with homeopathic expertise.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

For the 2021 election cycle, nominations are being sought in the following electoral districts:

North -- 1 seat available (two-year term)

Peel – 1 seat available (three-year term)

Toronto – 2 seats available (three-year term)

Election Schedule

	2015	2017	2018	2019	2020	2021	2022
District East S. Nayyar	X	X			X		
District Peel A. Cardozo	X		X			X	
District Toronto(2 seats) K. Flood P. Joseph	X X		X X			X X	
District North vacant	X	X			[X] not filled	X	
District Southwest S. S. Kooner	X	X		X			X
District Ontario G. Vaid	X	X		X			X

RESOURCE IMPLICATIONS:

1. Human resources to manage solicitation of candidates, compilation of material and on-line voting.
2. Approximately $200 to cover online voting for each of the three districts in which an election is being held for a total of approximately $600.

DEADLINES AND NEXT STEPS:

Date	Activity
February 5, 2021	Notice of Election and nominations information sent to all Registrants eligible to vote.
March 10, 2021	Nominations Deadline. Nominations close at midnight. **Form A: Undertaking to the CHO Registrar from Candidate** and **Form B: Candidate Nomination** must be submitted to the Registrar via the online link provided (preferred) or by email or mail. Final day to be registered as a member of the College in order to run as a candidate in the 2021 election.
March 12, 2021	CHO to notify candidates that their names have been accepted for nomination and request candidates' statements.
April 2, 2021	Deadline for candidates to submit completed **Form C: Biographical Summary and Personal Statement** and **Form D: Conflict of Interest Questionnaire** via the online link provided (preferred) or by email or mail. Final date for candidates to withdraw their nominations.
April 7, 2021	CHO to distribute Notice of Election, candidate biography information, and voting instructions to all eligible voters.
May 11-12, 2021	Voting opens for a period of two days.
May 14, 2021	Unofficial election results sent to candidates by email. Announcement of unofficial results.
May 21, 2021	Deadline for requests for recounts
June 4, 2021	Election results confirmed. Official election results posted online.

RECOMMENDATION: Staff to proceed with election plans as described.