AGENDA

Council Meeting
College of Homeopaths of Ontario
by teleconference

Wednesday, March 17, 2021 9:00 a.m. – 10:12 a.m.

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
1		Call to Order	Information	Verbal	M Heller	9:00	2 min
2		Adoption of Agenda	Decision	Written	M Heller	9:02	2 min
3		Declaration of Conflict of Interest	Decision	Verbal	M Heller	9:04	1 min
4		Ministry of Health College Performance Measurement Framework (CPMF) Report	Decision	Written	B Ziv/ J Blanchard	9:05	20 min
5		Framework for Developing System Partners initiatives	Discussion	Written	J Blanchard/ K Harvey	9:25	15 min
6		2020 – 2021 Operating Goals & Objectives - UPDATE	Information	Written	B Ziv	9:40	10 min
7		Policy Review – REGCS03 First Aid & CPR	Decision	Written	J Blanchard/ B Ziv	9:50	10 min
8		Council Self-evaluation	Information	Verbal	M Heller	10:00	5 min
9		Other Business and Action Items Arising	Discussion	Verbal	M Heller	10:05	5 min
10		HBS – Preparation Time	Decision	Verbal	M Heller	10:10	2 min
11		Adjournment	Decision	Verbal	M Heller	10:12	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
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, MARCH 17, 2021**	**DECISION**	**X**
DATE:	**MARCH 11, 2021**	**DISCUSSION**	□
ITEM NAME:	**College Performance Measurement Framework Submission**	**INFORMATION**	□
INITIATED BY:	**B ZIV**		
PRESENTED BY:	**B ZIV/J BLANCHARD**		

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

To provide Council with a copy of the draft College Performance Measurement Framework (CPMF) and request a motion to accept the report.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2020/2021 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**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
X **College Performance Measurement Framework best practice**
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:
REGULATED HEALTH PROFESSIONS ACT, 1991
Reports / Annual report
6 (1) Each College and the Advisory Council shall report annually to the Minister on its activities and financial affairs. 1998, c. 18, Sched. G, s. 2 (1).

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
The CPMF report is based on the calendar year. Additionally, each year the CHO produces and submits an annual report and financial statements to the Ministry of Health (MOH). The annual report is based on the College's fiscal year of April 1 to March 31. It is anticipated this will become an annual submission.

The CPMF is prepared by staff and is a factual review of the status of the College in each of the seven domain areas – governance, resources, system partner, information management, regulatory policies, suitability to practice, and measuring/reporting/improvement – as of December 31.

PROTECTING THE PUBLIC: Provide a 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.

The CPMF will further strengthen the accountability and oversight of Ontario's health regulatory Colleges (Colleges) by providing information that is transparent, consistent, and aligned across all Colleges on their performance in serving the public interest.

The CPMF will measure and report in a standardized manner how each College acting in the public interest will report on how well Colleges have met a set of best practices (standards) related to their key statutory functions and key organizational aspects.

In addition, the CPMF will provide benchmark information and best practices that will help Colleges improve their transparency and performance, and ensure that public confidence in the professions is maintained[1].

The Ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's Colleges and the public. The CPMF will assist the ministry in ensuring that these goals are met.

Measuring college performance will strengthen accountability by linking college activities to outcomes and providing consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the role and responsibilities of the Colleges (e.g., how decisions are made, the impact of these decisions and activities, and how they advance the public interest, etc.) in helping to foster trust in the health professions' ability to regulate themselves in the public interest.

Finally, 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. [2]

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).:

This report addresses all the questions posed by the MOH and reflects the status of CHO on December 31, 2020. Questions relate to whether the College fulfils each requirement, provides supporting evidence of demonstration, and if the demonstration is "partially" or "no", whether the College is planning to improve its performance over the next reporting period.

In answering the third question related to future – unless CHO fulfills the requirement, a blanket statement has been added to indicate "The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles." This statement will allow Council and staff to determine which items will be considered as a priority for the next fiscal/calendar period.

This report is substantially complete at the time of presentation to Council. However, there are still some areas where staff are gathering data or documentation. All required information will be added or addressed prior to the submission deadline of March 31, 2021.

Note of process from Robert's Rule of Order[3]: Council approval of a motion to accept the report "has the effect of endorsing the statement and making the assembly assume responsibility for it"[4].

[1] MOH College Performance Measurement Framework FAQs Question and answer 1. Page 5. December 2020.
[2] Ditto. Question and answer 2.
[3] Robert's Rules Online: RulesOnline.com Robert's Rules of Order Revised, Fourth Edition, with Up-to-Date Annotations, Section 54 Adoption or Acceptance of Reports, Robert's Rules of Order Online - Committees and Boards (rulesonline.com)
[4] **54. Adoption or Acceptance of Reports**. When the report of a committee has been received, that is, has been presented to the assembly and either read or handed to the chair or the secretary, the next business in order is the disposal of the report, the proper disposition depending upon its nature.
(1) If the report contains only a statement of fact or opinion for the information of the assembly, the reporting member makes no motion for its disposal, as there is no necessity for action on the report. But if any action is taken, the proper motion, which should

RISKS / MITIGATION OPTIONS:

1. None identified at this time.

KEY CONSIDERATIONS:

1. Submission of the report is mandatory.
2. Report reflects the position of CHO on December 31, 2020.
3. The Ministry understands that the newness of the benchmarks and supporting evidence will take some time for College's to develop and to put in place.

ANALYSIS:

1. None provided at this time.

RESOURCE IMPLICATIONS:

1. Human resources impacted to create the report and follow-up on the action steps.

DEADLINES AND NEXT STEPS:

1. Council Review – March 17, 2021
2. Completion of edits, wordsmithing, and data/attachment additions – March 11 to 31, 2021
3. Post on CHO website – March 31, 2021
4. Submission to Ministry of Health – March 31, 2021

OPTIONS:

1. Accept report as received.
2. Accept report with amendments from Council.
3. Reject report.

RECOMMENDATIONS:

1. Accept report as received.

RESOLUTION:

BE IT RESOLVED THAT COUNCIL accept the 2020 CHO College Performance Measurement Framework Report.

be made by some one else, is to "accept the report," which has the effect of endorsing the statement and making the assembly assume responsibility for it.

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

a) Components of the CPMF:

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

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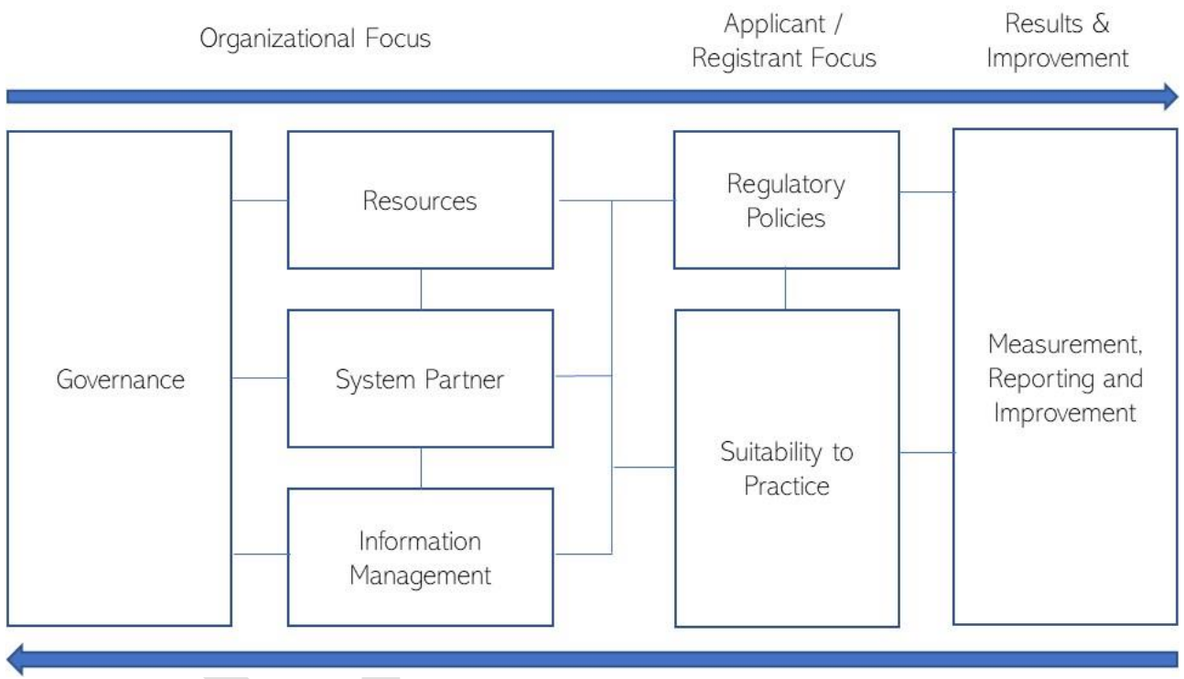
b) Measurement domains:

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.

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:

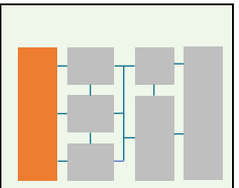
- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence. [1]

[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.

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 ☐ a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined suitability criteria defined in the College's Bylaws, ii. Reviewing the elections manual which details pre-defined competency criteria, and iii. Attending an interactive online orientation training about the College's mandate and expectations pertaining to the individual's roles and responsibilities as a Council member. (This training is a requirement as detailed in the College's Bylaws). i. The competency/suitability criteria are public: Yes ✔ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* Suitability Criteria as per Bylaw 10.04 – Eligibility for Election A Registrant is eligible for election to Council if the Registrant has been nominated in accordance with the bylaws, has completed and returned the conflict of interest questionnaire and if, on the deadline for the receipt of nominations and up to and including the date of the election, (i) the Registrant holds a certificate of registration; (ii) the Registrant is principally engaged in the practice of the profession in the electoral district for which he or she is nominated or, if the Registrant is not engaged in the practice of the profession, the Registrant principally resides in the electoral district for which he or she is nominated;

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		(iii) the Registrant is not in default of payment of any fees to the College; (iv) the Registrant is not the subject of any disciplinary or incapacity proceeding; (v) the Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three (3) years; (vi) the Registrant's certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason; (vii) 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; (viii) the Registrant has agreed to resign and does, 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; (ix) the Registrant has not been disqualified from Council or a Committee within the preceding three (3) years; (x) the Registrant is not a member of a council of any other college regulated under the RHPA; (xi) the Registrant is not currently and has not been for the previous two years an Employee of the College; Bylaws College of Homeopaths of Ontario Enacted Nov 18, 2013, Amended February 27, 2020 9/40 (xii) the Registrant does not have a conflict of interest to serve as a member of Council or has agreed to remove any such conflict of interest before taking office; (xiii) the Registrant has substantially complied with the Election Guidelines of the College; (xiv) the Registrant is not in any default of returning any required form or information to the College; and (xv) the Registrant provides acceptable evidence of successful completion of the Council approved training program relating to the duties, obligations and expectations of Council and Committee members. The following pre-defined competences for Council members are identified in the elections manual. Effective Council members should also demonstrate the following general competencies: 1. **Continuous Learning** – Takes actions to improve personal capability and has the ability to quickly understand and apply information, concepts, and strategies. Demonstrates an interest in continuous personal learning. 2. **Creativity** – Generates new solutions, develops creative approaches and implements new approaches that lead to improved performance. Anticipates and leads change that contributes to organizational success. 3. **Effective Communication** – Is willing and able to see things from other perspectives. Demonstrates accurate insight into the behaviour and motivations of other individuals and groups, and responds appropriately. Accurately listens, understands, and responds effectively with individuals and groups. 4. **Leadership** – Creates strong morale and spirit in his/her team. Shares wins and successes. Demonstrates integrity, a positive attitude, energy, resilience, stamina and the courage to take risks. 5. **Planning & Initiative** – Recognizes and acts upon opportunities or addresses problems. Displays effective use of time-management skills. Is able to plan and organize workflow and meetings in an efficient manner to address the

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		opportunity or problem. 6. **Relationship-Building** – Works to build and maintain ethical relationships and networks of contacts with people who are important to achieving College-related goals and the Council mission. 7. **Results-Oriented** – Makes specific changes in own work methods or systems to improve performance beyond agreed standards (i.e., does something faster, at lower cost, more efficiently; improves quality, stakeholder satisfaction, revenues, etc.). 8. **Stakeholder-Focused** – Desires to help or serve others, meets the organization's goals and objectives. Focuses efforts on building relationships keeping the College's mandate in mind, and discovering and meeting stakeholders' needs in the context of that mandate. Recognizes that partnerships among internal colleagues within the Council are essential to meet external stakeholder's needs. 9. **Strategic Thinking** – Understands the implications of decisions and strives to improve organizational performance. Has an awareness of organizational issues, policy, procedures, and outcomes as they impact key stakeholders and the organization's strategic direction. 10. **Teamwork** – Demonstrates cooperation within and beyond the Council. Is actively involved and "rolls up sleeves." Supports group decisions, even when different from one's own point of view. Is a good team player and does his/her share of work. Compromises and applies rules flexibly and fairly, and adapts tactics to situations or to others' responses. Accepts setbacks and changes own behaviour or approach to suit the situation. Is candid about opinions and raises justified concerns. Council members are not measured on these competencies. ii. Duration of orientation training: • CHO has developed the following levels of Council training: • Pre-election – four-hours online overview of introduction to Council with knowledge test at the end • Post-election – three-hours – In the past, this has been via video-conference with a staff member; however, starting in 2021 this is moving to online video on demand. No knowledge test. • Additionally, CHO has a pre-Executive training session – three-hours via video-conference with a staff member. however, starting in 2021 this is moving to online. No knowledge test. (Bylaw) o CHO Bylaws further require that a Council member must be on Council at least one year prior to sitting on Executive Committee. Plus one year on Executive Committee prior to standing for President or Vice President. o The President and Vice President undergo three-hours of orientation. No knowledge test. • Insert a link to website if training topics are public ***OR*** list orientation training topics: [See report under folder for Domain 1] Topics: • Pre-Election: o understanding Health Profession Legislation and the Purpose of RHPA, overview of Schedule 2 The Code

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		○ other legislation and regulations governing the profession ○ role of RHPA Colleges – including regulating in the public interest, defining public interest, key differences between a regulatory college and an association, college mandate and RHPA objects, the role and responsibilities of Council and committee members ○ governing documents including the role of regulations, bylaws, professional practice standards and guidelines and policies in governing the work of the College ○ Accountability ○ Importance of transparency ○ Governance overview, policies and principles • Council Member Orientation (post elections for professional members, post appointment for public appointees) ○ Policies and principles for internal processes ○ What to expect at a Council meeting ○ Council member conduct and rules including conflict of interest, confidentiality, dealing with bias, procedural fairness ○ In-depth introduction to committees and panels ○ Introduction to CHO operations, information management and access to resources ○ Understanding reporting tools • Executive Committee (See below) • President and Vice President ○ Chairing skills in a regulatory environment including agenda development, rules of order, motion development, parliamentarian processes, etc. ○ Enforcing Council member Code of Conduct, addressing conflict of interest ○ Signing authority policies and processes ○ College stakeholder relations and external reporting obligations ○ Planning and oversight responsibilities including strategic planning and operational plans overview ○ Human resources matters – processes for handling non-registrant complaints, in-depth understanding of election process and terms, registrar/CEO annual review process and contract renewal, awareness of employee manual and policies, and Council/Council member evaluation.
		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): The College is interested in pursuing the adoption of required pre-defined competencies for Council and Committees and reasonable screening criteria. Council will be looking to and/or align, adopt or implement an existing framework with minor modifications from other RHPA Colleges.

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<table>
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<td>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.</td>
<td>The College fulfills this requirement: Yes ☐ Partially ✔ No ☐

i. The <u>competency</u> / suitability criteria are public: Yes ☐ No ✔
The competency / <u>suitability</u> criteria are public: Yes ✔ No ☐ (Embedded in CHO Bylaws under section 13.13 [see below])
If yes, please insert link to where they can be found, if not please list criteria:

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.

iii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
<table>
<tr><th>Committee</th><th>Duration</th></tr>
<tr><td>Discipline Committee</td><td>1 day</td></tr>
<tr><td>Inquiries, Complaints and Reports Committee</td><td>3 hours</td></tr>
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Patient Relations Committee	1.5 hours
Quality Assurance Committee	1.5 hours
Registration Committee	6 hours
Executive Committee	3 hours
Fitness to Practice Committee	1.5 hours

Duration of each Statutory Committee orientation training:

- Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):

Committee	**Duration**
Discipline Committee	In person (via HPRO)
Inquiries, Complaints and Reports Committee	Webinar
Patient Relations Committee	Webinar
Quality Assurance Committee	Webinar
Registration Committee	Webinar
Executive Committee	Webinar
Fitness to Practice Committee	Webinar

- Insert link to website if training topics are public ***OR*** list orientation training topics for Statutory Committee:

Committee	**Duration**
Discipline Committee	Legal framework, principles of administrative law, hearing process, responsibilities of panel members
Inquiries, Complaints and Reports Committee	Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios, procedural fairness
Patient Relations Committee	Role and statutory mandate of the committee

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Quality Assurance Committee	Role and statutory mandate, confidentiality, the Quality Assurance Program, possible decisions, suitable remedies and continuing education activities, suitable demonstration of remedy
Registration Committee	Role of the College, legislation and regulations, by-laws, policies, types of certificates of registration, ETP requirements, role of Registration Committee, appeals/reviews, types of commonly reviewed applications and potential outcomes,role of the Office of the Fairness Commissioner, unconsciousbias, fair access, procedural fairness, assessments of qualifications processes, process of approved programs, refresher programs
Executive Committee	Statutory powers of Executive Committee between Council meetings and duty to report to Council; understanding the statutory roles and responsibilities of college committees and rights and limitations of Council/EC over the authority of committee/panel decisions; planning and oversight responsibilities; budgeting, financial reporting, procurement process and annual financial audit process; deep dive on the bylaws, policies and regulatory requirements; Registrar/CEO annual review process
Fitness to Practice Committee	Role and statutory mandate of the committee

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

Yes ☐ *No* ☐

The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles.

Additional comments for clarification (optional):

At present, the College has not articulated competencies for each individual committee. Rather, non-board members who are appointed to committees are required to demonstrate a set of pre-defined criteria (as per bylaws) prior to being appointed by the board to any committees.

The Council also serves as the Fitness to Practice Committee and Discipline Committee, but to date there has not been a need to strike a panel of either the Fitness to Practice Committee or the Discipline Committee for the purpose of holding a hearing. Training/orientation will be provided in the event that the committee is required to hold a meeting.

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	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): CHO staff conduct a four-hour online video-conference overview of introduction to Council with public appointees with a question and answer session. • Insert link to website if training topics are public ***OR*** list orientation training topics: Topics: ○ introduction to the College ○ duties and mandate of the College ○ fiduciary duties of Council and committee members ○ understanding Health Profession Legislation and the purpose of RHPA, overview of Schedule 2 The Code ○ other legislation and regulations governing the profession ○ role of RHPA Colleges – including regulating in the public interest, defining public interest, key differences between a regulatory college and an association, college mandate and RHPA objects, the role and responsibilities of Council and committee members ○ governing documents including the role of regulations, bylaws, professional practice standards and guidelines and policies in governing the work of the College ○ accountability ○ importance of transparency ○ governance overview, policies and principles including confidentiality, conflict of interest and corporate solidarity ○ overview of the homeopathy profession • Council Member Orientation (post elections for professional members, post appointment for public appointees) ○ Policies and principles for internal processes ○ What to expect at a Council meeting ○ Council member conduct and rules including conflict of interest, confidentiality, dealing with bias, procedural fairness ○ In-depth introduction to committees and panels ○ Introduction to CHO operations, information management and access to resources ○ Understanding reporting tools *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional):*

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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: 2019 • Insert a link to Framework ***OR*** link to Council meeting materials where (updated) Framework is found and was approved: *<insert link>* Resources and Reports section of website (Winter 2019) - https://www.surveymonkey.com/r/HTBFQXF • 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:* Presented as part of consent agenda at July 11, 2019 meeting. Report attached. Discussed as item 6.1 in open session of July 11, 2019 meeting. Minutes posted as part of September 25, 2019 meeting package. Discussed next steps in open session of Council meeting of September 25, 2019. Item 8 in minutes posted as part of November 27, 2019 meeting package. Meeting packages can be found at http://collegeofhomeopaths.com/resources-and-reports.html *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ✔ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)* • *The evaluation framework introduced in 2019 was focused on evaluation of individual Council members as opposed to the effectiveness of Council as a whole. It was insightful to understand training gaps.* • *In 2020, the Executive Committee directed the Governance Panel to review the Council evaluation framework and to commence its next review in 2021. The new proposed Council assessment framework has been amended to address CPMF 1.2a. and will provide insight into the effectiveness of each Council and individual Council members.* • *In Fall 2020, Council instituted a standardized Council meeting evaluation. The online evaluation covers the issues of:* General satisfaction with the meeting, satisfaction with how Council accomplished its agenda items, the way in which Council members worked together and the chair's skills to facilitate discussion. Additionally, the evaluation covers time/timeliness and adequacy of background materials to help Council members prepare. Questions inquire as to the major strengths of the meeting, how the meeting could have been improved and if there was anything about the meeting that hindered the Council's work. If concerns are raised, Council members are invited to identify themselves for personal follow-up.

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	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>* 0 • Year of last third-party evaluation: *<insert year>* N/A
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles.
		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* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles.
		Additional comments for clarification (optional):

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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: 2016 • 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: The College's Conflict of Interest policy is found in 1. Section 16 of the Bylaws and 2. Governance Policy GOV-07. Both of these documents are included in the Council Reference Binder. The Conflict of Interest Bylaw was first adopted by the transitional Council of CHO in November 2009. It has not been re-evaluated since and only the cooling off bylaw has changed to lengthen the amount of time prior to when a Council member can become an employee from one year to two years.
		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) CHO Human Resources/Employee Policies Handbook (Last approved by Council in June 2015) also contains a Conflict of Interest Policy (# HR – 17) which is based on CHO Bylaw 16.
	b. The College enforces cooling off periods[2].	The College fulfills this requirement: Yes ✔ Partially ☐ No ☐
		• Cooling off period is enforced through: Conflict of interest policy ✔ Policy ✔ Competency/Suitability criteria ✔ Other <*please specify*> • The year that the cooling off period policy was developed ***OR*** last evaluated/updated: 2009 • How does the college define the cooling off period?

[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.

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		– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; CHO Bylaws – insert a link to Council meeting where cooling of period has been discussed and decided upon N/A; ***OR*** – where not publicly available, please describe briefly cooling off policy: **Council → Staff** CHO Bylaw 16.10 – Staff (Employee) Positions A member of Council or a Committee member may not hold any other position, employment, contract or appointment with the College while serving as a member of Council or its Committees. There is a two-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to, positions as peer assessor, investigator, inspector, examiner or other management or administrative staff. **Staff → Council or Committee Member** CHO Human Resources/Employee Policies Handbook (Last approved by Council in June 2015) 6. Council Positions A member of staff may not hold any position on Council, Committee, or Panel with The College. There is a two-year waiting period before the individual may apply for a Council, Committee or Panel position with The College. **Association Authority → Council** CHO Bylaw 16.03 – Conflicts Relating to Involvement with a Professional Association A member of Council or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its Committees at all if he or she holds a responsible position such as director, owner, board member or officer in or is an Employee of any Professional Association relating to homeopathy. **Other Organization Authority → Council** CHO Bylaw 16.04 – Conflicts Relating to Position in Other Organizations A member of Council or a Committee member would be perceived to have conflict of interest in a matter and should refrain from participating in any discussion or voting if he or she holds a responsible position such as director, owner, board member or officer in or is an Employee of another organization where his or her duties may be seen by a reasonable person as influencing his or her judgment in the matter under consideration by the Council or its Committees. For example, an educator in a school should not participate in any decisions relating to the status of that school, its program(s) or the acceptability for registration of graduates from that school.

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		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) The CHO bylaws also articulate various other cooling off periods that apply to different circumstances that may give rise to an actual or perceived conflict of interest with the member's role on Council or committee, including recent employment with the College (two years), maximum consecutive term of an officer of the College in one office (three (3) consecutive, full-year terms), has been the subject of any professional misconduct, incompetence or incapacity finding in the preceding 3 years, not had the registrant's certificate of registration revoked or suspended in the preceding 6 years for any reason, disqualification from Council or Committee (preceding 3 years), or reaching the nine year term limit for board members (3 years) <u>Action required but no cooling off period:</u> The Registrant a) has agreed to resign and does, 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; b) does not have a conflict of interest to serve as a Council or committee member or has agreed to remove any such conflict of interest before sitting on the committee or panel. Other Eligibility Requirements A Registrant is eligible for election to Council or appointment to a Committee if the Registrant has been nominated in accordance with the bylaws, - is not in default of payment of any fees to the College; - is not the subject of any disciplinary or incapacity proceeding; - his/her certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee; - is not in any default of returning any required form or information to the College.

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	c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally: 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 specific to the meeting agenda.	The College fulfills this requirement: Yes ☐ Partially ✔ No ☐ • The year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated: 2009 • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ✔ Often ☐ Sometimes ✔ Never ☐ This answer addressed that the matter of declaration of conflict of interest is a permanent agenda item on all Council and all committee meetings. The "sometimes" refers to inclusion of the information in the Council package which was first introduced in Fall 2020. – The conflict of interest questionnaire has been collected annually since 2009. In 2020 refinements were made to the process and the form is distributed annually with a request at each Council meeting for updated information on status of conflict of interest. • Insert a link to most recent Council meeting materials that includes the questionnaire: This was sent out by email. Currently, all Council members are required to sign an annual acknowledgment of their fiduciary duties and responsibilities that includes acknowledgment and undertaking to declare any conflicts of interest. Council members are also required to complete a Declaration of Conflict of Interest form which provides members with a copy of the College's Bylaws and conflict of interest policy. The document asks the member to declare his or her current and recent affiliations with Professional Associations and other organizations. In relation to standard 2.1c. the College demonstrates the following: i. A summary of each Council member's identified affiliations is provided in the Council package. ii. The questionnaire provides a copy of the Conflict of Interest policy and bylaw which defines real and perceived conflict of interest. iii. While the conflict of interest is Council approved, the questionnaire/form contains no specific questions based on areas of risk identify by Council that are specific to the profession and/or College. iv. Yes, at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)*

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	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: All briefing notes include a section on public interest considerations as well as alignment with strategic and legislative direction and guiding legislation/bylaw/policy. Specifically, the purpose of protecting the public section is to prompt a discussion on the public interest rationale and/or implications of the decision that is being made by Council. The report writer is to provide context in each one of these areas. Examples of such reports can be found in each of the Council materials packages posted here. Contents of each briefing note include: **STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College's 2020/2021 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 □ Meeting a Legislative/Regulatory or Bylaw Requirement □ Other, specify: _____ **GUIDING LEGISLATION/BYLAW/POLICY:** **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. Meeting minutes do not include a link to publicly available briefing notes; however, prior Council meeting packages are available online and content reports discussed in public. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (if needed)*

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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: Resources and Reports *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)* Council minutes are posted on the College's website. Action items from each meeting are documented and progress is identified in the next set of minutes. Few items are carry-forward to subsequent periods. The College has not yet implemented a status report on ongoing items arising from the minutes. The College's annual strategic and operating goals and objectives (SOGO) are reported on in the SOGO status report.
	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: Resources and Reports *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)* *CHO began posting summary reports of its Executive Committee meetings in September 2020. The reports are included in the Council package for each meeting and are available on the website. Information provided includes meeting the meeting date, rationale for the meeting, a report on discussions and decisions of Executive Committee when it acts as Council or discusses or deliberates on matters or materials that will be brought forward to or affect Council, and finally indicates if decisions will be ratified by Council. The Executive Committee meeting report is also listed on the College's website.*

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	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)* It is anticipated that the CHO 2021/2022 operating and strategic goals and objectives will be reviewed and approved by Council in June 2021.
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)* *The notice and agenda are posted at least one week in advance of the Council meeting. A comprehensive Council package is generally posted one week in advance of the meeting. This package may be amended with late arriving materials or PowerPoint materials presented at the meeting.*
	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)* *To this point in the College's history, it has not had a discipline hearing. It is a procedural indication in the College Discipline manual to post public information at least one week in advance of the hearing.*

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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: Resources and Reports, specifically Agenda item 10, October 1, 2020 Council package *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)* The CHO has a small human resources complement and a limited financial budget. All responsibilities are managed by a staff of four. One staff member is responsible for registration; one is responsible for communication and support to Council and Executive Committees and additional support as required. Two senior staff manage all other components of the College's activities and mandate and provide direction to support staff. A small team of assessors have been contracted and trained to conduct substantially equivalent evaluation of applicants and academic program-based assessments. Staff budget time to manage support for regulatory programs and tasks identified in the operating and strategic goals and objectives. Staff are supported by outside services in the areas of bookkeeping, legal, investigations and database support.

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	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* ☐ In fall 2020 Executive agreed to assign the development of this policy to the Treasurer. This position was filled by a public appointee who was not re-appointed to Council. The Treasurer position was filled in January 2021 and this activity will resume. CHO will be looking to other RHPA colleges for best practices examples.
		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* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles.
		Additional comments for clarification (optional) • *The College addresses sustainability in its annual strategic and operational goals and objective plan. The College has a growth plan and a goal to maintain membership at a level which is supportive of the operations of the College.* • *Annually the Executive Committee reviews the Registrar's performance and contract. The Registrar is responsible for the management of the College's staff and ensuring fulfillment of the College's mandate and annual* operating and strategic goals and objectives.

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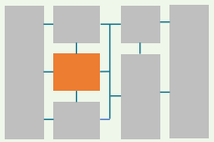
DOMAIN 3: SYSTEM PARTNER	
Standard 5 **The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.**	
Standard 6 **The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.**	
Standard 7 **The College responds in a timely and effective manner to changing public expectations.**	

	College response
Measure / Required evidence: N/A	***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).***
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, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health. Beyond discussing what Colleges have done, the dialogue might also identify other	**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.).*

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.**	**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).*	**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*.

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Initiative 1 – COVID-19 Response

As it became evident that COVID-19 was a real and imminent threat to the health of people around the world, the College turned its attention to how its public protection mandate could be employed to ensure safe and effective practice, even when recommendations against in-person contact came into play. Throughout, the CHO remained focused on public safety through the implementation of professional practice standards / guidelines and the timely management of concerns and complaints. Meeting the challenges posed by the pandemic revealed many and varied opportunities – and in some cases necessities – to both seek system partners and become an effective one.

The College benefited significantly from enhanced collaboration with the HPRO Registrar's board of directors, HPRO Practice Advisors, the College of Kinesiologists of Ontario, MOH, the Provincial Emergency Operating Centre (EOC – MOH), and the Government of Ontario. Each played a role in shaping the CHO response to its registrants and their patients.

Particular attention was paid to infection control, cohesion of rules/guidance regarding remote practice and return to practice, and understanding the definition of essential services/urgent care.

Operationally, the CHO adjusted to the new reality by having staff work remotely. Renewal dates for registrants were extended to provide greater flexibility, and payment plans were offered to recognize the temporary upheaval in practice volume experienced by many. Along the same lines, penalties for late payment were eliminated and fees for such things as transfer between registration categories were removed.

Starting in January 2020, the College initiated a comprehensive communications rollout (see below) to alert registrants to the spread of infection and necessary precautions. Outreach continued throughout the year as new information impacting practice and patient care became available. Robust website resource pages and practice guidance were provided to registrants and updated frequently. Throughout, registrants have been provided with help to understand the new practice landscape in context of the emerging information/guidance.

To ensure consistent messaging, CHO conducted periodic scrutiny of other RHPA college websites and reviewed their communication pieces.

On May 15, the College released The Simple Guide to Practicing Homeopathy during the Pandemic.

COVID-19 had a profound impact on health care and created a push/pull of public expectations of care. The public expected to have safe health care experiences – to receive help and be guided to avoid harm, and to be protected. While registrants were learning how to adapt, patients/public needed education on how to manage their continuum of care. Specifically, both registrants and patients required guidance about how to receive care while limiting in-person visits unless necessary. Patients needed to be assured of quality care by remote means.

To this end, the College provided a robust website containing general and targeted information for registrants and the public. This included guidance documents generated internally as well as sourced from the Provincial Emergency Operations Centre (EOC-MOH), the World Health Organization (WHO), Health Canada, and the Public Health Agency of Canada, among others.

To maintain up-to-date resources for registrants and the public, the College closely followed information in bulletins from the EOC-MOH and released by other reputable sources as listed above.

Outreach was initiated with the MOH and HPRO as required, and information shared was quickly incorporated into CHO registrant resources. Each significant website update was announced via eblast to registrants, as was each change in lockdown status. Registrants were contacted with each update to legislation to notify them of any relevant changes in practice obligations. While much information was focused on requirements for registrants, the College made efforts to explain how changes impacted patient care and what patients should expect.

Seventeen e-blasts on COVID-19 and related practice issues were released in 2020. Content can be found here:

January 30

February 7

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March 18

March 23

March 30

April 3

April 17

April 27

May 7

May 15

May 27

September 18

September 24

October 6

November 10

December 21

December 22

The College's creation and provision of resources were shaped to some degree by the results of a survey of registrants conducted in the fall. This survey revealed significant variation in the ways registrants had adapted and suggested a number of ways in which the CHO could play a role in helping to ensure patient access to care. Here, too, the College looked to what was being done elsewhere and engaged partners when collaboration appeared promising.

Available resources were expansive and interconnected to support the education of both registrants and the public. FAQ pieces were developed to help registrants navigate the new practice environment. Interactive webinars were created with subject matter experts to help homeopaths transition to remote practice and to help the public adapt to the new format. Offerings from the WHO and Public Health Ontario were identified and promoted. Tools, such as checklists, were created and distributed to help registrants practice safely remotely and, when necessary, in person.

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In the midst of keeping registrants and patients informed, CHO responded to COVID misinformation complaints from Health Canada in addition to complaints from the public related to mask use and public health statements made by registrants. In responding to one complaint, CHO worked collaboratively with another RHPA college to manage a dual registrant. CHO addressed the complaint through right-touch registrant education and demonstration of correction and compliance.

From the beginning, advice was offered to the professional association to facilitate patient engagement consistent with College policies and guidelines. Additionally, the College reached out to the two approved schools to determine whether they were able to maintain the obligations of an approved program in light of pandemic-related practice restrictions.

Over the course of the year, several other initiatives were undertaken to build partnerships and engagement. For example, the College adopted the Ontario Medical Association patient care protocol and sought permission from the Canadian Medical Protective Association to adapt and adopt their informed consent for electronic communication for CHO registrants. As well, contact was made with the Ontario Telemedicine Network to determine whether their services would be open for CHO registrants.

Outreach has continued into 2021 as information about vaccine rollout has spurred contact between the College and local Public Health Units.

The CHO has always maintained partnerships with regulatory groups and colleges as well as homeopathy educational institutes and professional associations, international homeopathy stakeholders and government.

As a result of the College's work on the CPMF, CHO is developing a system partner framework guidance document to enhance future planning and inclusivity of potential and appropriate partners. The College anticipates using the framework to steer its 2021 initiatives.

The pandemic has heightened awareness of the need for professions to work collaboratively. This is likely to be a major focus of the CHO's strategic planning efforts in 2021 and beyond. Partnerships, including those forged through HPRO, will be key.

Initiative 2 – Health Canada Partnership

As long ago as 2015, Health Canada initiated a consultation into product labelling, focusing in particular on natural products. The College was invited to participate and has done so over the years on a number of different levels. Collaboration has been multifaceted, recognizing the regulatory role of both the College and Health Canada.

Both by invitation and its own initiative, the College was strongly involved in Health Canada's "Modernizing the Regulation of Self-Care Products in Canada," an initiative started in 2017. This involvement has continued, with the most recent activity being submission of a consultation response on November 2, 2020. This submission was shared with registrants in an e-blast and on the College's website.

While the initial interaction involved the labelling of homeopathy products, it quickly became apparent that this issue had the potential to impact access to care, the role of homeopaths in public health, and the importance of remedy availability to the public, to homeopaths, and to other health professionals.

Registrants were kept apprised of CHO activities related to the consultation, and were provided a link to the CHO response on November 19, 2020.

Discussions around labelling and access issues have continued. Of significance is the fact that the relationship established during this extended consultation period came into play when product advertising arose as an issue related to COVID-19. The interaction on the consultation project paved the way for efficient dispatch of informal complaints/concerns put forward by Health Canada in the first half of 2020 related to registrants making claims about COVID treatment and prevention. A number of these claims were first raised by the public who reported them directly to Health Canada.

Specifically, the College was made aware of Health Canada's concerns by e-mail on March 24, 2020. Clarification was sought, and Health Canada stated that it wished to alert CHO to its concerns and the complaint it had received, but did not wish to file a formal complaint. On April 19, legal counsel was consulted and a response to Health Canada was prepared.

Joint efforts were successful in eliminating specific concerns and CHO followed through with reminders to registrants about advertising claims that must follow CHO standards.

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Where specific concerns were raised by Health Canada, they were addressed with individual registrants using the right touch approach to regulation, and warnings and encouragement to registrants to review and comply with CHO professional practice standards. Expectations related to advertising and treatment claims were widely shared to educate registrants about both what to do and the consequences of breaching the standard. Both individually and collectively, registrants were receptive and responsive to the guidance provided.

Starting in spring 2020, following the College's contact by Health Canada, registrants were reminded of their obligations related to advertising in general and specific to COVID-related claims. Ongoing reminders and education have been included in newsletters and will continue to be a priority in the development of future educational materials. Newsletters included those sent on April 3 and April 17. Additionally, a reminder about the CHO Advertising Standard was included in The Simple Guide to Practicing Homeopathy during a Pandemic.

Concerns raised by Health Canada about specific registrant claims were addressed immediately. Subsequent education of the whole registrant base appears to have been successful as there have been no further complaints related to advertising or claims of COVID prevention or cure.

Initiatives undertaken by Health Canada over the longer term, as well as those arising early in the COVID crisis, provided additional weight to the reinforcement of education on standards such as labelling and advertising. Information received from and provided to Health Canada (HC) over both the long and short terms helped to educate HC on the role of homeopathy, patient needs and expectations, and how they compared with similar parameters among other professions.

While the College's initial interactions with Health Canada were by invitation and part of a formal consultation, more recent collaboration, including the CHO response to HC's COVID-specific concerns, has been by mutual contact and timely, in-depth response.

Since its inception, the Health Canada initiative on product labelling has been presented as one driven by public expectations. The College's involvement has informed the project on the role of the homeopath as part of the health-care system, the expectations and needs of patients, and the importance of access to care supported by product availability and fair standards across professions/types of care.

It is expected that Health Canada will continue to engage the College in its labelling and product safety initiatives, and that any concerns it may have about individual homeopaths will be brought to the attention of the College. Registrants will be kept apprised of these activities and will be reminded proactively of their professional obligations and/or changing expectations as expressed by regulators, other professionals, and the public.

Initiative 3 – Memorandum of Understanding with India's Central Council for Research in Homeopathy

In 2017, the College entered into a Memorandum of Understanding (MOU) with the Central Council for Research in Homeopathy (CCRH), an autonomous organization under the Ministry of AYUSH, Government of India. The intent of the MOU was and is cooperation in the field of research and education in homeopathic medicine, with the goal of improving the quality of patient care and outcomes.

Through the MOU, the College has the opportunity to:

- Participate in joint research projects, international projects, meta-analysis, randomized, pragmatic multicentric and basic research studies, in areas of mutual interest;
- Exchange research materials, publications, educational literature, teaching aids, and information documentation and scientific publications;
- Jointly organize conferences, seminars/educational opportunities, workshops and symposia;
- Exchange experts for training of practitioners, scientists, teaching professionals and students;
- Cooperate with interested scientists, practitioners and students in institutions for research, educational and training programs;
- Provide mutual assistance in education in the fields of governance, policy development, public affairs, quality assurance and professional development;

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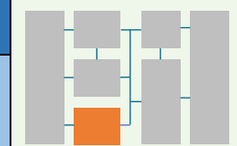
- Explore means to facilitate mutual recognition of educational qualifications; and
- Engage in any other areas and/or forms of co-operation, including education activity, courses, seminars, expert meetings etc. mutually agreed upon subsequently by the two parties.

On November 27, 2020, the CHO hosted an educational session on case-reporting guidelines and techniques for improving the success rate in clinical practice. This online session was available free to all registrants.

In 2021, CHO will examine opportunities within the scope of the MOU to further the College's system partner activities with a focus on improved patient outcomes.

DOMAIN 4: INFORMATION MANAGEMENT



Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
		The College fulfills this requirement: Yes ✔ Partially ☐ No ☐

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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	• Insert a link to policies and processes ***OR*** provide brief description of the respective policies and processes. **Policy documents pertaining to Privacy and Confidentiality** **Bylaws** CHO By-Laws Bylaw 17 Confidentiality SCHEDULE 3 TO THE BYLAWS Code of Conduct for Council and Committee Members **Human Resource Policies** HR – 22 Confidentiality HR – 27 Standards for Telecommuting HR – 28 Email and Internet Use **Operations and Governance Policies** OP – 01 Records Management OP – 02 Privacy Code OP – 03 Privacy Breach Reporting Process COM – 06 Privacy Code – Website GOV -15 Confidentiality The College has policy which defines a privacy breach, provides an overview of applicable privacy legislation, and describes how the College will address breaches. The College relies on the best practices approach of the Information and Privacy Commissioner of Ontario and Office of the Privacy Commissioner of Canada. The College has a records management policy adopted from that of the College of Physicians and Surgeons. This policy describes how the College stores information, how long information is retained and how it should be destructed. The College has implemented several procedural processes including: - Secure online record management through Mic*rosoft Office 365.* - For 2021 - introducing new automated payment processes so that it would no longer be necessary to collect credit card information. All board and committee members sign a confidentiality agreement on an annual basis. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)*

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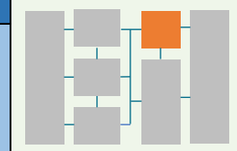
DOMAIN 5: REGULATORY POLICIES



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). The college regularly monitors changing practice environments and technology through environmental scans and consultations with stakeholders and system partners, including but not limited to: homeopathy educators and associations, Health Professions Regulators of Ontario, Health Canada and other RHPA regulatory colleges. Standards of Practice and Practice Guidelines were last reviewed in 2018 for currency and are revised as required. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *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,	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. • The following policies were revised or created in 2020:

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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.

	REG CS08 Substantial Equivalent	REG AD 16 Reinstatment	REG AD17 Revocation	REG AD 18 Lifting a Suspension
Status	Revised	New	New	New
i. Evidence and data	Considered	–	–	–
ii. The risk posed to patients/the public	Considered	Considered	–	–
ii. Current practice environment	–	–	–	–
v. Alignment with other health regulation colleges/ practice overlap	Considered –	Considered –	Considered –	Considered –
v. Expectations of the public	Considered	Considered	Considered	Considered
vi. Stakeholder views and feedback	–	–	–	–
ii. Regulatory requirements	–	Considered	Considered	Considered

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

Yes ☐ *No* ☐

The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles.

Additional comments for clarification (optional)

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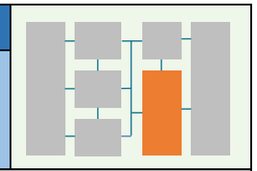
DOMAIN 6: SUITABILITY TO PRACTICE



Standard 10

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

Measure	Required evidence	College response
		The College fulfills this requirement: Yes ✔ Partially ☐ No ☐

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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].	• 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: • The following links inform much of the registration process the Guide to Registration, Substantially Equivalent Competence Assessment (SECA) process, Substantially Equivalent Interview Preparation Guide, and the Homeopathy Individual Assessment Application Guide • In addition, two policies inform the substantial equivalence and individual assessment processes: ○ REG CS 08 Substantially Equivalent ○ REG AD 02 Individual Assessment Appeals Process and Timelines • 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.): Registrants enter the College one of two ways, as graduates of a post-secondary program in homeopathy which has been approved by Council, or through a process of demonstrating that their education and clinical training is substantially equivalent to that received by a graduate of an approved program. Ensuring that those who enter the College have an appropriate level of education and clinical training and demonstrate entry-to-practice knowledge, skill and judgment, is a critical role for the College and an important piece in ensuring public protection. In 2019 (the most recent stats available), 64% of applicants graduated from CHO-approved post-secondary programs in homeopathy in Ontario. Some applicants to the College come with a wide and diverse range of education and clinical training, sometimes earned from outside of Ontario. The College's 2019 Fair Registration Practice Report to the Ontario Office of the Fairness Commissioner show 29% of applicants, who went on to become registrants, received their initial education outside of Canada, and 7% within Canada but outside of Ontario. The content of the education and clinical training received by applicants outside of Ontario varies from greatly exceeding the CHO requirements to falling below the complement of courses and skills training required to demonstrate the requirements laid out in Ontario Regulation 18/14 Registration, College policies and/or the evidence that the applicant has been taught and evaluated on the competencies laid out in the Entry-to-Practice Competency Profile for Homeopaths Practicing in Ontario. The CHO has excellent rapport with the administrators of the CHO-approved programs. These schools provide transcripts and any additional support information required (i.e. training logs, supervisor reports, etc. on a as needed and as requested basis. Sometimes this information is required if an applicant is re-entering the workforce and graduated prior to the program becoming approved.) Most of the applicants who are program graduates from a post-secondary program in

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[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.

		homeopathy within Canada but outside of Ontario come from one program in Quebec. The CHO also has an excellent rapport with that school. Between 2017 and 2019, the majority of applicants from outside of Canada received their education from India (66%), Pakistan (30%) or the United States (4%). Typically, the homeopathy programs in India and Pakistan are medically based four-year degree programs followed by one-year of internship. While these programs generally meet or exceed the Ontario-based program requirements, all individuals who have not graduated from an Ontario approved program must undergo a SECA review. Additionally, must provide proof of education and training along with all other registration requirements. Both India and Pakistan have certification boards which oversee and validate the applicant's training and education. These certification bodies provide verification information directly to the CHO. All application information, regardless of the pathway to registration, must include verified proof of identification. Supporting information received from educators, supervisors, or regulators must be submitted directly from source. Applicants who have been or are currently registered with another regulatory body must request that a Certificate of Professional Conduct be issued to CHO. CHO registration process also includes the following components: **Applicants without currency in the past three years:** If an applicant does not have recent currency, he/she may be directed to undergo a Refresher Program from a CHO approved program in Ontario. This program includes theory refreshment set to CHO entry-to-practice competency profile and clinical supervision. The program provider issues a progress report and a certificate of completion. **Substantial Equivalence Competency Assessment (SECA):** The SECA review includes a thorough examination of the applicant's submission package including training and education, and a comprehensive in-person interview (generally conducted via video call during 2020, previously the interview may have been in person). The interview is conducted by a trained assessor who is also a homeopath. The applicant must provide proof of identification prior to commencing with the interview. The SECA process can result in one of the following outcomes: 1. Demonstration of substantial equivalence [scored 80% or more on both the theory and clinical requirements] 2. Failure to demonstrate [scored less than 80% on either the theory or clinical requirements or both] Where gaps in the applicant's knowledge, skill and judgment exist, the applicant is notified of the results and is provided with a complete results report. The applicant may remedy the outcome by a. retaking the SECA interview to improve their demonstration or b. the file will be referred to the Registration Committee who provides specific instruction to the applicant on the additional education or clinical training, and the acceptable source, required to satisfy the registration requirements.

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		Individual Assessment (IA): All applicants who have demonstrated the required level of education and clinical training must undergo an Individual Assessment of their knowledge, skill and judgment of a sub-set of the College's *Entry-to-Practice Competency Profile for Homeopaths Practicing in Ontario*. The IA is administered by a third-party company with psychometric experts and substantial experience in competency assessment. The IA is a paper-based assessment which consists of a written essay on the theory of homeopathy and a detailed analysis of a selection of current cases conducted by the applicant. The materials reviewed by the IA assessor contains only a file number. The IA assessors are specially trained and are registrants of the College. Like other components of the application process, applicants must submit proof of identification with their IA submission. Should the third-party suspect plagiarism a joint policy on addressing such findings outlines the required steps.
		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)

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	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. 2014 except as noted below. *CHO's criteria for applicants of full class is outlined in section 6 (1) of Ontario Regulation 18/14 O. Reg. 18/14: Registration (ontario.ca)* *Registration requirements, Full class* **6.** (1) The following are registration requirements for a Full certificate of registration: 1. The applicant must have, i. successfully completed a post-secondary program in homeopathy in Ontario that is approved by Council or another body approved by Council for that purpose, or ii. successfully completed a program in homeopathy together with other education or training which a panel of the Registration Committee considers, when taken together, to be substantially equivalent to the requirements set out in subparagraph i. The criteria for an approved post-secondary program in homeopathy in Ontario, supported by 6.(1)1i was approved in 2015 and has remained unchanged since that time. The criteria for the determination of applicants who are deemed to have successfully completed education and clinical training which is considered to be substantially equivalent to that of a graduate from an approved post-secondary program in homeopathy in Ontario have undergone some substantial fine-tuning since they were first introduced in 2016. In late 2018 staff undertook a review of the substantially equivalent process to make the process more transparent for the applicant while enhancing public protection. Throughout the 2018-2019 fiscal year, the College worked on strengthening its SECA (substantially equivalent competency assessment) review process to include a thorough interview process intended to provide a deeper understanding of an applicant's knowledge, education and training and to determine if gaps exist between the applicant's training and the College's requirements. This interview process, utilizing trained assessors, who are also homeopaths, provides the College and the public with a greater level of confidence about the entry-to-practice readiness of future registrants. Where a gap or gaps are identified, the College provides the applicant with clear direction on additional education and/or training required to demonstrate eligibility to register in Full Class. Once the applicant demonstrates substantial equivalence, they are still required to successfully complete

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		all remaining registration requirements including the Individual Assessment (IA) process. The IA, first adopted in 2014, is administered by an independent third-party psychometric assessment company. Together the substantial equivalence review and the individual assessment requirement help to ensure registrants are knowledgeable and appropriately trained on entry-to-practice competencies and requirements. The in-depth review of substantial equivalence has been developed in accordance with the general and specific duties outlined in the *Fair Access to Regulated Professions and Compulsory Trades Act* and supporting materials provided by the Office of the Fairness Commissioner of Ontario. The process meets both the applicant's needs for a process which is transparent, objective, impartial and fair, and the public's need for protection and confidence in their health care providers. With the introduction of the enhanced SECA review, the College launched a revised SECA handbook and interview preparation guide which helps the applicant understand the type and breadth of questions to be asked as well as the marking and scoring structure. Since the introduction of the in-depth interview, the College, with feedback from the interviewers, has set out to review and refine some of the interview questions to improve and enhance applicant comprehension and more accurately test knowledge, skill, and judgment. Revised July 2018 to May 2019. Revised interview format introduced in May 2019. Re-review of interview questions started in Fall 2020 and is still in progress.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* ☐ *No* ☐

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		Additional comments for clarification (optional)
		The College fulfills this requirement: Yes ✔ Partially ✔ No ☐

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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.).	• 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: • CHO's currency requirements are outlined in section 7(1) of Ontario Regulation 18/14 O. Reg. 18/14: REGISTRATION (ontario.ca) *TERMS, ETC., FULL CLASS* **7.** (1) Subject to subsection (2), the following are terms, conditions and limitations on every Full certificate of registration: 1. The member shall practise the profession a minimum of 750 hours during every three-year period, with the first three-year period beginning on the day that the member is issued a Full certificate of registration, and each subsequent three-year period beginning on the first anniversary of the commencement of the previous period. 2. At all times the member must be certified in health care provider CPR and standard first aid. O. Reg. 18/14, s. 7 (1). • List the experts / stakeholders who were consulted on currency: ○ Legal Counsel ○ Other RHPA Colleges ○ All homeopathy associations ○ All homeopathy post-secondary educational bodies in Ontario ○ The profession and public through a 60-day public consultation • Identify the date when currency requirements were last reviewed and updated: 2014 • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. This occurs through self-declaration once a year at renewal time. The annual reporting on actual currency hours is provides a detailed recording on the registrant's practice hours during their selected 12-month reporting period. This information is reviewed for completeness and is followed up by staff and confirmed. Once the information is confirmed, the registrant maybe referred for peer assessment by the College's Registrar. • Additionally, at the time of renewal registrants are required to provide proof of renewal of their certificate in health care provider CPR and standard first aid and insurance. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles.

[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).

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		Additional comments for clarification (optional)
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: OFC Action Plan • 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)*

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Standard 11 **The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.**		
Measure	**Required evidence**	**College response**
11.1The 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 • During 2020 the College released a "Simple Guide to Practicing Homeopathy during the Pandemic." The guide, released in May 2020, was based on the best recommendations of public health officials and deals with practicing remotely and the appropriate steps and infection control protocols to returning to practice in person. The release of this guide followed a number of bulletins between January and May alerting registrants to the emergence of the novel coronavirus, actions to take to prepare themselves, as well as guidance on lockdown requirements and preparation for safely reopening practice for in-patient visits. Additionally, the College developed an extensive Coronavirus website linking registrants and the public to a series of reputable websites and other resources aimed at answering patient questions (in different languages), helping registrants maintain practice and understand the critical and salient points related to the disease profile, patient screening, and infection control. Resources were gathered from and links provided to the Ontario Government, Ministry of Health, Public Health Ontario, Health Canada, the World Health Organization, CHO practice standards and guidelines, and other medical and regulatory sources. • In addition to providing print support materials, the College fielded phone calls and email queries from Registrants and answered questions on infection control, remedy dispensing, definition of essential services, limitations on scope of practice during the pandemic, management of in-person patient visits, patient communication and outreach. The College provided support to registrants on practicing during the pandemic from January to December 2020. • The College did not specifically track statistics on the percentage of registrants reached or the degree of uptake in the resources or inquiries to the College office, however website visits increased substantially during the period. Eighteen percent of registrants or 88 of 479 participated in a Fall survey issued by the College attempting to understand the impact

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		of the pandemic on practice, the percentage of registrants who had switched to remote practice versus in-person practice, and the types of ongoing supports required by registrants. Of those who did respond to the survey 52% felt they would like more access to webinars in an educational platform, 45% asked for video presentations, and 14% asked for podcasts. • An evaluation of the effectiveness of the support provided, in and of itself, was not done. Measurement tools will be built into the 2021 initiatives. • 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* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)*

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11.2The 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: To date the College has identified Continuing Education and Professional Development and currency of practice hours as priorities. {Provide link to updated website information in the final report.} • 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* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *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).

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11.3The 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* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (if needed)*

Standard 12

The complaints process is accessible and supportive.

Measure	Required evidence	College response
12.1The 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: How to make a complaint What should you do if you suspect sexual abuse by a homeopath? I Have Been or Know of a Client Who has Been Sexually Abused by a Homeopath. What do I do? Understanding sexual abuse • 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* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)*

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	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 R Partially No ☐
		• Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) • In 2020, 10 inquiries were received. 90% of inquiries received a response within 3 days, with an average of 2 days.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles.
		Additional comments for clarification (optional)
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	The College fulfills this requirement: Yes ✔ Partially ☐ No ☐ List all the support available for public during complaints process: • Information on the college's website with additional access to sexual abuse funding for therapy and counselling; • One-on-one discussions with Registrar to resolve complaints. • Responding to email and phone inquiries about the complaints process • Helping members of the public identify a homeopath for the purpose of making a complaint • Helping complainants to record or transcribe their complaint if they were unable to write their complaint • Providing status updates • Making adjustments to the ways that documents or information are communicated in order to accommodate a complainant's needs or preferences College staff are available to answer questions about the complaints process, assist complainants in identifying a homeopath, assist complainants in recording their complaint where necessary, provide status updates, record concerns about the complaints process. Most frequently provided supports in CY 2020: • Responding to email and phone inquiries about the complaints process • Providing status updates on complaint files • Helping members of the public identify a homeopath for the purpose of making a complaint
		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)
		The College fulfills this requirement: Yes ✔ Partially ☐ No ☐

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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.	• 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: • The College communicates regularly, by email and telephone, with the parties throughout the complaints process and each stage of the matter. Complainants and respondents are provided with any new relevant information that is received by the college during the complaints investigation process and invited to make submissions. If the complaint is not disposed of within 150 days, the College notifies the parties that the investigation is still ongoing. If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time (if known). The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of. • Once the ICRC has met and made a decision, the College advises the parties that a decision has been made, and that the decision will be issued during a particular time frame. College staff also respond to all inquiries from parties about the status of matters. In these communications, staff describe the next steps for the matter. • While the College has not yet had a referral to the Disciplines Committee, our procedure manual directs that complainants are notified by the college if allegations of professional misconduct arising out of their complaint are referred to the Discipline Committee. Complainants will subsequently receive updates from the prosecutor representing the college in the discipline matter, either directly or through their legal counsel or representative. In the case of discipline matters, information about hearing dates and the specific allegations that have been referred will be available on the College's website, and the prosecuting lawyer will advise the parties of hearing dates. *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.

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Measure	Required evidence	College response
13.1The 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* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (optional)* While the risk assessment/triage protocol for assessing complaints and reports at intake is not formally documented, every complaint and report is reviewed by the manager within one business day to assess risk, determine whether any urgent action is required (e.g. appointment of an investigator) and otherwise prioritize the matter for investigation.
Standard 14 **The College complaints process is coordinated and integrated.**		
Measure	**Required evidence**	**College response**
14.1The 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: Information is sought and/or shared with other colleges or other relevant system partners on a case-by-case basis. Legal counsel is consulted prior to disclosing any confidential information with another college or system partner. • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'). In 2020, information was shared by the College in the following circumstances: • with another health regulatory college where a complaint was received against a registrant who was a dual registrant, both colleges received the complaint. Each college handled the complaint and kept the other college informed about the status including sharing ongoing correspondence with the complainant.

		• Information on complaints made by the public on COVID-19 related claims were received from Health Canada and followed up on. Additionally, the College provided a follow-up response to Health Canada.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles.
		Additional comments for clarification (if needed)

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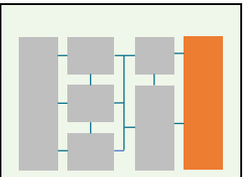
DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT



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: **Approved by Council at its October 1, 2020 meeting:** **Key Result Area 1: CHO Deliver of Legislative & Legal Mandate** • The College endeavors to deliver on its legislative and legal mandate in a manner that is transparent, objective, impartial and fair, and to uphold the best practices in regulatory excellence and foster public protection. This KRA is seen as fundamental to the work of the College. **Key Result Area 2: CHO to Practice Good Governance** • This KRA covers areas of improvement in management of Council and statutory committees, financial, and enhancements to support regulatory functions and programs. This KRA is seen as fundamental to the work of the College. **Key Result Area 3: CHO to Achieve Growth** • This KRA covers areas related to growth of the profession of homeopathy, supporting institutions, and maintaining CHO membership levels. The College regularly reports to the President, Executive Committee and Council on the College's performance of the initiatives identified under each KRA in the College's strategic and operating goals and objectives. Currently the College does not explicitly review internal or external risks that could impact the College's performance. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *Additional comments for clarification (if needed)*

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	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 (Agenda item 8), regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes: • The College regularly reports to the President, Executive Committee and Council on the College's performance of the initiatives identified under each KRA in the College's strategic and operating goals and objectives. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☐ *No* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *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* ☐ The CHO 2021/2022 operating and strategic goals and objectives have not yet been finalized. This item may be considered in 2021/2022 and/or other future planning cycles. *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: Resources and Reports, Council meeting material *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)*

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PART 2: CONTEXT MEASURES

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

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

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

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

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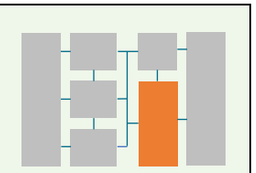
Domain 6: Suitability to Practice



Standard 11

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

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

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

Context Measure (CM)

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

Type of QA/QI activity or assessment	#
i. Completion of CEPD	JB pull data prior to Mar 31/21
ii. Currency of Hours reported for 2019/2020 (pre-pandemic)	JB pull data prior to Mar 31/21
iii.	
iv.	
v.	
vi.	
vii.	
viii.	
ix.	

* *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)

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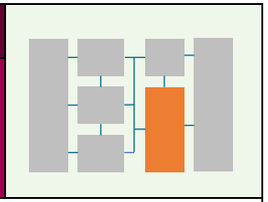
DOMAIN 6: SUITABILITY TO PRACTICE



Standard 11

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

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

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

Context Measure (CM)			
	#	%	***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. *	0	0	

Additional comments for clarification (optional)

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

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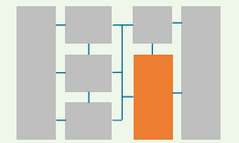
DOMAIN 6: SUITABILITY TO PRACTICE



Standard 11

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

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

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

Context Measure (CM)			
CM 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**	0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	0	

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.*

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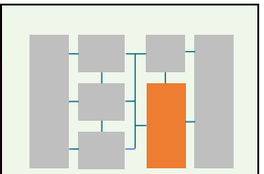
DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		
Themes:	#	%	#	%	
I. Advertising	6	60			
II. Billing and Fees					
III. Communication	3	30			***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.*
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations	1	10	1		
IX. Unauthorized Practice					
X. Other <*please specify*>					
Total number of formal complaints and Registrar's Investigations**	**10**	**100%**	**1**	**100%**	

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* ***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)	

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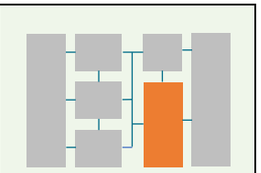
DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	1		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	1		
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	1		
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	Pending		

** ***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.*

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.*

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

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# 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)	

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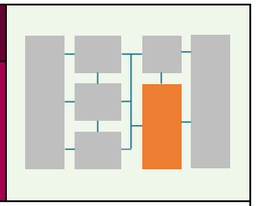
DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020							
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							Pending, investigation in progress
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.

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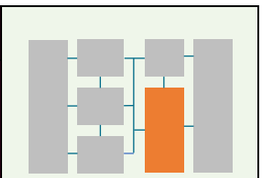
What does this information tell us? *This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing 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	In progress	
II. A Registrar's investigation in working days in CY 2020	In progress	

* ***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)

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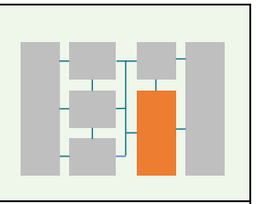
Domain 6: Suitability to Practice



Standard 13

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

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

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

Context Measure (CM)		
CM 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	N/A	
II. A contested# discipline hearing in working days in CY 2020	N/A	

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

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

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

Additional comments for clarification (if needed)

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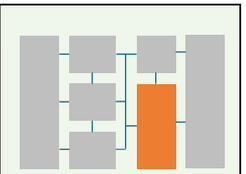
DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type		#
I.	Sexual abuse	0
II.	Incompetence	0
III.	Fail to maintain Standard	0
IV.	Improper use of a controlled act	0
V.	Conduct unbecoming	0
VI.	Dishonourable, disgraceful, unprofessional	0
VII.	Offence conviction	0
VIII.	Contravene certificate restrictions	0
IX.	Findings in another jurisdiction	0
X.	Breach of orders and/or undertaking	0
XI.	Falsifying records	0
XII.	False or misleading document	0
XIII.	Contravene relevant Acts	0

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

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

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

Additional comments for clarification (if needed)

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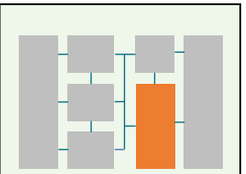
DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

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

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

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

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

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

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

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

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

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

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

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

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

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

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

Additional comments for clarification (if needed)

DRAFT

For questions and/or comments regarding the College of Homeopaths 2020 report, please contact:

Janet Blanchard
Senior Manager, Quality Assurance, Patient Relations and Communications
Phone: (647) 749-4956
Email: janet.blanchard@collegeofhomeopaths.com

OR

Basil Ziv
Registrar and CEO
Phone: (647) 749-4950
Email: basil.ziv@collegeofhomeopaths.com

College of Homeopaths of Ontario
163 Queen Street, 2nd floor
Toronto, ON M5A 1S1

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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

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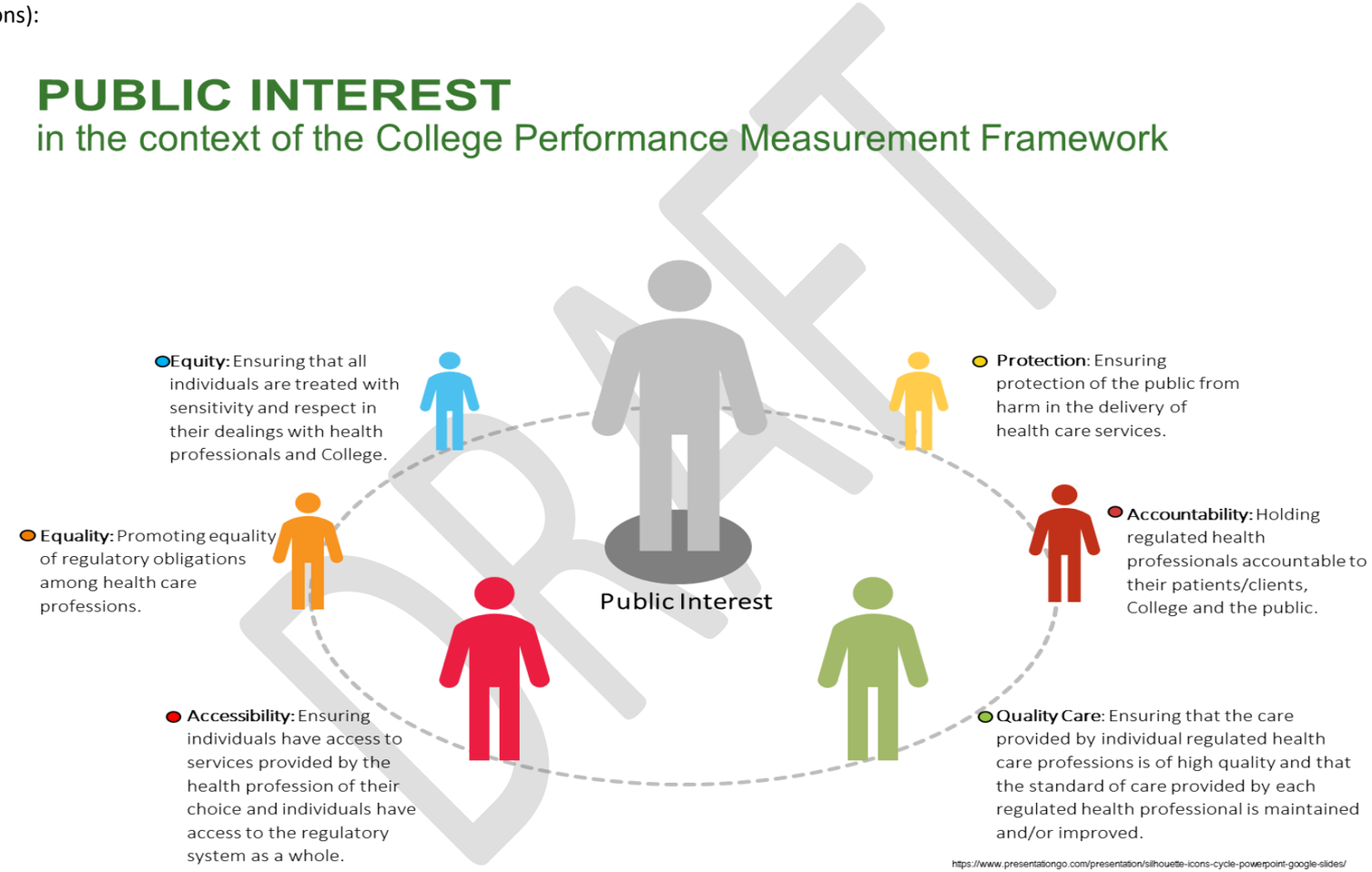
Appendix A: Public Interest

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



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COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, MARCH 17, 2021**	**DECISION**	□
DATE:	**MARCH 12, 2021**	**DISCUSSION**	**X**
ITEM NAME:	**CHO System Partner Initiative Worksheet**	**INFORMATION**	**X**
INITIATED BY:	**J BLANCHARD/K HARVEY**		
PRESENTED BY:	**J BLANCHARD/K HARVEY**		

In its December 2020 College Performance Measurement Framework, the Ministry of Health (MOH) identified the importance of collaboration with system partners to facilitate the fulfilment of the College's mandate, to improve public protection and address public expectations.

A partner may include any group or organization that has a common goal or purpose to improve regulatory excellence, patient experiences and public protection. The partner may focus on regulation, patient advancement, health care, government, education or other appropriate sectors. The partner could be related to homeopathy or not. It could include associations, post-secondary institutions, patient groups, RHPA colleges, public health units, hospitals, health care provider groups, etc.

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

The purpose of this report is to share with Council a planning tool developed by staff to assist in the clarification of problem identification and potential system partnership solutions or initiatives (SPI).

The President has requested that the College strike a taskforce to review the SPI worksheet, and identify and document the process for using the tool.

Council members interested in volunteering to participate in the system partner planning taskforce may indicate their interest at the March 17 Council meeting or by end of day Friday, March 19, 2021.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2020/2021 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
X 3 Achieving Growth
X Fulfilling RHPA Objects
X Meeting a Legislative/Regulatory or Bylaw Requirement
X College Performance Measurement Framework best practice
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:
MOH College Performance Measurement Framework Reporting Tool December 2020. For an explanation of system partner standards 5/6/7 See page 26 of appendix 4.2 of the CHO CPMF report in this package.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
The refinement of the SPI worksheet will benefit the planning of the College priorities and initiatives moving forward.

The Task Force will report to Executive Committee.

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.

The SPI worksheet will assist the College in making more public center decisions and may benefit the homeopathy profession.

DEADLINES AND NEXT STEPS:

1. Please indicate your interest during the Council meeting or by email to communications@collegeofhomeopath.com by Friday, March 19
2. Feedback on the tool is welcome. Please send to communications@collegeofhomeopath.com.

A Draft Worksheet for Documenting Problems and Identifying Potential System Partnerships Solutions
March 2021

PART 1 - Describe the Problem

1. **In a sentence describe the problem:**
2. **Provide a detailed description of the problem:**
3. **Level of Priority?** Urgent / Very High / High / Medium / Low
4. **Is this a problem the College must fix?** Yes / No
5. **Can/should the College fix this problem on their own?** Yes / No
6. **Is/are there a partner(s) that would enable an aligned fix to the problem?** (partners do not need to be identified at this point) Yes / No

PART 2 - Defining the Outcome

7. **What kind of help does the CHO need to solve this problem?**
8. **Describe the ideal or hoped for outcome:**
   a) **Describe the optimal short-term solution:**
   b) **Describe the desirable long-term solution:**
9. **What is the expected timeline for a successful outcome?** (state in weeks/months/years)
10. **What does success look like?**
11. **What is the probably of success?** Very likely / Somewhat likely / Somewhat unlikely / Very unlikely

PART 3 - Assessing the Impact

Patient Impact

12. **How does this problem impact patients? (address public protection and public expectation)**
13. **Why is this important to public protection?**

Profession Impact

14. **How does this problem impact homeopaths?**
15. **What portion of % of the profession is impacted by this problem?**
16. **Are there new professional obligations and/or learning opportunities arising from this problem?**

College Impact

17. **How does this problem impact the image and reputation of the college?**
18. **How does this problem impact the work/workload of the college?**
19. **What are the new obligations and/or learning opportunities arising from this problem?**

Legislative Impact

20. **What legislation needs to be considered in resolving this problem?**

PART 4 – Charting a Path Forward

21. **Identify potential solutions to resolve the identified problem.**
22. **Identify the pros/cons and potential costs of each identified potential solution.**
23. **Identify the most likely best path(s) forward for success.**

PART 5 - Exploring Partnerships

24. **Does problem issue impact interprofessional collaboration?** Yes / No If yes, how?
25. **Who are the potential system partners to approach / engage in discussion regarding this problem?**
26. **List the ways the Ministry of Health can help.**
27. **List the ways the Health Profession Regulators of Ontario (HPRO) can help.**
28. **Where is there opportunity to align practice expectation specific to this problem? List which professions CHO should align with? (Standard 5)**
29. **How might engagement shape the outcome of a policy/program (focus on joint initiatives)? (Standard 5)**
30. **Is there a policy/program/initiative already completed that CHO could adopt or integrate? What is required to actualize this? (Standard 5)**
31. **Can the College leveraged existing relationships to ensure it can gather information in a timely manner and respond to changing public / societal expectations as they relate to this problem? (Standard 6 Broader question)**
32. **What are the future opportunities or impacts for alignment with other Colleges and system partners? (Standard 7)**
33. **Which regulator(s) would be ideal partners? And/or what regulator(s) would be most helpful to CHO to strengthen the execution of its oversight mandate as it relates to this problem? i.e., work to support and strengthen alignment of practice expectations (general) or specific to shared scope of practice, discipline processes, and quality improvement. [Standard 5]**
34. **What other groups, regulators, agencies, associations, or organizations have an interest in this problem?**
35. **Identify the pro/cons/opportunities and limitations to these partnerships. What do we understand now about their resources/programs/staff/supportiveness, etc. and identify the potential likelihood of successful collaboration?**
36. **Identify the top partnership(s) most likely to help the College be successful in resolving this problem.**

PART 5 – Research and Validation

37. **How has the College validated the scope and urgency of this problem?** If the problem has not yet been validated, what steps can be taken to do so?
38. **What questions need to be answered before we start the process?**
39. **What data or information will inform our approach to solving this problem?**
40. **In what way can the College engage the public/patients to inform the issues, desired changes, and potential solutions related to this problem?**

PART 6 - Resources

41. **What are the resource implications? (Break this out by options identified above)**
    a) Human resources
    b) Financial resources/budget

PART 7 – Evaluating Options

42. **Given consideration of all the factors above what is the probably of success?**
    Very likely / Somewhat likely / Somewhat unlikely / Very unlikely

43. **Given consideration of all the factors above has the timeline indicated in section 1 changed?**
    Yes / No If yes, what is the new timeline?

PART 8 – Taking Action

44. **Identify tactics to achieve the desired outcome. Identify potential partners and attach timelines for each tactic.**
45. **Prepare other supportive tools as appropriate.**

Supportive Tools

Item	Required	Completed	Notes
Issues Management Review	□	□	
Risk Assessment	□	□	
Business Case/Plan with Budget	□	□	
Communication Plan	□	□	
Environmental Scan – on relevant changes to public expectations	□	□	
Action Plan	□	□	
Progress report – detailed – summary	 □ □	 □ □	

Level of Approval Required: □ Operational

□ Council

□ Committee

If committee, which one? □ Executive Committee
□ Quality Assurance Committee
□ Registration Committee
□ Patient Relations Committee
□ Inquiries, Complaints and Reports Committee
□ Fitness to Practice Committee
□ Disciplines Committee

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COLLEGE OF HOMEOPATHS OF ONTARIO

2020-2021 Operating Plan, Goals & Objectives
Summary of Deliverables
as of March 10, 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	Must be moved to 2021/2022
1D) Spousal Treatment / Exemption Regulation Submit Regulation Submission Application for the MOHLTC, completed by Q3	On track for completion and submission by end of 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 April Q1 2021/2022. The project will then move to development stage which will carryover to 2021/2022 with

COLLEGE OF HOMEOPATHS OF ONTARIO

2020-2021 Operating Plan, Goals & Objectives
Summary of Deliverables
as of March 10, 2021

Deliverable	Status/Comments
	completion scheduled for October 2021.
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. Completed. 480 registrants in good standing at February 15, 2021. 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. Complete. Speakers secured for 2 of 3 sessions. 2. Session scheduled for March 10. Will be video recorded and available online. 3. PPT reviewed by chair of QAC. No new materials were created to what was already offered by CHO. 4. **Leading Practice 1 – Essential Services** did not result in an identified researcher and presenter. This workshop is not able to move forward. **Leading Practice 2 – Remote Practice & Clinical Assessment** scheduled for March 10 has 82 registrants signed up. **Leading Practice 3 – Virtual Practice Administration** – Scheduled for the week of April 13th or 19th (TBC). 5. On track.

COLLEGE OF HOMEOPATHS OF ONTARIO

2020-2021 Operating Plan, Goals & Objectives
Summary of Deliverables
as of March 10, 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 presented to Council at January 28, 2021.
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 to 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. Panel composition continues to be the Registration Committee as a whole. Recommendation report in progress to be sent to the Registration Committee for input. Anticipated it will require Council discussion at June meeting. 2. On track.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, MARCH 17, 2021**	**DECISION**	**X**
DATE:	**MARCH 10, 2021**	**DISCUSSION**	□
ITEM NAME:	**Proposed Amendments to Registration Policy REG CS03 Requirements of First Aid and CPR**	**INFORMATION**	□
INITIATED BY:	**B ZIV**		
PRESENTED BY:	**B ZIV/J BLANCHARD**		

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

To seek Council's approval on recommended amendments of the applicant and registrant Registration Policy REG CS03 detailing the satisfactory demonstration regarding certification of health care provider CPR and standard first aid.

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**
□ **College Performance Measurement Framework best practice**
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:

Homeopathy Act, 2007, Ontario Regulation 18/14 Registration

Registration requirements, Full class

6(1) 5.The applicant must be certified in health care provider CPR and standard first aid.

(2) The requirements in paragraphs 1, 2, 3 and 4 of subsection (1) are non-exemptible.

+

Terms, etc., Full Class

7(1) 2. At all times the member must be certified in health care provider CPR and standard first aid.

7(2) The terms, conditions and limitations described in paragraph 2 of subsection (1) do not apply to a member's certificate of registration if that member was not required, before the issuance of his or her Full certificate of registration, to meet the requirements of paragraph 5 of subsection 6 (1).

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

This requirement was established in 2014 for all applicants and future registrants. For registrants, this requirement is typically confirmed with their annual registration renewal. For applicants, this requirement is confirmed at the time of application.

PROTECTING THE PUBLIC: Provide a 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.

The origin of the CPR/First Aid training requirement stems from 1. Lack of assurance of such training being consistently and firmly embedded in the undergraduate education process; and 2. The chance that a registrant might encounter a clinical practice need to have the knowledge, skill, and judgment to provide CPR/First Aid care as a primary health provider. This requirement promotes public protection and improved patient care.

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).:

This requirement is embedded in the College's Registration Regulation (O.Reg.18/14). The policy, created under the transitional Council (TC), is intended to clarify the optimal content of the certification programs for 1. health care provider CPR and 2. standard first aid. In the initial policy the TC-CHO Registration Committee recommended use of the International Liaison Committee on Resuscitation (ILCOR) as an example of an acceptable demonstration of the required skills. It has since been determined there are a number of accrediting and standards bodies which are similar and equal in requirement to ILCOR and consequently the College cannot limit selection in this way.

The College does not approve Health Care Provider CPR or Standard First Aid Programs. It may review program content to ensure the programs covers the suggested topic areas if completeness is unclear.

In review of the Registration Regulation this is an exemptible requirement, which gives the College via the Registration Committee, the power to waive or alter the demonstration of the requirement on written request. Exemptions are generally anticipated to be used as the exception not the rule. Exemptions to date have been granted to 1. CHO registrants who hold dual registration within another RHPA college; and 2. Registrants who have significant physical impairment which would limit their ability to administer CPR or First Aid. These registrants are accommodated based on alternate safety plans in their office environment.

Legal Counsel has advised against adding additional layers of requirement within the policy. The inclusion of general guidelines for program content is helpful to both the applicant in assessing program offerings and the College in determining if the certification adequately demonstration the CHO requirements.

The College does not prescribe an acceptable format for learning. That is left at the discretion of the registrant.

This policy is before Council, since Council approved the original policy and it relates, in part, to the requirements of registrants.

KEY CONSIDERATIONS:

1. Clarity for registrants and College staff.

RESOURCE IMPLICATIONS:

1. Minimal – document and website updates.
2. Information will be included in e-mail reminders to registrant base.

OPTIONS:

1. Approve amendments to policy REG CS03 Requirements of First Aid and CPR as presented.
2. Approve policy REG CS03 Requirements of First Aid and CPR with additional amendments as proposed by Council.
3. Refer the policy to Registration Committee for further review and return the policy to Council at a future meeting.
4. Approve amendments to policy REG CS03 Requirements of First Aid and CPR as presented and refer the policy to Registration Committee for additional research and review. To be returned to Council at a future meeting.
5. Reject proposal and leave unchanged.

DEADLINES AND NEXT STEPS:

1. There is some time consideration as the College approaches the April 1, 2021 registration renewal deadline. Leaving the policy unchanged would not preclude registrants from completing their renewal process. However, the proposed changes do bring greater clarity to the policy.

RECOMMENDATIONS: 1. Approve amendments to policy REG CS03 Requirements of First Aid and CPR as presented.

RESOLUTION:

BE IT RESOLVED THAT COUNCIL

College of Homeopaths of Ontario Registration Policies

Title:	**Requirements of First Aid and CPR**
Category:	**Class Specific Requirement**
Distribution:	**Internal / External**
Policy Number:	**REG CS 03**
Status:	**Council Approved June 23, 2014; Proposed revisions March 2021**
Revision:	

Note to Readers: In the event of any inconsistency between this document and the legislation that affects homeopathy practice, the legislation governs. The College has the power and authority to implement the applicable acts and regulations under the Regulated Health Professions Act, 1991. The factors outlined in this policy will be considered and every application will be reviewed on a case by case basis. If you have a question on how this policy affects your individual situation please contact the College directly.

It is important to note that College publications may be used by the College or other bodies in determining the interpretation of the provisions within the Homeopathy Act, 2007, its regulations and the College's Bylaws.

Applicable Categories of Registration (unless otherwise noted):

1. Applicant or Registrant Full Certificate of Registration
2. ~~Applicant or Registrant Grandparented Certificate of Registration~~
2. Registrant Inactive Certificate of Registration

Type of Requirement: Exemptible for Applicants. Term, Condition and/or Limitation for Registrants with Full Certificate of Registration ~~and Grandparented Certificate of Registration~~.

Applicable CHO Registration Regulation: Sections 6(1)5 / 6(2), 7(1)2 / 7(2)~~, 9(1)5 / 9(2), 10(1)4 / 10(2)~~

Policy

At the time of application, and upon registration and at the time of annual renewal, the Applicant/Registrant is to be certified in health care provider level CPR (Cardiopulmonary Resuscitation) and standard first aid.

The College of Homeopaths of Ontario does not endorse specific programs, however, recommends that the program ~~must~~ should ~~meet the minimum criteria set by the International Liaison Committee on Resuscitation (ILCOR). Recognized programs, sanctioned by the ILCOR, generally teach standard first aid and health care provider CPR including the following minimum criteria~~Topics should include the following topics:

Health Care Provider Level CPR

1. CPR and~~+~~ Basic Life Support (BLS) for adults, children, and infants
2. First aid treatment for airway, breathing, and circulation emergencies including cardiac arrest and choking
3. Public access Automated External Defibrillation (AED) use

4. Rescue breathing
5. Bag Valve Mask (BVM) use

Standard First Aid

1. Secondary survey
2. Preventing of disease transmission (infection control)
3. Injuries to the head, spine, bone, muscle, joint and soft tissue
4. Wound care, burns
5. Sudden medical conditions including choking
6. Poisons, substance abuse and misuse

Purpose and Principles(s)

The public interest is served if Registrants have the ability to provide CPR and first aid in case of an emergency. The purpose of this requirement establishes proof of appropriate training in health care provider level CPR (or BLS) and standard first aid.

~~First aid and CPR guidelines are periodically reviewed by medical organizations and researchers. The international body in charge of reviewing the research is the called International Liaison Committee on Resuscitation (ILCOR).~~

Process and Procedure

1. Providers of programs will be sent correspondence regarding the provision and provided an "Information Questionnaire Sheet" to be completed by the program returned to College.
2. College staff will review information against the criteria.
3. Information will be presented to the Registration Committee for review.
4. The Registration Committee will decide if the program meets the criteria.
5. Programs that meet the criteria will be placed in list form on the College website.
6. Programs will be provided the Information Questionnaire Sheet to be completed on an annual basis.
7. The Registration Committee will review programs on an annual basis to ensure criteria are met on an ongoing basis.

Definitions

Cardiopulmonary resuscitation (**CPR**) is an emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped. This may happen after an electric shock, heart attack, or drowning. CPR combines rescue breathing and chest compressions and rescue breathing provides oxygen to the person's lungs. Chest compressions keep oxygen-rich blood flowing until the heartbeat and breathing can be restored.[1]

Related Policies, Standards, Guidelines and Regulations

Homeopathy Act, 2007, Ontario Regulation 18/14 Registration ~~[Note: This regulation is not yet in force. It comes into force on the day named by proclamation by the Lieutenant Governor.]~~

[1] Medline Plus http://www.nlm.nih.gov/medlineplus/ency/article/000010.htm

Registration requirements, Full class

6(1) 5.The applicant must be certified in health care provider CPR and standard first aid.

(2) The requirements in paragraphs 1, 2, 3 and 4 of subsection (1) are non-exemptible.

Terms, etc., Full Class

7(1) 2. At all times the member must be certified in health care provider CPR and standard first aid.

7(2) The terms, conditions and limitations described in paragraph 2 of subsection (1) do not apply to a member's certificate of registration if that member was not required, before the issuance of his or her Full certificate of registration, to meet the requirements of paragraph 5 of subsection 6 (1).

~~**Registration requirements, Grandparented class**~~

~~9(1) 5.The applicant must be certified in health care provider CPR and standard first aid.~~

~~(2) The requirements in paragraphs 2, 3 and 4 of subsection (1) are non-exemptible.~~

~~**Terms, etc., Grandparented class**~~

~~10(1) 4. At all times the member must be certified in health care provider CPR and standard first aid.~~

~~(2) The terms, conditions and limitations described in paragraph 4 of subsection (1) do not apply to a member's certificate of registration if that member was not required, before the issuance of his or her Grandparented certificate of registration, to meet the requirements of paragraph 5 of subsection 9 (1).~~

DRAFT

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, MARCH 17, 2021**	**DECISION**	□
DATE:	**MARCH 10, 2021**	**DISCUSSION**	□
ITEM NAME:	**Council Self-Evaluation**	**INFORMATION**	**X**
INITIATED BY:	**EXECUTIVE COMMITTEE**		
PRESENTED BY:	**M HELLER**		
REPORT BY:	**J BLANCHARD**		

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

1. To provide Council with advance information and a sense of timing on the forthcoming self-evaluation of Council and Council members.
2. To invite feedback on the evaluation questions.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2020/2021 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**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
X **College Performance Measurement Framework best practice**
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:

From the MOH December 2020 – College Performance Measurement Framework

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 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

Evidence: a) Council has developed and implemented a framework to regularly evaluate the effectiveness of:
- i. Council meetings;
- ii. Council

Evidence: b) The framework includes a third-party assessment of Council effectiveness at a minimum every three years.

Evidence: 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.

Evaluation and assessment results are discussed at public Council meeting?

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

CHO's Governance Panel reports to the Quality Assurance Committee and reviews and provides recommendations on matters of College governance and bylaws.

PROTECTING THE PUBLIC: Provide a 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.

Public protection is best served when Council is functioning in an efficient and effective manner. Evaluation of Council allows the College and Council members to understand how well they are functioning and shows

any weaknesses to be addressed or improved, and training required. Sharing of the evaluation and dialogue in a public forum encourages frank and honest discussion and is intended to strengthen trust in the College's governance.

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).:
Please see report from Governance Panel Chair starting on page 3.

RISKS / MITIGATION OPTIONS:

1. None identified at this time.

KEY CONSIDERATIONS:

1. Is the questionnaire clear?
2. Would you like to recommend changes?

ANALYSIS:

1. None provided at this time.

RESOURCE IMPLICATIONS:

1. Minimal human resources to implement.

DEADLINES AND NEXT STEPS:

1. Council members to provide feedback on survey questions to Kathryn Harvey by April 6
2. Executive Committee to review April 20
3. Survey to be released to Council April 23
4. Final day for feedback from Council members May 9
5. Governance Panel to review results and provide recommendations
6. Review results at June 16 Council meeting

RECOMMENDATIONS:

1. None provided at this time.