



College of Massage Therapists of Ontario's 2021 *College Performance Measurement Framework (CPMF) Reporting Tool*

March 31, 2022

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

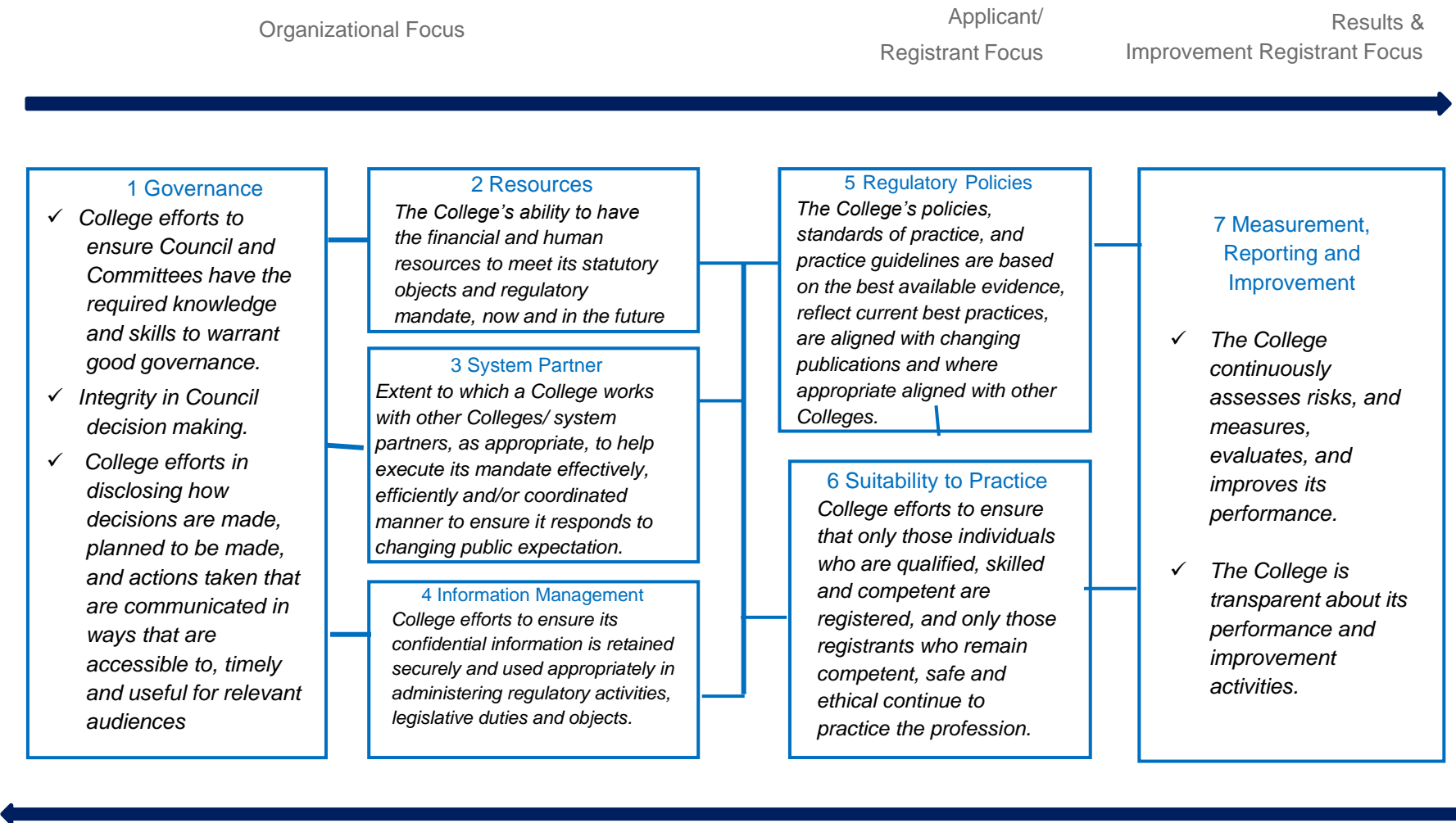


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

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

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

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

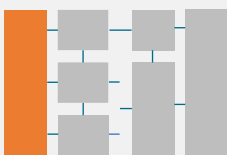
What has changed in 2021?

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

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

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

Part 1: Measurement Domains

		Measure			
		1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.			
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response		
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and	The College fulfills this requirement:	Yes	
			<ul style="list-style-type: none">The competency and suitability criteria are public: Yes <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> In 2021, CMTO’s Council approved changes to By-Law No. 2 - Election of Members to Council that require candidates for election to complete a competencies assessment and submit this as part of their nomination package. Candidates must also declare on the Candidate Declaration Form that they have completed the competencies assessment. This is confirmed by CMTO staff before the potential candidate is deemed eligible to stand for election. CMTO has also established position descriptions and required competencies for Council Members and the following roles: President, Vice-President, Executive Officer, Committee Chair and Panel Chair (Inquiries, Complaints and Reports Committee (ICRC), Quality Assurance (QA) and Registration). These can be found starting on page 21 of the Governance Handbook .		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			Additional comments for clarification (optional):		

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).• Please insert a link to the website if training topics are public OR list orientation training topics. <p>All candidates must complete CMTO's Orientation Program relating to the duties, obligations and expectations of Council and Committee Members before being deemed eligible to stand for election. Potential candidates must declare on the Candidate Declaration Form that they have completed the program and CMTO will verify completion.</p> <ul style="list-style-type: none">• Duration of orientation training: 1.5-2 hours• Format of orientation training: Online with a quiz at the end of each module. <p>Module topics include:</p> <ul style="list-style-type: none">• Module 1: Health profession regulation in Ontario<ul style="list-style-type: none">○ Legislation and regulations overview○ Title Protection○ Scope of Practice• Module 2: Health regulatory colleges<ul style="list-style-type: none">○ About the College○ Governing documents○ Accountability• Module 3: Council and Committees<ul style="list-style-type: none">○ Council's role○ Role of committees	

		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional):		
	b. Statutory Committee candidates have:	The College fulfills this requirement:		Partially
		<ul style="list-style-type: none"> The competency and suitability criteria are public: Yes If yes, please insert a link to where they can be found, if not please list criteria. <p>Although CMTO has not established specific competencies for each statutory committee, the competencies for Council Members and non-Council Members include competencies relevant to participation on statutory committees. All candidates for election to Council must complete a competencies assessment. This is confirmed by CMTO staff before the potential candidate is deemed eligible to stand for election. CMTO has established position descriptions and required competencies for Council Members and the following roles: President, Vice-President, Executive Officer, Committee Chair, and Panel Chair (ICRC, QA and Registration). These can be found starting on page 21 of the Governance Handbook. Council and non-Council Members' experience and knowledge are considered when appointments to committees are made.</p> <p>The competencies for non-Council Committee Members are the same as those required for Council Members. Eligibility criteria are established in By-Law No. 6 - Non-Council Members and confirmed by CMTO staff before any applicant is appointed to a statutory committee. Applicants must submit a Non-Council Committee Member Application Form, where they indicate whether they have met eligibility criteria and assess whether they meet the required competencies. Applicants must also submit a cover letter (including a brief statement outlining why they are interested in becoming a non-Council Member, summarizing their qualifications, and any other information that may be relevant, such as additional skills, knowledge, experience, attributes and rationale for ratings of the competencies on the application form) and a current resume.</p>		

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional):</i> CMTO will review this process alongside potential governance reforms being contemplated by the Ministry of Health.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Duration of each Statutory Committee orientation training.• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).• Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. <p>•Duration of each Statutory Committee orientation training:</p> <p>Initial committee orientations are full days, except for the Registration, Client Relations and Fitness to Practise Committees, whose orientations are half-day. Where appropriate, additional training days are scheduled throughout the year to address specific areas (e.g., understanding of sexual abuse, determining credibility).</p> <p>•Format of each orientation training:</p> <p>Orientations are conducted in-person or virtually, facilitated by senior staff and/or legal counsel. Orientations are augmented with training developed by the Health Profession Regulators of Ontario (HPRO).</p> <p>•Insert link to the website if training topics are public OR list orientation training topics for Statutory Committee:</p> <p>Training topics include:</p> <ul style="list-style-type: none">•Review of Committee Terms of Reference;• Relevant sections of the <i>Regulated Health Professions Act, 1991</i>, and relevant regulations;• Committee's procedures manual;• Committee policies and position statements;• Confidentiality and Conflict of Interest;	

<div></div>	<ul style="list-style-type: none">• Perception of bias;• Risk assessment frameworks and decision-making tools/templates;• Committee's Rules of Procedure (Discipline and Fitness to Practise);• Relevant case law; and• Review of relevant sections of Richard Steinecke's "A Complete Guide to the <i>Regulated Health Professions Act, 1991</i>."
	<div>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
	<div>Additional comments for clarification (optional):</div>

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. <p>Public appointments attend the same training as elected professional members. This training includes:</p> <ul style="list-style-type: none"> • Completing the CMTO's Orientation Program relating to the duties, obligations and expectations of Council and Committee Members. • A comprehensive video-based orientation series. Council Members have continued access to this series so they can return to it again to facilitate learning and retention of knowledge. • An in-person or virtual orientation session with Registrar & CEO and President. Training topics include an overview of the strategic plan, annual workplan, Governance Handbook, CMTO financials, risk management, organization chart and the policy governance model. • Access to two self-directed online courses: <ul style="list-style-type: none"> ○ Policy Governance at CMTO that reflects how Council fulfills its governance responsibilities; and ○ Developing Council/Board leadership at CMTO. • Regulatory Council Member training - Developed by the Health Profession Regulators of Ontario (HPRO). The training includes: <ul style="list-style-type: none"> ○ Foundational concepts; ○ Fiduciary duties of Council and Committee Members; and ○ Core regulatory activities of the Procedural Code. 	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence		College Response
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <div> <div></div> <div>Yes met in 2020, continues to meet in 2021</div> </div>	
	<ul style="list-style-type: none"> Please provide the year when Framework was developed OR last updated. Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. Evaluation and assessment results are discussed at public Council meeting: Yes <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i> 	
	<p>Council conducts an annual self-assessment and an evaluation after each Council meeting in accordance with the CMTO Council Evaluation & Continuous Improvement Policy (starting on page 51 of the Governance Handbook). The assessment and evaluation are done with the assistance of a third-party. The policy was last updated in 2019. Statutory Committee effectiveness is also assessed and reviewed after each meeting.</p> <p>A recent example of the Council evaluation can be found in the February 2022 Council meeting materials (starting on page 3) and a recent example of the annual evaluation can be found in the May 2021 Council meeting materials (starting on page 8).</p>	
	<div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div> </div>	
Additional comments for clarification (optional)		

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">A third party has been engaged by the College for evaluation of Council effectiveness: Yes<i>If yes, how often over the last five years?</i>Year of last third-party evaluation. <p>A third party evaluates Council effectiveness annually. Rather than an assessment every three years, CMTO's Council engages an external governance advisor to provide advice and monitor effectiveness on an ongoing basis to the Executive Committee, committee chairs, and Council as a whole. This external advisor administers the Council and Committee meeting evaluation process, the Executive Committee annual assessment, and Council's annual assessment against criteria proposed by the advisor and agreed to by Council. The advisory activities include the identification of opportunities to strengthen current policies, practices and behaviours, and targeted coaching and training for Council as a whole and for individual Council Members. The last evaluation occurred in 2021.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		<div>c. Ongoing training provided to Council and Committee members has been informed by:<div><div>i. the outcome of relevant evaluation(s);</div><div>ii. the needs identified by Council and Committee members; and/or</div></div></div>	<div>The College fulfills this requirement:</div> <div><div><div><div></div><div>Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.</div></div><div><div></div><div>Please insert a link to Council meeting materials where this information is found OR</div></div><div><div></div><div>Please briefly describe how this has been done for the training provided <u>over the last year</u>.</div></div></div></div> <div>Training for Council and Committee Members is informed by the results of Council's annual evaluation (see page 17 of the May 2021 Council meeting package). The training priorities for 2021 were:<div><div><div></div><div>CMTO's mission and vision, the respective roles of Council and staff, and an overview of programs and departments.</div></div><div><div></div><div>Financial governance for Councils/Boards of Directors.</div></div><div><div></div><div>Diversity, equity and inclusion.</div></div></div><div>Council has also implemented a mentoring program with senior/experienced Council Members acting as mentors for new Council Members. Details about the mentoring program can be found starting on page 48 of the Governance Handbook. Mentoring supports new Members to further develop their understanding of CMTO and the role of Council as a whole, and to become effective contributors. The program also benefits other Council Members by providing opportunities to share and exchange knowledge and experiences in support of good governance. Areas of concern are raised to the President, and the President discusses them with the external governance advisor, who provides input on possible action(s), including targeted coaching. Council also developed a leadership road map that outlines progressive steps a Council Member can take to assume more responsibility on Council.</div></div>	Yes
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>	
		<div>Additional comments for clarification (optional):</div>		

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.	The College fulfills this requirement:	Yes
		<u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	<ul style="list-style-type: none">• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training.• Please insert a link to Council meeting materials where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last year</u>. An example of how training needs responded to evolving public expectations are around diversity, equity and inclusion (DEI). At the end of 2020 and for 2021, Council resolved to: <ul style="list-style-type: none">• engage with staff on the recommendations arising from the Health Profession Regulators of Ontario (HPRO) Anti-BIPOC Racism Working Group; and• schedule regular DEI learning sessions for Council. In 2021, Council Members participated in two educational sessions on DEI and additional training is planned for 2022. In September 2021, Council opened its meeting with a land acknowledgment, a practice that will continue moving forward. Work with HPRO is on-going and staff and Council receive regular updates.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional):</i>		

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>
			<ul style="list-style-type: none"> Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review. <p>The Council and Committee Member Code of Conduct was updated in 2019 (see page 113 of the Governance Handbook) and the Conflict of Interest policy was updated in 2020 (see page 92 of the Governance Handbook).</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p> <p><i>Additional comments for clarification (optional)</i></p>

		ii. accessible to the public.	The College fulfills this requirement:		Yes	
			<ul style="list-style-type: none">Please insert a link to the Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved.			
			The Code of Conduct can be found on page 113 of the Governance Handbook and the Conflict of Interest policy can be found on page 92 of the Governance Handbook .			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (optional)			
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).	The College fulfills this requirement:		Yes met in 2020, continues to meet in 2021	
			<ul style="list-style-type: none">Cooling off period is enforced through: By-lawPlease provide the year that the cooling off period policy was developed OR last evaluated/updated.Please provide the length of the cooling off period.How does the college define the cooling off period?<ul style="list-style-type: none">Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;Insert a link to Council meeting where cooling of period has been discussed and decided upon; ORWhere not publicly available, please describe briefly cooling off policy.			
			CMTO enforces cooling off periods through its by-laws and policies. By-Law No. 2- Election of Members to Council , which includes cooling off provisions, was updated and approved by Council in September 2021. The Conflict of Interest policy was updated in 2020 (see page 92 of the Governance			

		<p><u>Further clarification:</u></p> <p>Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>Handbook).</p> <p>The eligibility criteria in By-Law No. 2 excludes candidates for running for election if they were an elected representative, director or officer or employee of, or a party to a contractual relationship that provided services to the Registered Massage Therapists' Association of Ontario or similar professional association; or an appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario or similar professional association, such that it is reasonable to expect that a real or apparent conflict of interest may arise; or if they have been employed or contracted by the CMTO within the previous two years. In addition, registrants for election to Council as an academic Council Member cannot have had a financial interest in the educational institution in the last 12 months.</p> <p>The Conflict of Interest policy excludes Council Members from holding any other position, contract or appointment with CMTO while serving on Council. There is a two-year waiting period after the end of a Council term before the individual may apply for a position with the College. This includes, but is not limited to peer assessor, investigator, examiner or staff positions.</p>
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			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire. <p>In 2021 and moving forward, all Council Members are asked to complete a declaration stating that they understand and will adhere to the CMTO's Conflict of Interest Policy (starting on page 92 of the Governance Handbook). They are also asked to declare any conflicts of interest that they have. Although Council Members do not formally update a written declaration at each meeting, a declaration of conflict of interest is included on each Council and committee agenda immediately following the call to order. All conflicts are declared specific to any agenda item at the beginning of every meeting. Any conflicts of interest are publicly reported in the Council meeting minutes for each meeting.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none">• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. <p>In most briefing notes, staff include a “Public Interest” statement, indicating how the matter under consideration supports CMTO's public protection mandate. Examples can be found on pages 53, 57 and 67 of the November 2021 Council meeting package.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:	Yes
		Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.	<ul style="list-style-type: none"> Please provide the year the formal approach was last reviewed. Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. <p>In 2014, Council approved an Organizational Risk Management Policy and Plan (starting on page 129 of the Governance Handbook). The policy indicates that management will monitor the plan annually and report to Council. A thorough review of the plan was intended to occur every five years. The 2014 Risk Register was updated in 2021. Going forward, the Risk Register will be updated and reported to Executive Committee and Council quarterly.</p> <p>In 2021, the Senior Management Team carefully considered the current environment and status of operations to update and refresh the Organizational Risk Register. There are eight key risks that have been identified for action, given the likelihood and potential impact. These risks are:</p> <ol style="list-style-type: none"> 1. Oversight of educational programs and the Registration regulation approval delay. 2. Quality Assurance regulation approval delay. 3. Sexual Abuse funding (funding for therapy and counselling) obligations increase. 4. The increasing cost of regulation (and impact on the profession and clients). 5. Staff retention. 6. Health & Safety. 7. Deficiency in quality, deliverables and/or contractual obligations. 8. Cyber-security breach. <p>More information can be found in the November 2021 Council meeting package (starting on page 57).</p>	
		Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.		
		Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to the webpage where Council minutes are posted.• Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.	
			Approved Council minutes and updates on the implementation of Council decisions to date can be found on CMTO's Council Meeting Materials webpage .	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?			Choose an item.	
Additional comments for clarification (optional)				

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Councilor 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
			<ul style="list-style-type: none"> Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. <p>As part of every Council meeting package posted to the website, CMTO includes a report from the Executive Committee. An archive of Council meeting materials is kept on the website for two years. An example can be found starting on page 29 of the November 2021 Council meeting package. The reports include:</p> <ul style="list-style-type: none"> dates of Executive meetings since the last Council meeting; itemized decisions that affect Council or will be brought forward to Council; and information on whether the item will need to be ratified/approved by Council. 	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	No
			<i>Additional comments for clarification (optional)</i>	

Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence		College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. CMTO began posting Council meeting materials in 2020. All materials can be found on the Council Meeting Materials webpage .	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">Please insert a link to the College's Notice of Discipline Hearings. Notice of discipline hearings is posted on CMTO's Discipline Hearing Schedule webpage . All notices are posted as soon as a hearing is scheduled. Related materials, such as Statements of Allegations, are posted within two weeks of the Inquiries, Complaints and Reports Committee signing a decision to refer specified allegations to the Discipline Committee, and in all cases, more than one month before a hearing.	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
		<i>Additional comments for clarification (optional)</i>			
		Measure			
		3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.			
		Required Evidence	College Response		
		a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:		Partially
			<ul style="list-style-type: none">• Please insert a link to the College’s DEI plan.• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.		
			CMTO is addressing DEI in several ways and in 2022 will bolster resources toward DEI efforts. CMTO anticipates that DEI will be included in a new strategic plan, which will be completed at the end of 2022.		
			Council and staff continue to receive education and support to better understand this topic. Part of Council's 2022 education plan includes various DEI topics. On the staff side, CMTO has worked to better feature the equity and belonging module in SHIELD, the staff learning management system, and asked staff to use their respective pronouns in email signatures. CMTO also began using stronger DEI messaging in its job advertisements. Management is also planning to strike a staff DEI committee. The committee will work on:		
			<ul style="list-style-type: none">• Connecting DEI to CMTO's mission, values and objectives.• Outlining key DEI goals and steps to achieve them.• Assist the senior management team and HR in creating and implementing policies that support equity for all employees.• Evaluating the effectiveness of ongoing efforts and adapting as needed.		
	CMTO is also an active participant in the Health Profession Regulators of Ontario Anti-BIPOC Racism Working Group. CMTO will work to implement recommendations from this group when they become available.				
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes		
	<i>Additional comments for clarification (optional)</i>				

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	The College fulfills this requirement:	No
			<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. <p>As part of its 2022 work to bolster DEI efforts, CMTO will review various equity impact assessments and will collaborate with other health profession regulators as needed to ensure consistency.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i>	

		Measure	
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement:
			Yes
		<p>Further clarification:</p> <p>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.</p>	<ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to most recent approved budget.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>Each year the Senior Management Team develops an annual workplan consisting of projects and activities that support the strategic plan and operations. Projects and activities are selected based on a risk assessment and needs analysis. A draft workplan is then presented to Council for review and approval.</p> <p>After approval of the draft workplan, a draft budget is then prepared based on the workplan and finalized for presentation to Council in November or December of each year. Once the budget is approved, the workplan is then updated, and if there are any cost mitigation measures approved by Council in the budget which affect the workplan, the workplan is updated and finalized for implementation in January of the following year.</p> <p>Council approved the draft 2022 workplan at its September 2021 meeting (starting on page 43). At its November 2021 meeting, Council reviewed and approved the 2022 budget (starting on page 70).</p>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>The Surplus Retention policy (“financial reserve policy”) is part of CMTO's Finance Policy Manual. As outlined in the policy, unrestricted net assets should not fall below three months or exceed six months of operating expenses. Council reviewed and approved the Finance Policy Manual (which includes the Surplus Retention policy) in November 2019 for implementation in January 2020.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.• Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The Registrar & CEO reports to Council on human resources quarterly through the Registrar's and Administration Report (starting on page 26 of the November 2021 Council meeting package). In some cases, the discussions may be held in-camera (i.e., not in a public meeting).</p> <p>The Office of the Registrar also maintains an internal senior staff succession plan that is updated on an as-needed basis. The College continues to include its anticipated resource allocation requirements in the budget and multi-year forecasting analysis.</p> <p>To ensure that CMTO sustains a capable and competent workforce, the College utilizes SHIELD, an internal Learning Management System (LMS) provided by Harvard Manage Mentor. The LMS presents a curated and self-directed learning program to all staff on administrative and management topics to ensure skill development and a shared understanding of CMTO's management culture. Other professional development opportunities are also provided as required.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>CMTO has in place an IT Strategy that helps ensure the organization adapts to changes in technology, while improving its processes and maintaining security. Per the plan, CMTO has:</p> <ul style="list-style-type: none">its data is protected by a backup server and multiple layers of user authentication. As part of the IT security strategy to keep CMTO's devices safe, secure and running well, regular updates and patches are applied to staff computers.security licenses updates that provide early threat detection and mitigate against the risk of viruses, cyber attacks and email spoofing.implemented Thentia Cloud as the system to manage application and registration processes, the Public Register, and the complaints and mandatory reporting forms.<ul style="list-style-type: none">CMTO moved to a self-serve model for Registered Massage Therapists (RMTs/MTs or “registrants”), who can now update and access their information and several forms online (e.g., class or name changes, resignations, reinstatements, etc.) through the enhanced Registrant Portal.Updates to the Public Register allow users to search by RMTs who are “Authorized to Practice”. CMTO also added the option of “X” for gender identification, along with “M” and “F”, which is searchable on the Register. The Register provides clear and simplified alerts about an RMT, including but not limited to, current practice restrictions, investigation or disciplinary matters, and findings of guilt by a criminal court.document, signature and approval processes have been updated and automated by implementing DocuSign. The documents are encrypted, and a complete audit trail is maintained.continued use of the Tableau reporting and analytics platform to enhance CMTO's reporting capabilities and data visualization to support data-driven decision making.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	
Measure / Required evidence: N/A	College response
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>Examples of how CMTO engaged other colleges and system partners to execute its mandate include:</p> <ul style="list-style-type: none"> • Police services: This engagement includes sharing information about criminal charges, fraud prevention and complaints (e.g., sexual abuse and fraud) as appropriate under the <i>Regulated Health Professions Act, 1991</i>. • Health Profession Regulators of Ontario (HPRO): CMTO staff actively participate on the HPRO Communications Committee and the Anti-BIPOC Racism Working Group. The Communications Committee undertakes public awareness activities that benefit the 26 colleges, while the Anti-BIPOC Racism Working Group is looking for ways to bring greater focus on diversity, equity and inclusion (DEI) across colleges. This work is ongoing, and meetings occur throughout the year. • Practice Advisors' Network: CMTO staff are part of a practice advisors' network from across the colleges who share information on practice topics (e.g., COVID-19, privacy and confidentiality). These meetings help inform practice communications to RMTs and help ensure some

	<p>consistency across the colleges. Meetings occur throughout the year.</p> <ul style="list-style-type: none">• Ontario Regulators for Access Consortium (ORAC): CMTO staff are part of ORAC, which is a network of health and non-health profession regulators that share registration practice information. Meetings occur throughout the year.• Educators: In 2021, CMTO met with umbrella organizations for Ontario's colleges of applied arts and technology and the private career colleges to listen to concerns and share information. <p>Examples of initiatives undertaken with these partners include:</p> <ul style="list-style-type: none">• Other health profession regulators: With the HPRO Communications Committee, CMTO staff led the development of a COVID-19 video for the public. This video explained to patients/clients what to expect from their visit with a regulated health professional and the safety measures in place during the pandemic. The video was a central feature of HPRO's marketing efforts for 2021. CMTO also participated in delivering a webinar with other colleges on privacy and confidentiality requirements for regulated health professionals. The webinar took place in June 2021.• Public/clients: In 2021, CMTO engaged the Citizen Advisory Group (CAG) to get members' feedback on a new Standard of Practice on Draping, and two guidance pieces on the consent process - one for RMTs and one for clients. CAG members provided feedback on whether the guidance would help them feel safe, respected and comfortable receiving Massage Therapy treatment. The Standard of Practice on Draping went to CAG in January 2021 and the consultation was actively promoted on social media. The consent guidance went to CAG in October 2021. Following the consultation on draping, the Practice Standard was revised to clarify certain expectations. Through the consultation on the consent pieces, CMTO learned that it needed to better explain why consent is important and why the discussion should happen in-person, rather than through a form.• The Massage Therapy profession and other jurisdictions: CMTO is developing risk-based assessments for the Quality Assurance Program. To develop these assessments, CMTO is engaging RMTs through an advisory group. The consultants helping to develop this assessment are also looking at other professions and jurisdictions to understand best practices.
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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

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

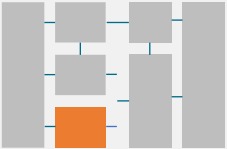
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with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

The following list includes partners that CMTO regularly interacts with:

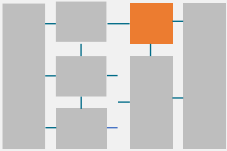
- Ontario Ministry of Health;
- Ontario Ministry of Colleges and Universities;
- Office of the Fairness Commissioner;
- Citizen Advisory Group (CAG);
- Health Profession Regulators of Ontario (HPRO);
- Police services;
- Massage Therapy education programs;
- Professional associations (e.g., the Registered Massage Therapists’ Association of Ontario);
- The insurance industry (individual insurers and associations); and
- Ontario Regulators for Access Consortium (ORAC).

CMTO identifies system partners based on its legislative and operational needs, and the needs of the public and RMTs. These relationships are maintained through regular or ad hoc meetings, and frequent communication on issues on an as-needed basis.

	<p>Some examples of key successes and achievements include:</p> <ul style="list-style-type: none">• Liaising on COVID-19: CMTO was in frequent contact with the Ministry of Health and Public Health Ontario throughout 2021 to seek answers to RMTs' questions on infection, prevention and control (IPAC) practices. CMTO also collaborated with other colleges to share information and to align guidance where possible.• Vaccination statement: As the pace of COVID-19 vaccination accelerated across Ontario, CMTO began receiving more questions from the public about whether COVID-19 vaccination is or will be mandatory for RMTs. CMTO released a statement in September 2021 that strongly encourages all RMTs to be vaccinated. CMTO collaborated with other colleges and monitored the expectations of the public in developing this position.• Questions from the public and RMTs: Throughout 2021, CMTO responded to COVID-19 related concerns and complaints, addressing and resolving over 200 COVID-19 related matters (e.g., practising during the provincial lockdown, failing to comply with CMTO or MOH guidance/directives, spreading COVID-19 misinformation on social media). CMTO provided education to RMTs and conducted formal investigations where necessary.• Ensuring the public is engaged and feels protected: In 2021, CMTO sought feedback from the Citizen Advisory Group twice: Once on the Practice Standard for Draping and another time on two consent resources- one for RMTs and one for the public. This feedback helped CMTO clarify expectations for RMTs so that clients are better served.• Seeking advice from peer regulators: CMTO sought feedback from ORAC in 2021 on whether regulators who require vulnerable sector checks as a registration requirement accept electronic copies, providing CMTO with useful information on how to provide modifications to its process.• Diversity, equity and inclusion: CMTO is participating in HPRO's Anti-BIPOC Racism Working Group to bring greater focus on DEI across colleges. CMTO actively promoted a survey developed by the working group and RMTs demonstrated a keen interest in DEI through their high rate of participation. CMTO is also embarking on a workplan project to embrace knowledge and self-awareness about the importance of DEI through:<ul style="list-style-type: none">○ A SHIELD (internal learning management system for staff) module on equity and belonging;○ Professional development on truth and reconciliation;○ Broader information about gender on the public register, including the addition of “X” as a gender option;○ The option for RMTs to use “Mx” in CMTO correspondence; and○ Gender pronoun choices for staff and Council, and education provided about gender pronoun inclusivity.• Regulatory risk: CMTO engaged an external consultant to develop the risk-based assessment framework. Historical data is being collected from departments across CMTO and analyzed to identify risk factors for the profession. CMTO has also discussed risks in Massage Therapy (in the context of consent) with the Citizen Advisory Group.
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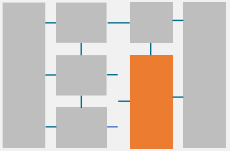
		Measure 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: <div>Yes</div>
			<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. CMTO's Privacy Policy establishes the 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.
			In addition to the Privacy Policy, CMTO provides secure laptops and CMTO email addresses to all Council, non-Council Committee Members and others acting on behalf of the College (e.g., peer assessors). CMTO also requires consent from RMTs before sharing their registration number with insurance providers; uses a consent form signed by RMTs before facilitating a telephone renewal; and has a policy for RMTs requesting to keep contact information off the Public Register due to a safety concern.
			<div> <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <div>Choose an item.</div> </div>
		Additional comments for clarification (optional)	

		<div>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</div> <div>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</div>	The College fulfills this requirement:	Yes
			<div><div><div></div></div><div>Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</div></div>	
			<div>CMTO uses multiple measures to protect information from unauthorized disclosure or access that are classified as technology, human resource and policy measures.</div> <div><div><div></div></div><div><div>The technology measures include firewalls, VPN, anti-virus software, email verification rules and the utilization of Office 365 Security Center policies.</div><div>The human resource measures include the communication of cyber security threats and employee orientation on safe computing use.</div><div>The policy measures include items such as password construction and complexity requirements.</div></div></div>	
			<div>In the event of a disaster or unauthorized data access, CMTO has established a crisis communication plan and an action plan to mitigate and inform affected stakeholders. In the event of a natural or man-made disaster, or if the office is not in an operable condition, CMTO will:</div> <div><div><div></div></div><div><div>immediately following the disaster, contact employees via telephone.</div><div>send employees home with access to company resources remotely.</div><div>secure temporary office space at an executive suite or temporary office location in the Greater Toronto Area.</div></div></div>	
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div>	Choose an item.
<div>Additional comments for clarification (optional)</div>				

		Measure	
		8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	<div>The College fulfills this requirement:</div> <div>Yes</div> <div><ul style="list-style-type: none">Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).<p>CMTO updated all Standards of Practice and practice guidelines in 2020/21. Putting policies, Standards of Practice and practice resources on a regular review cycle will begin again starting in 2022/23. COVID guidance is one area that the college is closely monitoring at this time. However, a more immediate evaluation would be triggered if:</p><ul style="list-style-type: none">significant feedback was received about guidance (e.g., implementation concerns);there was a change to the practice of Massage Therapy; and/orthere was a legislative change to the health profession regulatory environment.<p>CMTO actively monitors for developments in the practice of Massage Therapy or the regulatory environment, and tracks questions to the Practice Specialist (who would likely receive feedback on policies, Standards of Practice and practice resources). If there was a need to update or provide a new direction, this would be guided by CMTO's Practice Resource Framework and Practice Resource Development Process.</p></div>
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>	
		<div>Additional comments for clarification (optional)</div>	

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. <p>The development of and updates to policies, Standards of Practice and practice resources is guided by CMTO's Practice Resource Framework. CMTO's Practice Resource Development Process outlines the steps taken from start to finish when developing or updating policies, Standards of Practice and practice resources.</p> <p>The Framework explains:</p> <ul style="list-style-type: none">why CMTO would use a certain type of resource (e.g., regulation vs. a standard);how CMTO prioritizes the development of practice resources;the process for developing practice resources; andhow changes are communicated to RMTs and the public. <p>Other policies relevant to the practice of Massage Therapy that may fall outside of a practice resource are reviewed and updated by the appropriate committee. Changes to policies are typically driven by changes to legislation and the regulatory environment, and by monitoring best practices.</p>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional)</i>		

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.	
			<p>When CMTO develops or updates policies, guidelines and standards, it regularly seeks feedback from the Citizen Advisory Group (CAG). The CAG promotes diversity, equity and inclusion (DEI) in its membership and recruitment efforts, leading to a diverse range of voices providing feedback. In 2021, CMTO sought feedback from the CAG on its new Practice Standard – <i>Draping and Physical Privacy</i>, and two resources on consent – one for clients and one from RMTs.</p> <p>In 2021, CMTO began promoting new Standards of Practice that took effect on January 1, 2022. The new Standards of Practice place greater emphasis on client-centred care, and there is now a dedicated <i>Client-Centred Care – Standard of Practice</i>. This Standard sets the expectation that RMTs must provide fair and equitable care to all clients, and respect and consider each client's unique needs, views, preferences and concerns.</p> <p>CMTO is also an active contributor to the Health Profession Regulators of Ontario (HPRO) Anti-BIPOC Racism Working Group and supports efforts to advance DEI in health profession regulation. In 2022, CMTO will also develop and approve a new strategic plan that will better address DEI initiatives.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)².</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>Below is a summary of how CMTO verifies registration requirements:</p> <ul style="list-style-type: none"> • Confirmation of graduation is submitted to CMTO's third-party exam administrator, Prometric, directly from Massage Therapy programs recognized by the Ministry of Colleges and Universities. • CMTO receives examination results directly from Prometric. • Letters of standing are received directly from other regulators. • Vulnerable sector checks are required by applicants, who receive the police check from their local police service. • Most options for demonstrating language proficiency for candidates whose first language is not English or French and who did not complete at least three years of secondary education in English or French require documentation to be submitted by a third party (e.g., language assessment agency, Massage Therapy education program, etc.) <p>Registration policies, including those related to the processes above, are reviewed by the Registration Committee annually. A policy review schedule helps determine if/when a policy is due for a more in-depth review.</p>

² 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.

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. 	
			<p>To meet CMTO's registration requirements, applicants must:</p> <ul style="list-style-type: none"> • Have completed a Massage Therapy education program not more than three years before the date of application. • Meet the requirements of the Language Fluency Policy. This policy was last updated in August 2019. • Submit a vulnerable sector check. This policy was last updated in 2019. • If their education was completed more than three years before the date of application, the applicant must complete a refresher course. In 2020, CMTO updated the interpretation of practical tutoring to state that one-third of tutoring can be completed remotely. • If regulated in another jurisdiction, submit a letter of standing. This process was updated in May 2020 to ensure that all relevant information is provided by other regulators. • Pass the certification examinations. The content outlines or the examination are reviewed and approved by Council annually. • When reviewing its criteria and processes for determining whether an applicant meets its registration requirements, CMTO consults with other regulators to determine best practices. CMTO also keeps an internal listing of its policies that includes when they are up for review. 	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	a. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		<ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. Please briefly describe how the College identified currency and competency requirements. Please provide the date when currency and competency requirements were last reviewed and updated. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>CMTO's currency and competency requirements are outlined in the Registration Regulation under the <i>Massage Therapy Act, 1991</i>. The Refresher Course and Direct Client Care policies help CMTO operationalize the regulation. <i>Section 7(1)2</i> of the Registration Regulation states that to hold a General Certificate of Registration, RMTs must have provided a minimum of 500 hours of direct client care in the previous three years or completed a Refresher Course in the previous 15 months. Inactive registrants moving to a General Certificate must have been Inactive less than three years or completed a Refresher Course in the previous 15 months (<i>Section 9</i> of the Registration Regulation)</p> <p>The Refresher Courses Policy was adopted in September 2004 and has not been updated since. The Direct Client Care Policy was adopted in September 2004 and last updated in May 2017.</p> <p>CMTO monitors RMTs to ensure they meet currency and competency requirements through the registrant self-declaration at annual renewal. Inactive registrants moving to a General Certificate more than three years after becoming Inactive are automatically asked to complete a Refresher Course (per the Registration Regulation).</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
		Additional comments for clarification (optional)

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

Measure		
9.3 Registration practices are transparent, objective, impartial, and fair.		
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	<div>The College fulfills this requirement:</div> <div><div><div>Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.</div><div>Where an action plan was issued, is it: No Action Plan Issued</div></div><div>CMTO's latest submission to the Office of the Fairness Commissioner was the 2020 Fair Registration Practices Report. No action plan was issued following the submission of this report.</div></div>
		Yes met in 2020, continues to meet in 2021
		<div>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		<div>Additional comments for clarification (if needed)</div>

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
		Required Evidence	College Response	
		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). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none">Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:<ul style="list-style-type: none">Name of StandardDuration of period that support was providedActivities undertaken to support registrants% of registrants reached/participated by each activityEvaluation conducted on effectiveness of support providedDoes the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i>	
			CMTO's Council approved new Standards of Practice in February 2021. In the summer, CMTO began promoting the new Standards broadly with a targeted e-blast, ahead of the January 1, 2022, implementation date. This rollout included creating a dedicated webpage for the new Standards and providing enhanced PDF versions with accessibility features. The Standards were promoted on CMTO's <i>Twitter</i> and <i>LinkedIn</i> channels throughout 2021.	
			CMTO also presented the new Standards to Massage Therapy educational institutions in two meetings in April 2021. An early draft was distributed to aid in curriculum update.	
			To help RMTs apply the Standards in their practice, CMTO developed new <i>Standard Spotlights</i> . These are educational documents that highlight key expectations in each Standard and that provide questions to help RMTs reflect on how they can apply the new Standards in their practice. The Spotlights were posted on the website and promoted to all RMTs in CMTO's newsletter, <i>TouchPoint</i> , in the fall.	
CMTO also developed a video series, highlighting key themes and addressing common questions related to the new Standards, including what it means to take an outcomes-based approach. The series was released in the December edition of <i>TouchPoint</i> and has been promoted on social media.				
CMTO responded to 28 practice inquiries related to the new Standards in 2021 and will be using these questions and their responses to develop Frequently Asked Questions (FAQs).				
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.		
Additional comments for clarification (optional)				

		Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .		
		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;	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
		<ul style="list-style-type: none">Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found.Is the process taken above for identifying priority areas codified in a policy: No <i>If yes, please insert link to policy:</i>		
		CMTO's assessment process evaluates RMTs' knowledge, skill and judgement using 32 questions based on the Standards of Practice and 10 randomly selected client files. CMTO has identified four risk areas on which assessment questions are based: 1. Client safety; 2. Record-keeping; 3. Consent; and 4. Infection prevention and control. These four risk areas were mapped to the previous 16 Standards of Practice. Questions on the Practice Assessment were designed to assess an RMT's understanding and demonstrated competence when fulfilling the requirements set out in the Standards of Practice.		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		
		Additional comments for clarification (optional)		

⁴ “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>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:		Yes met in 2020, continues to meet in 2021	
			<ul style="list-style-type: none">Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used.Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none">Public NoEmployers YesRegistrants Yesother stakeholders Yes			
			Currently, RMTs are randomly selected to participate in assessments. However, CMTO is transitioning to risk-based assessments. This change will result in in-depth practice assessments only for those RMTs in identified risk categories. The new risk-based assessments will be guided by all eight principles of right-touch regulation.			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (optional)			
		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 met in 2020, continues to meet in 2021	
			<ul style="list-style-type: none">Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria.			
			The Quality Assurance (QA) Committee is provided with standardized frameworks with supportive outcomes to address identified knowledge gaps from the assessment process. These frameworks ensure a proportionate and consistent outcome for RMTs.			
			The QA Committee reviews the assessment report, assessment result and a written submission from the RMT (if provided). The Committee considers the risk of the RMT to the public, the identified knowledge gaps and the written submission from the RMT to determine an appropriate remediation activity. The remediation activities are proportionate to the risks identified and demonstrated self-governability by the RMT.			
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.		

		Additional comments for clarification (optional)	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>All remediation activities mandated by the Quality Assurance (QA) Program are individually tracked for compliance. Completion of directed QA activities and related outcomes are tracked using an internal tracking document that includes:</p> <ul style="list-style-type: none"> assigned activity date; completion deadline; actual completion date (when applicable); and source/committee that assigned activities. <p>The RMT's progress with compliance of undertakings is updated in the tracking document regularly. All committee decisions and related registrant communication, including notification letters, are also tracked and saved to the RMT's file in CMTO's database. CMTO determines that an RMT has demonstrated the required knowledge, skill and judgement following remediation through:</p> <ul style="list-style-type: none"> re-assessment to ensure directed changes in practice have occurred or to compare scoring to a previous assessment in a specific area of practice that had scored poorly; review of reflective paper content relevant to the assigned activity; and/or workshop completion and subsequent knowledge test. 	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	College Response	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible.	
			<ul style="list-style-type: none">• File a Complaint webpage - describes the complaints process, potential outcomes and supports complainants. The page also includes audio guides that explain the complaints process in Cantonese, Arabic, French, Mandarin, Punjabi, Spanish and Tagalog. The page includes a link to the online complaint form.• Funding for Therapy and Counselling webpage - describes the process to access funding for any client who was sexually abused by an RMT. The page details the eligibility criteria and provides instructions on submitting an application.	
			When a complaint is received, staff assess whether more information is needed from the complainant before notifying the RMT of the complaint. Depending on the nature of the allegations the Inquiries, Complaints and Reports Committee may, at its discretion, appoint an investigator. Alternatively, the College may allow the RMT an opportunity to respond and allow the complainant a further opportunity to respond and/or provide information.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)				

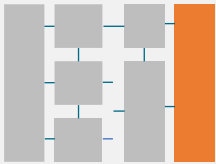
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. 		
			In 2021, CMTO implemented a complaints survey to gather feedback from both complainants and RMTs. The survey asks parties whether they found CMTO's complaints process information clear and useful, along with questions about other aspects of their experience during the complaints process. The feedback will be reviewed by staff on a regular basis and shared with the ICRC on an annual basis to consider how CMTO can improve the complaints process.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	Additional comments for clarification (optional)		
			The College fulfills this requirement:		Yes
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).		
			The College responded to 97% of inquiries from the public within five business days.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <ul style="list-style-type: none"> • All complaints are acknowledged within 14 days of receipt. This acknowledgement includes an information sheet about the complaints process, and if applicable, information and an application for CMTO's Funding for Therapy and Counselling Program. • Within three business days, College staff respond to questions about the complaints and reports process. • Investigators who conduct interviews with the complainant are trained to explain and answer questions about CMTO's complaints process, including providing the applicant with information about CMTO's Funding for Therapy and Counselling Program. • Each complainant is assigned a single contact at CMTO, so the complainant is always able to speak to the same person when questions arise. If a sexual abuse matter is referred to the Discipline Committee, the Director of Professional Conduct contacts the complainant to explain the Discipline Committee process and answer questions. • All CMTO staff and Council/Committee Members undergo regular training by experts in sexual abuse prevention and counselling. This training ensures that those involved with complaints or reports pertaining to sexual abuse have current knowledge of CMTO's responsibilities around sexual abuse, understand the impact of sexual abuse on individuals, families and society. Staff communicating directly with individuals who may have been sexually abused are trained to carry out this work in an appropriately sensitive manner, which includes receiving trauma-informed investigation training. • Applications for funding for therapy and counselling are managed by two CMTO staff members who guide the applicant through the application process. • Interpreter and translation services are available as required. • Where appropriate, investigators and staff use video calls for complainant interviews. 	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure		
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description.• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. <p>In addition to the supports outlined in question 11.1(C) above, CMTO ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process by:</p> <ul style="list-style-type: none">• Prompt responses to all parties to the complaint.• Regular status update letters to complainants/RMTs as required under legislation explaining the current status of the investigation.• Hearing participants, including complainants, are frequently updated on scheduling changes and consulted on the selection of a hearing format.• Hearing participants, including complainants, are offered technical training before each electronic proceeding. This training includes an assessment of hardware and software needs, and a review of videoconference platform functionalities to ensure effective participation and to mitigate digital divide concerns. Hearing participants are also given instructional guides tailored to their role in the hearing.• A post-hearing evaluation survey is distributed to hearing participants at the end of each hearing to evaluate how well the process met participants' needs and to identify areas for improvement.• Complainants/vulnerable witnesses who testify at discipline hearings are offered testimonial accommodations as part of trauma-informed hearing practices adopted by CMTO. These include the ability to provide evidence behind a hearing screen and to have the cross-examination of that witness done by an appointed lawyer if the registrant does not have a lawyer. CMTO also covers the expenses of a support person accompanying complainants to a discipline hearing. This information is provided to complainants shortly after a matter is referred to the Discipline Committee.• CMTO arranges for and funds interpretation services for hearing participants, including complainants, to ensure they can participate in a hearing.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure		
		12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>In fall 2020, CMTO implemented a risk score calculator for all complaints and reports received. Risk scoring is done on receipt of a matter and as new information is received. The score is based on the nature of the allegations, whether the RMT has a history of other concerns or complaints, and specified aggravating/mitigating factors. The score produces a number from 1 to 10, which is categorized as low, medium or high risk.</p> <p>The ICRC uses the Advisory Group for Regulatory Excellence (AGRE) Risk Assessment tool to assess the risk of matters that have been investigated. The ICRC reviews the AGRE Risk Assessment tool annually. The AGRE Risk Assessment tool considers:</p> <ul style="list-style-type: none"> The seriousness of alleged conduct; The knowledge, skill, judgment and application of the RMT; The RMT's conduct (i.e., how they handled the situation); The RMT's accountability for what occurred; and, The RMT's prior history, if any. <p>This risk tool results in a score that is categorized as no risk/minimal risk, low risk, moderate risk and high risk. These categories correspond to potential outcomes for ICRC's consideration. This risk tool is summarized on CMTO's Complaints webpage.</p> <p>CMTO also has an interim orders guidance document that identifies criteria for identifying and prioritizing high-risk matters. The document assists the ICRC in its consideration of whether to impose an interim order and the type of interim order to impose.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to the policy OR please briefly describe the policy.• Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).	
			In 2021, CMTO collaborated with other colleges through a Health Profession Regulators of Ontario (HPRO) working group to develop a formal policy on sharing information with third parties, which CMTO has adopted. Further, CMTO shared Professional Conduct information with several health colleges and other regulatory bodies and the police, as permitted under the legislation. CMTO conducted several joint investigations with other colleges where a registrant was dually registered. CMTO shared information with several police units about registrants subject to a CMTO investigation, and police investigations and/or criminal charges. Where CMTO has not yet received a formal complaint resulting from a criminal matter, CMTO provides the police with a letter for criminal complainants that explains CMTO's process and the Funding for Therapy and Counselling Program. CMTO has also assisted the police with finding expert witnesses who can testify regarding CMTO's Standards of Practice.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
	Additional comments for clarification (if needed)			

		Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	STANDARD 14	Required Evidence	College Response
		a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: <div> <div>Yes met in 2020, continues to meet in 2021</div> </div>
			<ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection. <p>In 2021, Council continued its use of KPIs that approved in 2020. The KPIs were selected based on the data currently available, alignment with the goals of CMTO’s' Strategic Plan and to monitor performance in core statutory areas. The KPIs below are monitored by Council on a quarterly basis. An example of CMTO's KPIs can be found starting on page 46 of the February 2022 Council meeting package.</p> <p>The following KPIs were selected to track CMTO's performance against the strategic goal of Transparency (well-informed public and clients of RMTs):</p> <ul style="list-style-type: none"> Number of visits to the public register; Number of complaints and practice inquiries received from the public; Feedback received from the public through consultation; and New and returning users to CMTO’s website. <p>The following KPIs were selected to track CMTO's performance against the strategic goal of Quality (clients of RMTs receive evidence-informed Massage Therapy):</p> <ul style="list-style-type: none"> Number of RMTs who have undergone peer assessments; Compliance with STRiVE requirements; and Practice inquiries from RMTs.

		<p>The following KPIs were selected to track CMTO's performance against the strategic goal of Regulatory Modernization (proportionate, risk- and outcomes-based regulation that protects the public, and clients of RMTs, and advances the public interest) and, in some cases, obligations under the RHPA:</p> <ul style="list-style-type: none">• Percentage of complaints closed within 150 days or notice of delay issued (RHPA obligation);• Percentage of complaints where notice of complaint was issued to the RMT within 14 days of receipt (RHPA obligation);• Percentage of complaints where acknowledgement of complaint was issued to the complainant within 14 days of receipt (RHPA obligation);• Percentage of contested hearings;• Percentage of decisions upheld by Health Professions Appeal and Review Board (HPARB); and• Work with system partners. <p>The following KPIs were selected to allow Council to monitor the number of RMTs entering and leaving the profession (or changing their class of registration).</p> <ul style="list-style-type: none">• New RMTs registered to practise;• RMTs moving from Inactive to Active registration;• RMTs moving from Active to Inactive registration; and• RMTs who resigned. <p>Number of security incidents: This KPI was selected to allow Council to monitor information technology risks.</p> <p>Number of staff who left the College: This KPI was selected to allow Council to monitor attrition rates and ensures the College has sufficient human resources to achieve its statutory objectives and regulatory mandate.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			Additional comments for clarification (if needed)
	b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
		<ul style="list-style-type: none">Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes.	
		At each Council meeting, Council receives a quarterly update on the items below. These items can be found in the November 2021 Council meeting package : <ul style="list-style-type: none">Workplan report, which details progress towards achieving yearly corporate projects (page 52);The key performance indicators noted above (page 64);The Registrar's and Administration Report, which covers activities related to the CEO performance criteria that the Registrar and the administration team engaged in that are not covered in any other quarterly report (pages 26-29); andFinancial report (pages 44-48).	
		Council also approves an Organizational Risk Register, which helps CMTO identify and manage risks that may impact its ability to fulfill its regulatory functions. Council reviewed and approved a draft Organizational Risk Register at its November 2021 meeting (pages 57-63 of the meeting package). Minutes from the November 2021 meeting can be found in the February 2022 Council meeting package (starting on page 9 of the meeting package).	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

		<i>Additional comments for clarification (if needed)</i>
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Measure		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. <p>In November 2021, Council approved a Data Management Strategy for 2022 (starting on page 53 of the November Council meeting package). Development of the strategy was a workplan item for 2021 based on an identified need to ensure CMTO is using its data effectively to carry out its public protection mandate. The Data Management Strategy will help:</p> <ul style="list-style-type: none">identify data limitations;scope out a comprehensive data management system; andupdate organizational Key Performance Indicators (KPIs), metrics, reports and dashboards to monitor and report on progress toward operational objectives.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	
Measure		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	<ul style="list-style-type: none">Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>At each Council meeting, Council receives the Registrar's and Administration report (starting on page 26 of the November 2021 Council meeting package) a workplan update (related to strategic objectives) and a key performance indicator (KPI) report (starting on page 64 of the November 2021 meeting package).</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

		<i>Additional comments for clarification (if needed)</i>
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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.

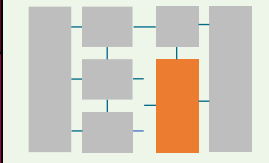
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QIactivities its registrants undertook to maintain competency in CY 2021. The diversityof QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>	
Type of QA/QI activity or assessment:	#		
i. E-learning module	13,576		
ii. Self-Assessment (bi-annual requirement, first introduced in 2019)	12,817		
iii. Learning Plan	13,576		
iv. Experiential Learning Exercise (annual requirements, first introduced in 2020)	13,576		
v. Practice Assessments (completed an assessment in 2021)	860		
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<p><i>* 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.</i></p> <p><u>NR</u></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 2 – Context Measures 2 and 3

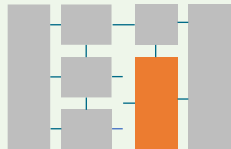
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2021	860	6.3%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	329	38%	
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

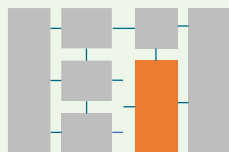
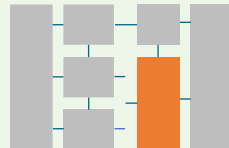
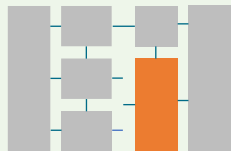
DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 11				
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2021:**		#	%	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*		132	40%	
II. Registrants still undertaking remediation (i.e. remediation in progress)		197	60%	
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.				
Additional comments for clarification (if needed)				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
Statistical data is collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d					
If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021		Formal received	Complaints	Registrar Investigations initiated	
Themes:		#	%	#	%
I. Advertising		NR	NR	NR	NR
II. Billing and Fees		NR	NR	NR	NR
III. Communication		11	9%	NR	NR
IV. Competence / Patient Care		19	16%	5	5%
V. Intent to Mislead including Fraud		5	4%	16	16%
VI. Professional Conduct & Behaviour		9	8%	30	30%
VII. Record keeping		15	13%	8	8%
VIII. Sexual Abuse		46	39%	23	23%
IX. Harassment / Boundary Violations		NR	NR	NR	NR
X. Unauthorized Practice		NR	NR	8	8%
XI. Other <please specify>		9	8%	6	6%
Total number of formal complaints and Registrar’s Investigations**		117	100%	99	100%
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.					

Formal Complaints NR Registrar's Investigation ** <i>The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i>	
<i>Additional comments for clarification (if needed)</i> The majority of matters categorized as 'Other' related to compliance with COVID-19 protocols.	

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

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2021	149		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.
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	198		
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 2021	99		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR	
II.	Formal complaints that were resolved through ADR	NR	NR	
III.	Formal complaints that were disposed of by ICRC	105		
IV.	Formal complaints that proceeded to ICRC and are still pending	NR	NR	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	60	17%	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation # May relate to Registrar’s Investigations that were brought to the ICRC in the previous year. ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.			
Additional comments for clarification (if needed) The denominator for CM9 VII is CM6 (total complaints brought forward to ICRC in 2021) and CM7 (total number of ICRC matters brought forward as a result of a Registrar's Investigation in 2021).			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	NR	NR	NR	NR	NR	NR	NR
IV. Competence / Patient Care	11	10	NR	NR	NR	NR	NR
V. Intent to Mislead Including Fraud	NR	NR	5	11	NR	7	NR
VI. Professional Conduct & Behaviour	6	21	19	26	NR	12	NR
VII. Record Keeping	13	NR	NR	NR	NR	NR	NR
VIII. Sexual Abuse	5	6	7	8	NR	33	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	NR

X.	Unauthorized Practice	NR	NR	NR	NR	NR	NR
XI.	Other <please specify>	5	NR	NR	NR	NR	NR
<p>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2021.</p> <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</p> <p>NR</p>							
<p>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.</p>							
<p>Additional comments for clarification (if needed)</p> <p>The outcomes categorized as 'Other' related to registrant compliance with COVID-19 protocols.</p>							

Table 7 – Context Measure 11

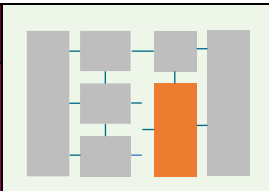
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal 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.	
I. A formal complaint in working days in CY 2021	411	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.	
II. A Registrar’s investigation in working days in CY 2021	536		
Disposal			
Additional comments for clarification (if needed)			
"Days" represents net working days, where weekends and Canadian statutory holidays observed by the CMTO were excluded from the count. Where the allegations the College is investigating are also subject to criminal charges and proceed through the court system, the College holds its investigation in abeyance until the court matter is concluded. The College ensures that its investigation process does not interfere with criminal court proceedings and cooperates with the police and other justice system stakeholders.			

Table 8 – Context Measure 12

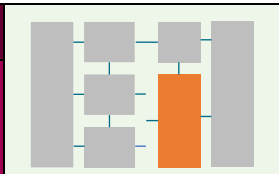
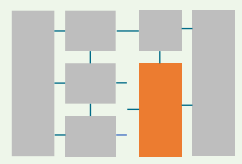
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested discipline hearing in working days in CY 2021	242		
II. A contested discipline hearing in working days in CY 2021	578		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
The data reported in this section excludes contested and uncontested motion hearings (e.g., third-party records motions, motions to indefinitely adjourn, and motions to withdraw). These motion hearings make up a significant part of the College's hearings caseload but do not meet the strict definition of “contested” or “uncontested” hearings, as defined in the Reporting Tool. "Days" represents net working days, where weekends and Canadian statutory holidays observed by the CMTO were excluded from the count.			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13



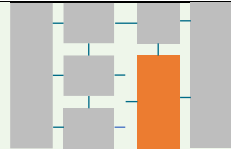
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<p>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.</p>
Type	#	
I. Sexual abuse	10	
II. Incompetence	NR	
III. Fail to maintain Standard	14	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	5	
VI. Dishonourable, disgraceful, unprofessional	17	
VII. Offence conviction	6	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	2	
XII. False or misleading document	1	
XIII. Contravene relevant Acts	2	

<p>* <i>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.</i></p> <p><u>NR</u></p>
<p><i>Additional comments for clarification (if needed)</i></p>

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	16		
II. Suspension	6		
III. Terms, Conditions and Limitations on a Certificate of Registration	9		
IV. Reprimand	22		
V. Undertaking	NR		
* 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 may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR			
Additional comments for clarification (if needed)			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

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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.

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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.

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

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