

College of Medical Radiation and Imaging Technologists of Ontario

Report for 2021

College Performance Measurement Framework (CPMF) Reporting Tool

March 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

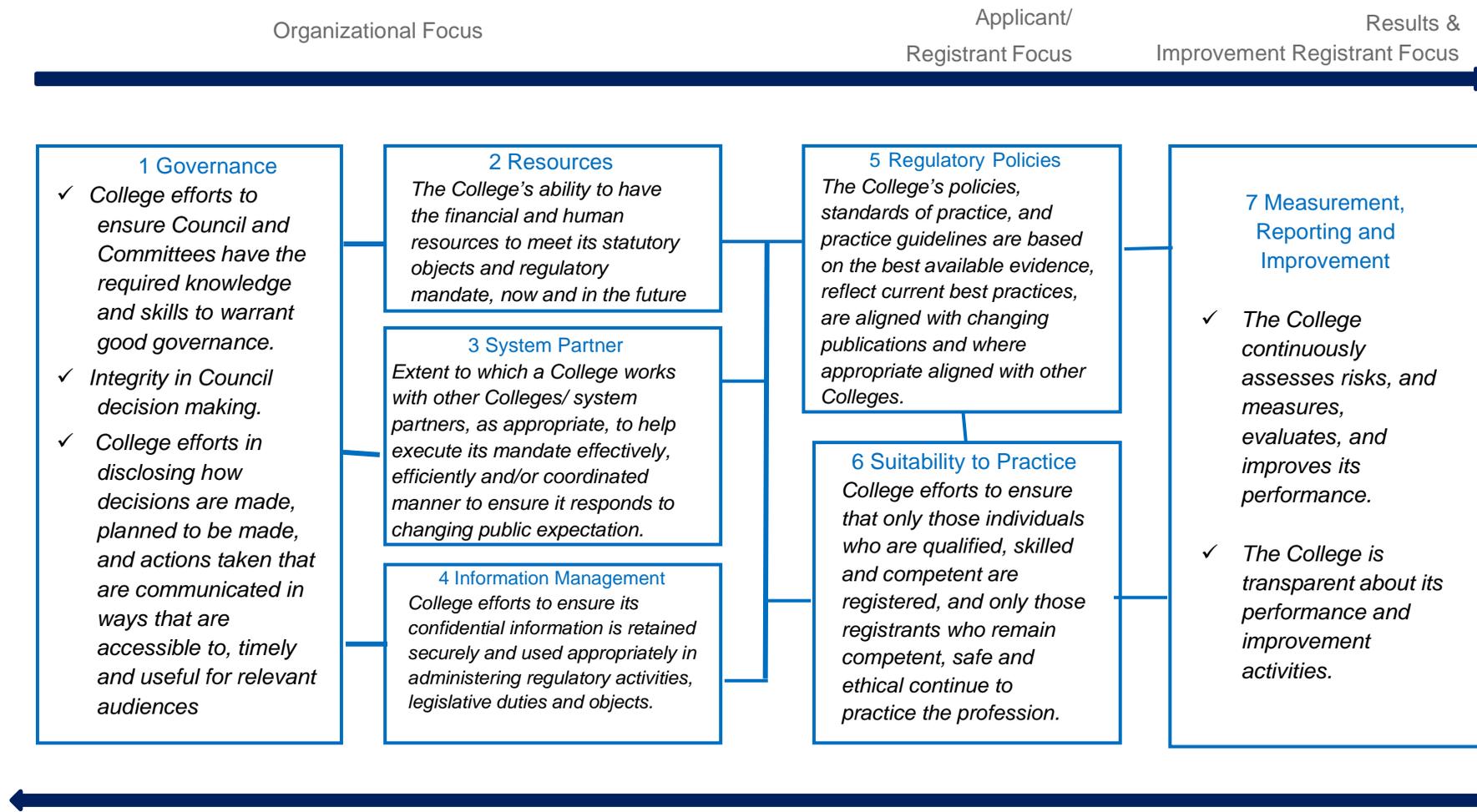


Figure 2: CPMF Domains and Standards

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.

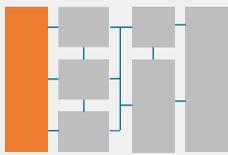
What has changed in 2021?

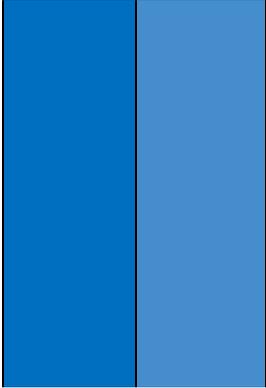
Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- 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: <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> CMRITO Council Member competencies and expectations
		<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> 11.a.i. Professional members are eligible to stand for election to Council only after meeting pre-defined competency and suitability criteria Yes, the candidates who meet the eligibility requirements to stand for election to Council have met the predefined competency and suitability criteria. <ul style="list-style-type: none"> An article is published in the Fall edition of the CMRITO's newsletter, Insights, that provides registrants with information regarding the eligibility criteria, competencies and expectations for those who are considering standing for election to CMRITO Council. Clarification of the required competencies and expectations form part of the annual election process. The latest edition of Insights where this information has been provided can be found at this link. The required competencies that are provided to registrants as part of the notice of election (as approved by Council in September 2014), can be accessed from this link in the Fall 2021 edition of Insights. Information for registrants who are interested in standing for election is provided on the CMRITO website at this link. This page provides information on eligibility criteria, length of terms of office, the nomination procedures and steps in the process. The eligibility criteria for registrants to stand for election to Council are set out in section 28.5 of By-law No. 60, which is also available on the CMRITO website. In 2022 the CMRITO's current Academic Councillor's three-year term of office ends. All registrants were provided with information regarding the eligibility criteria, competencies and expectations for registrants who are considering applying for appointment as the Academic Councillor. A copy of the email that was sent to registrants can be found at this link. 	

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- In addition to the above, once a registrant has been elected to Council these competencies and expectations are provided to all Council members (professional and public members) attending Council meetings as a governance resource tool and are reviewed at each Council meeting. This serves as a reminder of the competencies and expected behaviours of all Council members, including:
 - focusing on strategic intent,
 - personal effectiveness,
 - engaging others,
 - ensuring stewardship,
 - using a systematic approach to decision making,
 - effectively communicating, and
 - having a commitment to serve the public interest.

		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. Two half day sessions Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Realtime interactive online workshop format with opportunities for participants to provide verbal feedback throughout the workshop with informal assessments for understanding. Workshop includes a required offline assignment between the two online sessions. Please insert a link to the website if training topics are public OR list orientation training topics. 2022 Election information orientation session agenda 	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i> 1.1.a. ii. Professional members are eligible to stand for election to Council only after attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. Yes, all professional members who are eligible to stand for election to Council are required to attend orientation training about the College's mandate and expectations. <ul style="list-style-type: none"> All candidates who put their name forward for election or appointment to the CMRITO Council, are required to attend an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. The orientation is provided by the College's General Counsel, the Registrar & CEO, senior staff, and current and past public and professional Council members, who often attend as mentors. Prior to 2021, the orientation training was a day-long information session conducted at the CMRITO's office in Toronto. Attendance at the orientation session is mandatory for a candidate to be eligible to stand for election to Council. In 2021 and 2022 due to the COVID-19 pandemic, the orientation sessions were delivered in a virtual online format as two half day sessions. The agenda for the latest education sessions for Council nominees can be viewed here. In addition to the content of these two sessions, which was delivered by CMRITO's General Counsel, the Registrar & CEO and other members of the leadership team, nominees were required to review an agenda of a recent Council meeting to become familiar with the workload and complexity of the issues that Council considers at their meetings, and how decisions are made in the public interest. 	

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<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> <p>The competencies and suitability criteria to serve on CMRITO Statutory Committees can be found at this link.</p>	

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

Choose an item.

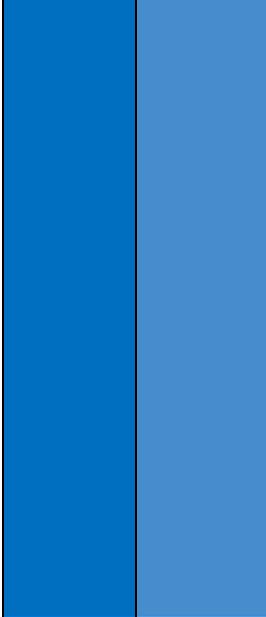
Additional comments for clarification (optional):

1.1.b.i. Statutory Committee candidates have met pre-defined competency / suitability criteria

Yes, the registrants appointed to statutory and non-statutory Committees have met predefined competency and suitability criteria.

- Each year, all CMRITO registrants are sent an email invitation to apply to be appointed to CMRITO committees which outlines the required competencies, suitability criteria and expectations. A list of all the statutory committees and a description of the mandate and areas of responsibility of each committee is provided for information. A copy of the email can be viewed at this [link](#).
- The predefined competencies and suitability criteria include that; candidates understand the CMRITO’s regulatory mandate, are good listeners, are effective and respectful communicators, and work well with others in diverse groups. Candidates must be committed to lifelong learning and open to differing perspectives and opinions.
- Furthermore, the “Committees” page on the CMRITO website provides information about each Committee, including its mandate and current membership. Section 30 of CMRITO [By-law No. 60](#) sets out the composition of each statutory committees, and section 35.1 sets out the eligibility criteria for appointment. Each statutory committee also has a Terms of Reference Policy, which will be made available on the CMRITO website in 2022. A summary of the CMRITO committee descriptions can be viewed at this [link](#).
- The CMRITO’s Nominating Committee reviews all applications to serve on a statutory committee to determine if applicants meet the required competencies and suitability criteria. The Nominating Committee makes recommendations for committee composition based on competency requirements to Council prior to the appointments to statutory committees at the June meeting of Council each year.

		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. All appointees to both the statutory and non-statutory committees attend an orientation training specific to the mandate of the Committee to which they have been appointed to understand expectations related to their role and responsibilities on that Committee. The duration of that training is customised to the needs of each committee. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). In 2021 all orientation training sessions were delivered as virtual online sessions due to the COVID-19 pandemic • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. In addition to the general orientation to the CMRITO and the legislation, the appointees to each of the statutory committees also complete annual training. This has included an orientation to the legislation, applicable regulations and policies for each committee as well as additional related training in topics more specifically pertinent to the mandate of each committee. See narrative below for more details. 				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p> <p>1.1.b. ii. Statutory Committee candidates have attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p> <p>Yes, all appointees to the Statutory and non-statutory committees attend an orientation training specific to the mandate of the Committee to which they have been appointed to understand expectations related to their role and responsibilities on that Committee.</p> <ul style="list-style-type: none"> • Once registrants are appointed to one of the statutory or non-statutory committees, they are provided training and orientation that is tailored to meet the specific role of each committee. Prior to 2021, the orientation and training sessions were conducted in person including presentations with opportunities to address any questions. In 2021 these orientation sessions were delivered as virtual online sessions due to the COVID-19 pandemic. • In addition to the general orientation to the CMRITO and the legislation, the appointees to each of the statutory committees also complete annual training. This has included an orientation to the legislation, applicable regulations and policies for each committee as well as additional related training in topics more specifically pertinent to the mandate of each committee. For example, the Registration Committee receives training on the Ontario Human Rights Code every two to three years. • More specific training related to committee processes is provided to new appointees to prepare them for their roles and responsibilities and expectations. This training is typically between ½ day to full day in length and the format of the presentation is tailored to meet the needs of the new committee member. This one-on-one training is completed by the CMRITO staff responsible for supporting the committee and provides the new committee member with an opportunity to ask questions and clarify any questions around their roles and responsibilities. The CMRITO also provides mentorship for new appointees by 				



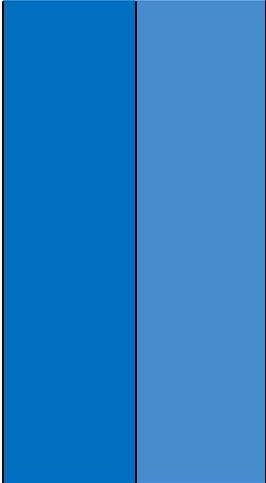
pairing them with more experienced members appointed to the committee, who assist with their orientation to the committee specific processes and tools.

- The CMRITO engages relevant subject matter experts to complete additional training for committees such as the specific training provided by independent legal counsel to members appointed to the Discipline Committee, accountants for training in understanding financial statements for Council and the Finance and Audit Committee, and training in human rights and fair registration practices. In addition to this, the CMRITO supports Council and committee members to attend education sessions and conferences offered by organizations such as Ontario Regulators for Access Consortium (ORAC), Canadian National Association of Regulators (CNAR), Health Professions Regulators of Ontario (HPRO) and Council on Licensure Enforcement and Regulation (CLEAR). [Council policy 4.15 – Approved conferences and educational sessions for the purposes of remuneration](#) provides that the Executive Committee pre-approves conferences or educational sessions for attendance by Professional Councillors and non-Council committee members.

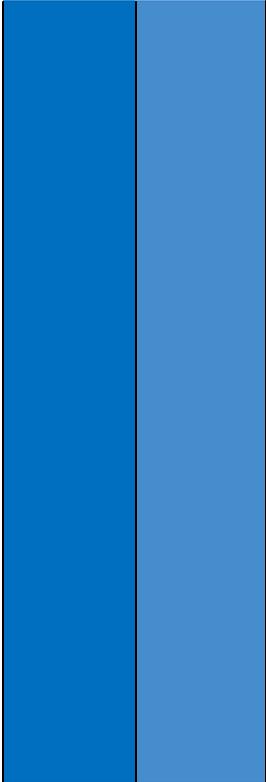
The topics covered in the general orientation for all Council and Committee members include the following topics:

- CMRTO's/CMRITO's legal and governance framework
- Roles and responsibilities
- Public Interest
- Competencies and expectations
- Code of conduct
- Conflict of interest
- Confidentiality

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • One 2-3 hour session • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Realtime interactive online workshop format with opportunities to provide verbal feedback throughout the workshop with informal assessments for understanding • Please insert a link to the website if training topics are public OR list orientation training topics. CMRITO New Council Member Orientation.pdf 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p> <p>1.1.c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p> <p>Yes, all public appointments to Council are provided with an orientation training course about the mandate of the College and the expectations regarding their role and responsibilities.</p> <ul style="list-style-type: none"> • The CMRITO provides all publicly appointed Councillors with the same orientation training courses that are offered to professional members who serve on Council or committees. As public appointments can occur at any time throughout the year, the training is typically offered as an interactive, one-on-one training session with the Registrar & CEO, CMRITO’s General Counsel, and appropriate senior leadership staff. Since 2021, these sessions have been conducted virtually. • The content of the training is focused on promoting understanding of the College’s mandate and expectations as they relate to the appointee’s role and responsibilities. Included in the training are the following topics: <ul style="list-style-type: none"> ○ CMRTO’s legal and governance framework ○ Roles and responsibilities ○ Public Interest ○ Competencies and expectations ○ Code of conduct ○ Conflict of interest ○ Confidentiality 		

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- Once a publicly appointed Councillor has been appointed to one or more of the statutory and non-statutory committees, they are also provided with specific training related to committee processes to prepare them for their roles, responsibilities and expectations as it relates to the work of each committee. This training is typically between ½ day to full day in length and the format of the presentation is tailored to meet the needs of the new public member. This one-on-one training is completed by the CMRITO staff responsible for supporting the committee and provides the new public member with an opportunity to ask questions and clarify any questions around their roles and responsibilities.
 - Public members are also included in additional training provided to committees by relevant subject matter experts as outlined above.

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 style="text-align: right;">Yes met in 2020, continues to meet in 2021</div> <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. The framework for Council to assess its effectiveness was approved in December 2021 as part of the governance review and strategic planning activities completed by Council. The Council materials where the framework was approved can be accessed at the link below. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. December-9-2021-Council-Agenda.pdf • 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> The evaluation results are discussed at each Council meeting. The latest meeting where the results were presented and discussed can be accessed at the link below. At this meeting the CMRITO Council also approved revised governance tools and a new strategic plan. December-9-2021-Council-Agenda.pdf 	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i> 1.2.a. Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council Yes, the CMRITO Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council. In December 2021, Council recognized that the CMRITO had been effective in successfully completing the main objectives set out in the Strategic Plan for 2017- 2021 . As part of a governance review project that was undertaken in 2021, Council reviewed and refined the existing governance tools and approved a new Strategic Plan for 2022 - 2024 . Council approved updates to policies, by-laws and tools at their December 2021 meeting and approved a refined framework that includes a code of conduct, defining conflict of interest, making decisions in the public interest, and a framework for meeting evaluations. Council approved a refreshed tool for assessment that is completed by all members of Council at the end of each meeting. The questions included in the evaluation and assessment tool assess both the effectiveness of Council meetings and the effectiveness of Council as a whole. The evaluation focuses on assessing three components: <ul style="list-style-type: none"> • Whether Council has received the information that is needed for decision making, including whether the information was received in advance of the meeting in a timely manner, whether the information and reports are clear and include the necessary information to make informed decisions and whether adequate opportunities was provided to discuss the issues under consideration and to ask questions. 	

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- Whether Council meetings are effective. The evaluation of this facet includes whether the issues being considered by Council are appropriate and relevant to the mandate and goals of the CMRITO and whether the goal of including the item on the agenda has been identified, specifically whether the topic has been included for information, discussion, or decision. Other indicators in this section are whether meeting time has been used effectively, whether discussions were kept on topic, whether the level of conversation was at the appropriate level and did not delve into administrative or management details and whether Council members remained focused on the discussion and avoided distractions.
 - Whether Council members are fulfilling their duty of care and diligence and instilling a positive culture and values. In this facet of the evaluation, Council members assess whether all the Council members are prepared for the meeting and discussions, whether they participated responsibly exercising their judgement and made decisions with a public interest focus, and in accordance with their fiduciary duties. Whether the discussions took place in a positive climate of trust and candour and whether Council members have lived the values of integrity, fairness, transparency, respect and professionalism in their interactions.

As part of Council's strategic planning activities for 2021, the CMRITO's values were updated to include:

- Integrity
- Equity, Diversity, and Inclusion
- Trustworthiness
- Transparency
- Professionalism
- Respect

Because the CMRITO's values shape the organizational culture and are demonstrated in Council's decision-making and actions, the assessment tools will be updated in 2022 to reflect these updates. These values are captured in the CMRITO's [2022 – 2024 Strategic Plan](#).

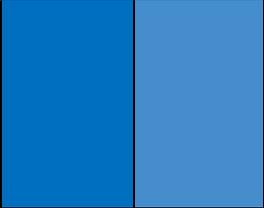
		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes • <i>If yes, how often over the last five years?</i> • Year of last third-party evaluation. <p>In 2021, the CMRITO completed a governance review as part of its strategic planning activities. As part of the governance review, an independent third party was engaged to complete an assessment of the effectiveness of Council.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>1.2.b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years</p> <p>The CMRITO Council invited a third-party expert to complete a review of its governance framework and tools in 2021. Through several virtual sessions with Council and senior staff, the consultant reviewed and suggested improvements to the framework and governance tools. These were approved by Council at their meeting in December 2021. While the CMRITO's current framework does not include a third-party assessment every three years, the CMRITO is taking the following steps as part of its ongoing continuous quality improvement activities</p> <p>The CMRITO is collaborating with the other health regulatory colleges through the Health Profession Regulators of Ontario (HPRO) and exploring the opportunity to jointly develop a common assessment framework that Colleges can use to assess the effectiveness of Council. The CPMF working group is making recommendations to HPRO's Management Committee to issue Expressions of Interest for suitable third-party consultants to create a framework and process to evaluate the effectiveness of College Councils. As outlined in the Ontario Government's College Performance Measurement Framework (CPMF), the framework and subsequent assessments should assist Colleges in identifying opportunities for improvement through ongoing education for Council members. The evaluation and assessment results would be made publicly available through the CPMF reporting tool.</p> <p>As part of its ongoing continuous improvement activities, Council actively monitors and evaluates CMRITO performance and effectiveness, using as benchmarks other reports that have been made publicly available. In addition to these activities the CMRITO has undergone continuous assessments of its processes as part of various Ministry initiatives and government agencies such as the Office of the Fairness Commissioner. Below are some of the assessment initiatives that have been completed.</p> <ul style="list-style-type: none"> • The governance framework that was originally approved by Council in 2014 was reviewed and updated in 2021. This framework has been established with the assistance of governance experts who assisted the CMRITO in setting up a robust policy framework and governance tools for Council. Council policies and other organizational policies are reviewed every three years as part of the ongoing continuous improvement activities that Council undertakes to evaluate the effectiveness of the organization. These governance tools were reviewed 	

and validated in the last strategic planning process in 2021.

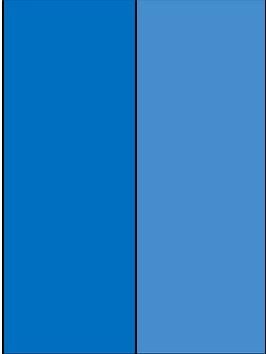
- There have also been several internal reviews that have been undertaken by CMRTO/CMRITO staff to compare the performance and effectiveness of the CMRITO to some of the landmark benchmarking reports that have been released in recent years. In November 2014, the CMRTO undertook a comprehensive review of our internal processes to respond to a request from Minister Hoskins. The request from the Minister was to provide a report on the progress the CMRTO had made on implementing transparency initiatives that confirmed the CMRTO's commitment to making accountability and transparency the keystones of decision making and strategic direction. The response can be viewed at this [link](#).
- In March 2015, the CMRTO's Director of Professional Conduct and Internal Legal Counsel conducted an internal review of our regulatory processes using criteria from the Price Waterhouse Coopers (PWC) review of the College of Denturists of Ontario (CDO) and the voluntary review of the Royal College of Dental Surgeons of Ontario (RCDSO) that was completed by the independent regulatory expert, Harry Cayton and the Professional Standards Authority for Health and Social Care. The report can be viewed [here](#).
- The College completes an assessment of the registration practices annually for the Office of the Fairness Commissioner (OFC) to ensure that registration practices comply with the principles of fairness, transparency, impartiality, and objectivity. The CMRTO/CMRITO has complied with all requirements for the OFC including completing a comprehensive audit of registration practices, a review of the entry to practice requirements and submission of the required yearly assessment reports.
- In 2021 the CMRITO submitted the Risk Informed Compliance Framework Forward Looking Risk Questionnaire – 2021 to the OFC. In 2021 the CMRITO was assigned a “full compliance” provisional rating in the OFC's new Risk-informed Compliance Framework (RICF). The reports submitted to the OFC can be viewed on the CMRITO website at this [link](#).
- The College has engaged in several self-assessments of the College's patient relations program's measures for preventing and dealing with the sexual abuse of patients ranging from evaluations by the Health Professions Regulatory Advisory Council (HPRAC) in 2001 and 2008 and more recently in 2014 as part of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991.

As demonstrated above the CMRITO is an organization that is committed to excellence and engages in ongoing continuous assessment of the effectiveness of Council and all program areas of the organization.

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. <p>The link to the Council materials from the December 2021 Council meeting where the outcome of evaluations can be seen, can be accessed below December-9-2021-Council-Agenda.pdf</p> <ul style="list-style-type: none"> 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>. <p>See narrative below</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p> <p>1.2.c. The ongoing training provided to Council and Committee members has been informed by the needs identified by Council and Committee members</p> <p>Yes, the ongoing training provided to Council and Committee members has been informed by the needs identified by Council and Committee members. Education has been identified as a key strategic measure by the College Council. In 2021, the CMRITO introduced two educational platforms for Council members.</p> <ul style="list-style-type: none"> The CMRITO developed and launched a “Council and Committee Resource” Application (or “app”) available to all Council and Committee members on their iPads for access to information and educational training resources. This app provides access to curated information, resources, and tools for Council and Committee members to develop their knowledge and maintain a strategic, public interest focus in their decision making. This includes education and training sessions (such as presentations and videos), policies, forms, and information from stakeholder groups and other agencies. As a learning organization, all Council meetings have a separate educational component for each meeting. These education meetings are dedicated meetings where the focus is on information sharing and education. This is one of the measures Council has approved in the Operational Plan. It is also tracked in 2021 in the Balanced Scorecard. <p>Council has determined that ongoing education and orientation is essential in ensuring Council’s capacity to govern in a manner that reflects regulatory excellence. Part of the evaluation assessment that each Council member completes at the end of each meeting includes an opportunity for Council members to identify any specific education needs they may have. Based on this feedback, education and orientation sessions are provided to Council. An example of this type of training is the education that is provided on an annual basis by an independent accountant, on how to read and understand audited financial statements.</p> <ul style="list-style-type: none"> In 2021, the CMRITO continued the education activities that Council has identified to be an important component of the supports that are needed for Council to be informed and to promote excellence in fulfilling their obligations and duties. Council education sessions were offered virtually using Microsoft teams. In 2021, Council attended education sessions relating to governance, data measurement and reporting, governance tools and policies, and reading financial audited statements. Tools to support Council in participating in online meetings to fulfill their obligations and the mandate of the College, have been developed and can be viewed at this link. 	

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- In addition to the education and training offered during Council meetings, CMRITO supports both professional and public members in attending education sessions on governance and other regulatory training that is offered by organizations such as HPRO, CNAR, ORAC and CLEAR. [Council policy 4.15 – Approved conferences and educational sessions for the purposes of remuneration](#) provides that the Executive Committee pre-approves conferences or educational sessions for attendance by Professional Councillors and non-Council committee members.

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<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>. <p>Please see narrative below.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p> <p>The CMRITO has a robust risk management framework that is monitored by the Executive Committee and is a mechanism for the College to monitor internal and external risks that may impact the ability of Council to fulfill its mandate. Council Policy 2.14 – Risk Management sets out Council’s risk management expectations. Consideration of risk is an integral part of all College decision-making and management processes including the development of strategic and annual operational plans.</p> <p>The Risk Management Framework was approved by Council in September 2016 and is the governance tool that Council uses to manage risk and consider evolving public expectations. Council monitors the risk register, and a briefing note is prepared for Council respecting any risks where a significant change in the risk level or risk mitigation strategies have been identified by the Executive Committee.</p> <p>In 2021, Council identified the values and principles around diversity, equity, and inclusion as integral to the College’s work. Accordingly, the College’s vision for its 2022 – 2024 Strategic Plan is to be “an effective, and collaborative regulator committed to transparency, equity, diversity and inclusion”. As part of Council’s strategic planning activities for 2021, the CMRITO’s values were also updated to include Equity, Diversity, and Inclusion as a value. In addition, Council also set direction for CMRITO to review our existing programs and practices to ensure they support EDI as part of the larger strategic goal to “actively monitor, evaluate and apply evolving regulatory practices to enhance public protection”.</p> <p>The Risk Management Framework which was approved by Council in September 2016 has four key elements:</p> <ol style="list-style-type: none"> 1. Foundational element: The CMRITO Council Policy 2.14 –Risk Management which identifies Council’s commitment and expectations, and sets out the roles and responsibilities of the Council, the Executive Committee and Management relating to risk management 2. Organizational management element: Identifies the risk management context, systems, procedures and processes that are included in the Risk Register which is included in the Council agenda and can be viewed at this link <ul style="list-style-type: none"> • identifies adverse events or circumstances relevant to CMRITO objectives • assesses the likelihood and magnitude of the impact of any adverse events • identifies mitigation strategies 	



3. Culture and capacity element: Sets out approaches that enable CMRITO to develop and embed a risk management culture in the organization through defining the values, beliefs, knowledge, attitudes and understanding about risk, and tasking staff with the role of being the ‘eyes and ears’ of Council in identifying, assessing and responding to risks

4. Governance Oversight: Defines the Risk Register as the reporting mechanism to provide a snapshot of significant risks and the related risk management responses, to promote risk management accountability and to assist Council to discharge its oversight responsibility. The Risk Register is a living document that is updated as both external and internal risks are identified.

Measure			
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.			
Required Evidence	College Response		
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	The College fulfills this requirement:		
	<p>• Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</p> <p>Council Policy 2.12, Code of Conduct for Councillors and Non-Council Committee Members and 2.13, Conflict of Interest for Councillors and Non-Council Committee Members” were implemented in 2014 and reviewed in September 2020 as part of the ongoing three-year review cycle of all policies in the CMRITO’s policy framework. Both policies were reviewed again in 2021 as part of the governance review.</p> <p>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review.</p> <p>Council Policy 2.12 “Code of Conduct for Councillors and Non-Council Committee members” was reviewed in 2021 to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives. The updated policy, which will be approved at the next Council meeting in March 2022, includes a section to define a process to manage violations of the Code of Conduct and to update content regarding personal conduct and duties of Councillors.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Yes
	<p><i>Additional comments for clarification (optional)</i></p>		Choose an item.

		ii. accessible to the public.	The College fulfills this requirement:	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. <p>Policy 2.12. forms part of the agenda package for all Council meetings. The December 9, 2021 Council Meeting Agenda, which includes this policy, can be accessed at this link. A copy can also be viewed at this link. Policy 2.13 was last reviewed and approved at the September 2020 meeting of Council and can be found in the publicly available agenda material. A copy can also be viewed at this link.</p> <p>Policy changes that Council identified during the governance review in 2021 will be updated and approved at the next Council meeting in March 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.

Additional comments for clarification (optional)

2.1.a. ii. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.

Yes, the CMRITO [Code of Conduct](#) and [Conflict of Interest](#) policies are available to the public.

As part of a governance review project that was undertaken in 2021, Council reviewed and approved policies, bylaws and tools related to Council and Committees at the December 2021 meeting. Governance tools including the code of conduct, conflict of interest and meeting evaluations were also approved.

As part of that governance review process the College reviewed both the Code of Conduct and Conflict of Interest policies. Changes to Council Policy 2.12, Code of Conduct for Councillors and Non-Council Committee Members were approved in principle by Council and will be formally approved at the meeting of Council in March 2022. Policy 2.12 will next be reviewed by Council as part of Council's standardized policy review process, every three-years unless interim amendments are required. Appended to Policy 2.12 is an "Acknowledgment and Agreement" that all Councillors and Non-Council Committee members are required to sign, acknowledging that they have read the Code of Conduct and agree to comply with it. Councillors and Non-Council Committee members review Policy 2.12 and sign the agreement as part of their orientation training and education.

[Council Policy 2.12](#) forms part of every Council agenda package which are posted on the website. Council reviews Policy 2.12 at each of their meetings. CMRITO is developing a designated section of the CMRITO website for Council policies to improve accessibility and transparency.

[Council Policy 2.13](#), Conflict of Interest for Councillors and Non-Council Committee Members was also reviewed by Council in 2021 as part of Council's governance review process. Policy 2.13 will be reviewed by Council every three years as part of Council's standardized policy review process unless interim amendments are required.

The purpose of Policy 2.13, together with the conflict of interest provisions set out in CMRITO [By-law No. 60](#), is to define circumstances in which a conflict of interest may exist or appear to exist, and set out the responsibilities of Councillors and Non-Council Committee Members with respect to such conflicts.

[By-law No. 60](#), which also speaks to conflict of interest, is available on the CMRITO website, here. The conflict of interest provisions of [By-law No. 60](#) can be found in subsection 11.

On the cover page of all CMRITO Council and Committee meeting agendas, there is a note that asks Councillors and Non-Council Committee members to contact the Chair of the meeting, or a designated staff person, if in their review of the materials, they become aware that they have a conflict of interest with any item on the agenda or if they are concerned that they may have a conflict of interest with any item on the agenda. Declarations of conflicts of interest are a standing item on all Council and Committee agendas, and all Councillors and Non-Council Committee members are provided with a fulsome orientation to actual and perceived conflicts of interest and the procedure for dealing with such conflicts (which is set out in Policy 2.13 and By-law No. 60).

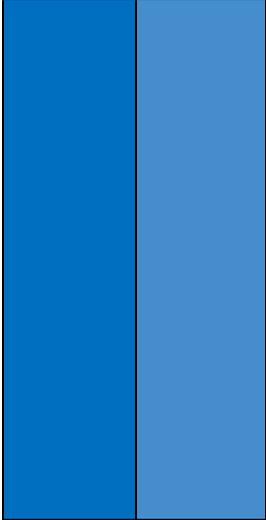
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>
			<ul style="list-style-type: none"> • Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. By-law No. 60 was last updated January 1, 2019 Policy changes that Council identified during the governance review in 2021, including by-law changes, will be updated and approved at the next Council meeting in March 2022. • 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; OR – Where not publicly available, please describe briefly cooling off policy. <p>While the CMRITO does have very clear eligibility criteria set out in by-law and policy for being elected to Council and serving on any of the Committees, to date there has not been a defined cooling off period. The 2021 governance review identified this gap and the by-law amendments required to address this gap are currently being drafted.</p>	

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>2.1.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).</p> <p>The CMRITO has clear eligibility criteria for members of the profession to serve on Council or any of the Committees, set out in by-law and policy.</p> <p>By-law No. 60 clearly sets out the eligibility criteria for members of the profession to be:</p> <ul style="list-style-type: none"> (a) elected to Council, (b) appointed to Council (in the case of the Academic Councillor), and (c) appointed to committees of the College. <p>A member is not eligible for election or appointment if the member is:</p> <ul style="list-style-type: none"> • an officer, director or person employed by a professional association representing the profession or any of the specialties or both, • an executive officer of a bargaining unit of a union representing members of the profession or any of the specialties or both, or • an executive officer of an association of managers of members of the profession or any of the specialties or both. These criteria are set out in subsections 28.5.1.9, 29.2.1.7, and 35.1.1.7 respectively. <p>These same criteria are also referenced on the “Election Process” page, available under the “Council and Committees” tab. The information on this page clearly sets out when a member of the profession is not eligible for election.</p> <p>Additionally, the information and forms circulated to registrants for election to Council and Appointment to Committee also include this information and require registrants to declare that they meet the eligibility criteria outlined above.</p> <p>CMRITO By-law No. 60 also provides that a Councillor may not be the Registrar & CEO (see subsection 12.6).</p> <p>Further amendments to the by-law are currently being drafting to address a cooling off period, as directed by Council as part of the 2021 governance review.</p>	Choose an item.
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. <p>Policy 2.13 – Conflict of interest for Councillors and Non-Council members was last reviewed and approved at the September 2020 meeting of Council and can be found in the publicly available agenda material. A copy can also be viewed at this link</p> <ul style="list-style-type: none"> • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Councilagenda items: Choose an item. 	Yes

		<p>Council meeting package;</p> <p>ii. questionnaires include definitions of conflict of interest;</p> <p>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</p>	<p>CMRITO has a number of processes and practices to ensure Council and Committee members understand the importance of declaring any real or perceived conflict of interest.</p> <ul style="list-style-type: none"> On the cover page of all CMRITO Council and Committee meeting agendas, there is a note that directs Councillors and Non-Council Committee Members to contact the relevant Chair or a designated staff person if, in their review of the materials, they become aware that they have a conflict of interest with any item on the agenda or if they are concerned that they may have a conflict of interest with any item on the agenda. Declarations of conflict of interest are a standing item on all Council and Committee agendas <p>Please insert a link to the most recent Council meeting materials that includes the questionnaire.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			<p>2.1.c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p>The CMRITO does not have a conflict of interest questionnaire that all Council members must complete annually but has a number of processes and practices to ensure Council and Committee members understand the importance of declaring any real or perceived conflict of interest.</p> <p>On the cover page of all CMRITO Council and Committee meeting agendas, there is a note that directs Councillors and Non-Council Committee Members to contact the relevant Chair or a designated staff person if, in their review of the materials, they become aware that they have a conflict of interest with any item on the agenda or if they are concerned that they may have a conflict of interest with any item on the agenda.</p> <p>Declarations of conflict of interest are a standing item on all Council and Committee agendas, and all Councillors and Non-Council Committee Members are provided with a fulsome orientation to actual and perceived conflicts of interest and the procedure for dealing with such conflicts (which is set out in Policy 2.13 and By-law No. 60). All CMRITO Councillors and Non-Council Committee Members are encouraged to discuss potential actual or perceived conflicts of interest at the earliest possible opportunity.</p> <p>As outlined in our response to 2.1a above, the CMRITO has also developed policies to support the requirement for declarations of conflict of interest. Council Policy 2.13, Conflict of Interest for Councillors and Non-Council Committee members was approved by Council in 2014, was last reviewed by Council in September 2020 as part of Council’s standardized policy review process and was reviewed again in 2021 a part of the third-party governance review.</p> <p>The purpose of Policy 2.13, together with the conflict of interest provisions set out in CMRITO By-law No. 60, is to define circumstances in which a conflict of interest may exist or appear to exist, and set out the responsibilities of Councillors and Non-Council Committee members with respect to such conflicts. By-law No. 60, also speaks to conflict of interest, and is available on the CMRITO website, here. The conflict of interest provisions of By-law No. 60 can be found in subsection 11.</p>	

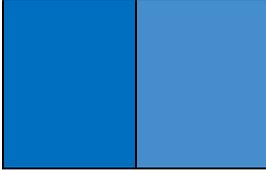
		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>	
			<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. <p>See narrative below.</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
			<p><i>Additional comments for clarification (if needed)</i></p> <p>2.1.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</p> <p>The meeting materials for Council include the public protection mandate of the College, and all the governance and policy obligations that Councillors always act and make decisions in the public interest. As part of the 2021 governance review, Council has considered enhancements to the briefing notes provided as part of the meeting material to include a mechanism to explicitly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions. These changes are currently being drafted.</p> <p>In addition, there are a number of policies and governance tools that support Councillors in ensuring the public interest is the primary focus of their decision making. For example:</p> <ul style="list-style-type: none"> • Policy 2.11 Roles and Responsibilities of the Council is included in each Council agenda package and the review of this policy is a standing item on the agenda at the start of each meeting. Policy 2.11 clearly sets out Council’s responsibility to act in the public interest and describes how this is accomplished. The duty and objects of a college as set out in RHPA are also attached to Policy 2.11. In this way, Council sets the public interest focus at the outset of each meeting. Policy 2.11 Roles and Responsibilities of the Council can be viewed here. • Council has also developed a governance tool, which is made available to them at meetings, setting out considerations for evaluating if a decision is in the public interest. CMRITO has added this governance tool to the information that is available on the website in 2021 and will include the tool in the Council meeting agenda package. This governance tool was reviewed and updated as part of the governance review in 2021 and can be viewed here. 		

		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please provide the year the formal approach was last reviewed. <p>The risk management framework was approved by Council in September 2016.</p> <p>Council Policy 0.1 – Policy Register and Review Policy also establishes a standardized policy review process for the review of Council policies. Policies are reviewed on a schedule that ranges from annually to at least every three years unless interim amendments are required.</p> <ul style="list-style-type: none"> 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>See narrative below.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<p><i>Additional comments for clarification (if needed)</i></p> <p>2.1.e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p>In 2021, the internal and external risks identified by the College were reviewed by the Executive Committee. By policy, the Executive Committee is responsible for oversight of risk management. Executive reports to Council any significant change in the risk level or risk mitigation strategies at each meeting of Council. Council receives information and a verbal report at each meeting from the Registrar & CEO respecting progress against the operational plan and any risks identified by the Executive Committee. The latest risk register and report from Executive is included in the Council meeting materials available on the College website at this link.</p> <p>To provide Council with the relevant information to assess the College’s progress, in 2021, the agenda for each meeting of Council included a standing agenda item under Operations, Reports and Plans that provides Council with:</p> <ul style="list-style-type: none"> the current Strategic Plan, the operational plan for the current year the quarterly CMRITO Scorecard report and Dashboard; and the risk register and a briefing note respecting any risks where a significant change in the risk level or risk mitigation strategies have been identified by the Executive Committee. <p>The Risk Management Framework which was approved by Council in September 2016 has four key elements:</p> <ol style="list-style-type: none"> Foundational element: The CMRITO Council Policy 2.14 – Risk Management which identifies Council’s commitment and expectations, and sets out the roles and responsibilities of the Council, the Executive Committee and Management relating to risk management 	



2. **Organizational management element:** Identifies the risk management context, systems, procedures and processes that are included in the Risk Register which is included in the Council agenda and can be viewed at this [link](#):
 - identifies adverse events or circumstances relevant to CMRITO objectives
 - assesses the likelihood and magnitude of the impact of any adverse events
 - identifies mitigation strategies
3. **Culture and capacity element:** Sets out approaches that enable CMRITO to develop and embed a risk management culture in the organization through defining the values, beliefs, knowledge, attitudes and understanding about risk, and tasking staff with the role of being the ‘eyes and ears’ of Council in identifying, assessing and responding to risks
4. **Governance Oversight:** Defines the Risk Register as the reporting mechanism to provide a snapshot of significant risks and the related risk management responses, to promote risk management accountability and to assist Council to discharge its oversight responsibility.

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:
	<ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Each Council meeting agenda package includes the draft Council minutes for the previous meeting. Agenda materials can be found at this link. 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. A process to post status updates on the implementation of Council decisions was reviewed as part of governance review that Council completed in 2021 and is under development.
	Partially
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
Choose an item.	
<p><i>Additional comments for clarification (optional)</i></p> <p>3.1.a. Council minutes (once approved) are clearly posted on the College’s website. and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p> <p>Currently, CMRITO posts the draft Council meeting minutes on the CMRITO website as part of the following Council meeting agenda package. The agenda packages are posted at least one week prior to a Council meeting. CMRITO is developing a section of the website to post the approved minutes to the website beside the meeting to which they relate.</p> <p>CMRITO uses a number of methods to provide an update or follow-up on decisions made by Council that requires implementation and operationalization by College staff. These methods include:</p> <ul style="list-style-type: none"> The minutes from each meeting include discrete action items where Council has given direction to staff to support decisions that were reached. As part of the review and approval of the minutes of the previous meeting, the Registrar & CEO provides a verbal update with respect to the status of all action items to Council at each meeting, which is open to the public. Council appreciates the verbal update and the opportunity to ask questions and engage in meaningful discussion on progress. Every year, Council approves an operational plan to identify the activities that are planned to achieve the goals of the Strategic Plan. The Registrar & CEO provides a verbal update on progress relative to the operational plan to Council at the meeting, and the documented operational plan is updated and included in the Council agenda package as a visual reference on progress that has been made in achieving the initiatives approved by Council. 	



- The third method that Council uses to assess progress against approved activities is the CMRITO Scorecard. The scorecard includes a number of measures that Council has determined are important to evaluate the effectiveness of the activities of CMRITO. Included in the CMRITO Scorecard, which is included in the Council agenda package materials, is an update on the progress against the goals that have been set out in the Strategic Plan.

		<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> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>No</p>	
		<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. <p>The Executive Committee meets regularly in between meetings of Council. In accordance with Council policy the main purpose of the Executive Committee is to provide leadership to Council and facilitate the effective functioning of Council by providing input to background materials and making policy recommendations. The Executive Committee also functions as the Patient Relations Committee, Staff Relations Committee, and Privacy Committee. The Executive Committee provides advice to the President on the development of Council agendas, as required. The College Council has delegated the oversight of risk identification and risk management to the Executive Committee. All matters discussed at Executive Committee meetings are brought forward for discussion and decision to Council.</p> <p>Section 12(1) of the Health Professions Procedural Code states: “Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee’s opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.” The CMRITO Executive Committee has limited the use of these powers to time sensitive issues, such as the appointment of new public members to the statutory committees in between meetings of Council so that the Committees can continue to discharge their legislative obligations.</p> <p>Reports from the Executive Committee on discussions and decisions when the Executive Committee discusses matters or materials that will be brought forward to Council are included as part of the agenda and materials for meetings of Council. In accordance with Council Policy 2.1, the Executive Committee is required to report its actions to Council on a timely basis.</p> <p>The role of the Executive Committee and the Terms of Reference of the Executive Committee were reviewed by Council as part of the 2021 governance review conducted by a third-party expert. It was determined to maintain the role of the Executive Committee as set out in the terms of reference and that no amendments were required. The terms of reference for the Executive Committee can be viewed here.</p>			
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>No</p>

Additional comments for clarification (optional)

3.1.b. Information about Executive Committee meetings is clearly posted on the College’s website

Reports from the Executive Committee to Council are included as part of the agenda and materials for meetings of Council and the CMRITO meeting calendar is also available as part of the Council agenda package. The calendar sets out the meeting schedule for Council and committees, including the Executive Committee. The Executive Committee meets on a regularly established schedule. The Executive Committee meets approximately 4 times per year, with each meeting of the Executive Committee occurring approximately one month before each regularly scheduled Council meeting.

This meeting schedule facilitates the Executive Committee providing leadership to Council and facilitating the effective functioning of Council in accordance with Council Policy 2.1, Terms of Reference for the Executive Committee. Policy 2.1 can be viewed at this [link](#).

In support of Council, the Executive Committee facilitates the effective functioning of Council by providing input to background materials and making policy recommendations.

While the Executive Committee has the authority to act as Council in between meetings of Council in accordance with the Health Professions Procedural Code (the Code), being Schedule 2 to the Regulated Health Professions Act, 1991, this is only done if absolutely necessary and any such decision would later be ratified by Council and would be made public in accordance with the CMRITO’s legislative obligations and commitment to transparency.

An example of this would be if the term of a publicly appointed Councillor ended in between regularly scheduled meetings of Council, and that publicly appointed Councillor left a vacancy on a statutory committee that needed to be filled by another publicly appointed Councillor so that the Committee could be properly constituted, quorum requirements could be met, and the Committee could continue its essential statutory work.

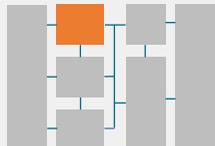
In accordance with the Code and Council Policy 2.1, the Executive Committee is required to report its actions to Council on a timely basis.

Any decisions made by Executive are made in accordance with policies approved by Council, and those decisions are reported to Council by Executive at the next regularly scheduled meeting of Council. An example of this would be the approval of educational programs in accordance with Council Policy 1.8, Procedures respecting the approval of accreditation of educational programs.

Measure		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ul style="list-style-type: none"> 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. <p>Past Council meeting materials can be accessed at this link. Council meeting materials are available on the website from January 2013 to the present.</p>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	
b. 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. <p>Discipline Hearings & Findings can be found under the "Public" tab, here.</p>	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	
		<p><i>Additional comments for clarification (optional)</i></p> <p>3.2. b. Notice of Discipline Hearings are posted at least one month in advance and materials are posted</p> <p>Yes, Notice of Discipline Hearings and relevant materials are posted at least one month in advance. Notice of Discipline Hearings are posted on the website as soon as they are served on the member. The public register is then update with the date of the hearing once it is set.</p> <p>There is an entire section of the CMRITO website designated to Discipline Hearings & Findings. The relevant pages can be found under the “Public” tab, here:</p> <p>If there are any scheduled Discipline Hearings, they are posted on the webpage with the registrant’s name, the allegations, as well as the date, time and location of the hearing. It is also confirmed on the webpage that hearings of the Discipline Committee are open to the public.</p> <p>A notation regarding the referral, along with a copy of the specified allegations, are also posted on the registrant’s public register profile in accordance with the requirements of the Health Professions Procedural Code (the Code), being Schedule 2 to the Regulated Health Professions Act, 1991.</p>			
		<p>Measure</p> <p>3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.</p>			
		<p>Required Evidence</p>	<p>College Response</p>		
		<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. <p>In 2021, the CMRITO Council completed its strategic planning activities for the organization’s 2022 – 2024 Strategic Plan. As part of this plan, DEI is included as part of the CMRITO’s vision and values, as well as the first of three strategic goals. With respect to this goal, Council will “actively monitor, evaluate and apply evolving regulatory practices to enhance public protection” by “reviewing [CMRITO’s] existing programs and practices to ensure they support equity, diversity and inclusion.”</p> <ul style="list-style-type: none"> • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. <p>DEI was discussed as part of strategic planning at the Council meeting in December 2021. A link to the agenda where DEI was discussed can be found here: The minutes from this meeting will be approved at the meeting of Council in March 2022 which can be found here. DEI initiatives that will be undertaken in 2022 include education for Council members, CMRITO staff and members of the College.</p>		Yes
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	
<p><i>Additional comments for clarification (optional)</i></p>					

		<p>b. 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:	Partially
			<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>See narrative below.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p> <p>3.3.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>While CMRITO has not conducted specific Equity Impact Assessments, the CMRITO considers the principles of the Ontario Human Rights Code as part of the development of all policies, programs, and processes to ensure compliance.</p> <p>The CMRITO is also developing an implementation guide and tool for CMRITO staff who prepare materials for Council’s review. This tool will include an equity impact assessment, among other things (such as a privacy impact assessment, a risk assessment, a regulatory impact assessment, and a consideration of whether right touch regulation is applicable to the policy or program being considered by Council).</p> <p>Information from these assessments will also be included in Council Briefing Notes so that Council members have the information they need to make informed decisions in the public interest.</p>	



Measure

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

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

Further clarification:

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

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to most recent approved budget.

[December 2021 Council meeting link](#)

- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

[See narrative below.](#)

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)

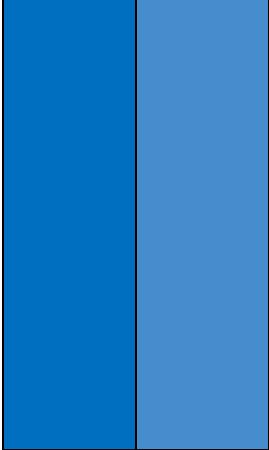
4.1. a The College’s strategic plan has been costed and resources have been allocated accordingly

Yes, the College has an annual operational plan developed from the five-year strategic plan that has been costed and resources have been allocated to achieve the plan.

The approved CMRTO Strategic Plan 2022 – 2024 is available on the CMRITO website and can be accessed at this [link](#).

The annual budgeting process for the CMRITO includes:

- The development of an operational plan to identify activities that will be undertaken to achieve the strategic and enabling goals, as set out in the approved Strategic Plan. A budget to support the work in the operational plan, including costing out the work and identifying the necessary resources, is developed.
- The draft operational plan and the proposed budget to support the operational plan is reviewed and scrutinized by the Finance and Audit Committee. The role of the Finance and Audit Committee of the College is to assist the Council in meeting its financial responsibilities. The Committee provides guidance to Council on financial matters as required. The roles and responsibilities of the Finance and Audit Committee can be found [here](#).
- A number of policies have been approved by Council to define the roles and responsibilities of the Finance and Audit Committee. Policy 4.2 Financial Plan, Annual Budget and Quarterly Financial Reporting sets out the required content of the College’s Financial Plan, its Annual Budget and quarterly financial reports. This Policy also sets out the process for their review by the Finance and Audit Committee and their subsequent review and approval by Council.



Policy 4.2 Financial Plan, Annual Budget and Quarterly Financial Reporting can be viewed [here](#).

- One of the responsibilities of the Finance and Audit Committee is to consider and make recommendations to Council on resource planning including the development of a three-year financial plan and an annual budget.
- The recommendations from the Finance and Audit Committee regarding the annual budget and the 3-year Financial Plan are considered by Council at their meeting in December of each year. The link to the 2021 December Council meeting material where the recommendations for the 2022 Budget and 2022 – 2024 Financial Plan from the Finance and Audit Committee were provided to Council for their consideration, can be seen [here](#).
- The Council highlights from the December 2021 meeting where the 2022 budget was approved to support the work set out in the 2022 Operational plan, as approved by Council, can be viewed [here](#).

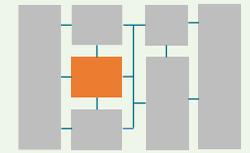
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. Policy 4.12 Reserves Policy can be viewed here. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. Policy 4.12, Reserves Policy was last updated September 16, 2021, and will next be reviewed in March 2024, as part of the standardized three-year review schedule. • Has the financial reserve policy been validated by a financial auditor? Yes 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p> <p>4.1.b. The College 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 possesses the level of reserve set out in its “financial reserve policy”.</p> <p>Yes, the College 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. The policy also sets out the criteria for using the reserves and responsibility for the Finance and Audit Committee to determine if the CMRITO possesses the level of reserve set out in its “financial reserve policy”.</p> <p>The CMRITO Council established a Finance and Audit Committee. The role of the Finance and Audit Committee of the College is to assist the Council in meeting its financial responsibilities. The Finance and Audit Committee provides guidance to Council on financial matters as required. One of the responsibilities of the Finance and Audit Committee to consider and make recommendations to the Council on major policies governing financial, budgetary and investment matters including the appropriate level of unrestricted net assets balance to be maintained at year end. Several policies have been approved by Council to define the roles and responsibilities of the Finance and Audit Committee.</p> <p>Policy 4.12 Reserves Policy sets out the processes and guidelines relating to establishing and using a reserve fund to fund the future financial needs of the College, both planned and unplanned. The Finance and Audit Committee provides oversight of the methodology used in establishing and maintaining the reserves in accordance with the guidelines, processes and criteria set out in this Policy.</p> <p>The Finance and Audit Committee at the beginning of each fiscal year recommends to Council the amount of the reserves that can be used to fund the needs of the College within the guidelines. The guidelines include the criteria that the reserves can be used for, which includes funding of unforeseen expenditures arising from the operations of the College and the funding of special projects approved by Council from time to time.</p> <p>Policy 4.12 can be viewed here and the terms of reference for the Finance and Audit Committee can be viewed here.</p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>CMRITO December 9, 2021, Council Agenda.</p> <p>The staffing complement is assessed every year or as required based on work volumes tracked in the quarterly operational reports. Any adjustments to the staffing complement are identified by the Registrar & CEO and approved by Council as part of the annual budgeting approval process.</p> <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><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>4.1.c.i. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future</p> <p>Yes, Council is accountable for the success and sustainability of the CMRITO. Council ensures that the CMRITO the organization has the workforce it needs to be successful now and, in the future.</p> <p>Council has identified that the organization success of the CMRITO’s work hinges on ensuring sufficient organizational capacity to have a well aligned and high performing organization to meet our statutory obligations and deliver on the mission, vision and strategic plan. One of the enabling goals identified in the strategic plan is to ensure sufficient organizational capacity. Council therefore ensures that the CMRITO has the necessary financial resources, people, and facilities to do the work of regulation through the budget planning and approval processes.</p> <p>The organizational chart is provided to Council at the December meeting as part of the planning activities for upcoming year. Most recently this was included in the December 2021 Agenda for the Council meeting as part of Agenda Item 6.b.2. Should an operational need arise between budgeting cycles, such as an increase in volumes for example that requires additional staffing to address the increased workload, the need would be identified, costed and a recommended adjustment prepared for Council by the Registrar & CEO regarding the approved budget amount for human resources in order to meet the strategic goals or operational plan.</p>	

		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>See narrative below.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>4.1.c. ii. Council regularly reviews and updates the College’s data and technology plan to adapt its use of technology to improve College processes in order to meet its mandate</p> <p>The CMRITO has a well-developed data and technology plan with an integrated College register that supports the key program areas of registration, professional conduct, and quality assurance. The system includes both a data management component for member and applicant processes and a component for document management capabilities. The CMRITO transitioned to an electronic, cloud-based solution to support all program areas several years ago. The CMRITO Council has invested considerable resources to ensure that the CMRITO platform is up to date, secure and provides the necessary technology to support online applications, the public register of members, member management processes and program specific functions.</p> <p>The College maintains a comprehensive information security program that integrates policies for information security with procedures to maintain the integrity and availability of records and information and information processing facilities. This program also includes information technology specific procedures to support the policy requirements and an online operational manual that establishes standards and guidelines for College staff related to operationalizing some of the policy requirements.</p> <p>In addition to these policies and programs the CMRITO has integrated industry best practices for the security of the IT systems used by the College. These systems are monitored for intrusion and CMRITO follows best practice for system access and has implemented several controls including appropriate authentication for access. CMRITO staff are required to complete cyber security awareness training and third-party IT supports provide the necessary technical assistance to ensure that changes in technology and security of CMRITO systems are monitored and maintained by system experts who also complete quarterly and annual security audits.</p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry 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>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> <ul style="list-style-type: none"> The Ministry of Health has been working with many system partners throughout the pandemic. The College, as one of those system partners, has attended the weekly teleconference updates regarding the COVID-19 pandemic. As the Directives and Orders from the Provincial Medical Officer of Health have been released, the College has communicated the information relevant to the clinical practice of medical radiation and imaging technologists. The College also developed and has regularly updated the COVID-19 resource page on our website (https://www.cmrito.org/static-resources/covid-19/) to provide this essential information to the public and MRITs and align practice expectations. The College has continued to work closely with the national certification examination providers for students who completed their approved educational

programs during the COVID-19 pandemic. The Canadian Association of Medical Radiation Technologists (CAMRT) (<https://www.camrt.ca/>) sets and administers the national certification examination for medical radiation technologists in the specialties of radiography, nuclear medicine, radiation therapy and magnetic resonance, and Sonography Canada (<https://sonographycanada.ca/>) sets and administers the national certification examination for diagnostic medical sonographers. The College has approved these examinations as its approved examination for registration with CMRITO. Agreements are in place with both organizations for access to the national certification examinations. The College has met with both providers to ensure access to certification examination for graduates of approved educational programs during COVID-19 and has provided support and guidance to the organizations. Using remote proctoring, both organizations have improved the quality of access to the certification examinations.

- The CMRITO has worked with the educational institutions delivering the approved educational programs and the national certification organizations to ensure that new graduates have been able to meet the requirements for successful completion of the approved educational programs and have continued access to the approved examinations during the COVID-19 pandemic. This has ensured that there was no decrease in new graduates entering the workforce during the pandemic to provide skilled and competent services to the patients of Ontario.
- The CMRITO also engages with the approved educational programs as system partners to align oversight of the practice of the profession by being an advisory member of the Program Advisory Councils for some of the educational programs. As an example, the Deputy Registrar is a member of the program advisory council for the Michener Institute for Education at UHN and Fanshawe College. The CMRITO is able to support health workforce planning and program capacity, and through the engagement of employers and industry vendors on these councils, and is able to remain abreast of employment, industry and environmental changes that may impact the practice of medical radiation and imaging technologists. These relationships with system partners support and strengthen the alignment of practice expectations and quality improvement across all parts of the health system.
- The College is an active collaborator with the other health regulatory colleges in Ontario through HPRO (<https://www.regulatedhealthprofessions.on.ca/>) and continues to provide leadership to this important group. The College's Registrar & CEO is a past President of HPRO's predecessor and is appointed to HPRO's Management (Executive) Committee. The College's General Counsel Chairs HPRO's Discipline Orientation Committee which has led the development and delivery of the training on How to Conduct Hearings for Discipline and Fitness to Practise Committee members.

Other College Directors and Managers participate in a number of HPRO regulatory groups such as the deputy registrars, corporate services, professional practice advisors, communications, quality assurance and registration groups. These groups collaborate to develop common principles, guidelines, and tools to support Colleges in meeting their mandate and to advance the regulation of health professionals in the public interest.

The College has also collaborated with the other health regulatory colleges in HPRO in the HPRO CPMF Network regarding the completion of the CPMF report to identify opportunities for improvement and to support and strengthen the alignment of processes, and quality improvement initiatives.

- The College is a founding member of the Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (AMRITRC) (<http://www.amritrc.ca/>). This group of regulators is responsible, in each of their respective jurisdictions, for ensuring safe, quality, professional, competent diagnostic imaging and radiation therapy services. These MRIT regulators defined practice, competence, conduct, ethical and professional standards and also endorse professional development, and encourage and promote excellence in patient care. The College works with other members of the Alliance regarding the automatic recognition of MRITs and provides support and advice to newly regulated jurisdictions.

The CMRITO provides leadership to this national group of regulators by providing administrative support and resources as required. The CMRITO Registrar & CEO is the President of this national alliance and has been for a number of years. The ongoing collaboration with this group strengthens the execution of each regulator's oversight mandate in their respective jurisdictions and aligns national policy development and practice expectations.

- The College continues to support and provide leadership to Accreditation Canada (<https://accreditation.ca/>) in the accreditation of medical radiation and imaging technology educational programs through the EQual Canada Program. Accreditation of the educational programs is an important part of the College meeting its public protection mandate as it is the mechanism by which the College approves the educational programs for entry to practice in the profession. The accreditation of educational programs is an important quality process that supports health education programs preparing graduates to deliver safe and effective care at entry to practice.

The CMRITO Registrar & CEO is the Chair of the Program Council, and the Deputy Registrar is a member of the Allied Health Technical Standards Committee. The CMRITO also provides representation on the Accreditation Decision Committee.

- In 2021, the CMRITO has seen an increase in the number of private career colleges offering new programs in medical radiation and imaging technology, in the specialty of diagnostic medical sonography. The CMRITO has been collaborating with both Accreditation Canada and various ministry groups regarding the accreditation of these programs. In addition to this work, the CMRITO has been working with Accreditation Canada in the development of an innovative accelerated program to provide education and training in magnetic resonance imaging to increase the number of qualified health professionals available to provide these vital services to patients and address the lengthy waiting list of patients caused by service disruptions during the pandemic.
- The College is an active member of Ontario Regulators for Access Consortium (<https://regulatorsforaccess.ca/>). The Consortium exists to engage profession-based regulators/organizations in the development and implementation of proactive/collaborative approaches that facilitate the integration of qualified professionals, both internationally and domestically educated, into self-regulated professions in Ontario while recognizing individual legislative mandates. The collaboration with this group provides opportunities to support and strengthen the alignment of processes, and quality improvement initiatives.
- The College is a member of the Advisory Group for Regulatory Excellence (AGRE). The goal of the AGRE group is to identify opportunities and make policy recommendations that will strengthen public confidence in self-regulation. This is done through research, debate and policy development. The audiences are the public, government and other regulators who share an interest in regulation in the public interest. The collaboration with these system partners strengthens the execution of CMRITO's oversight mandate and aligns policy and quality improvement initiatives.
- The CMRITO continues to engage with the Ministry of Health's Independent Health Facilities program (IHFP) regarding issues that arise from IHF inspections. The two organizations have collaborated on a number of issues over the year, including mandatory reporting requirements. The CMRITO has shared information with the IHFP as directed by the Registrar, and as permitted by s. 36, in order to support the administration of the IHF Act and the IHFP has shared information with CMRITO as it relates to the conduct of registrants for the same purpose. The IHFP has also supported information sharing with the IHFs regarding [CMRITO expectations for members](#) about recommended changes to radiation shielding practices. The ongoing information sharing and engagement with this group has resulted in improved communications to stakeholders regarding common expectations in workplace settings.
- In 2021, the CMRITO collaborated with the Ontario Association of Medical Radiation Sciences and the Ontario Association of Radiology Managers in developing and submitting a joint submission for the consultation on proposed changes to the Healing Arts Radiation Protection Act. This collaboration with

key system partners defined recommended changes to legislation to strengthen public safety and improve quality across a key service area of the health system.

It is evident from the examples above that the CMRITO actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Standard 6: The College maintains cooperative and collaborative relationships 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.

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

Yes, the CMRITO maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations. The College regularly interacts with a range of stakeholders and organizations to monitor, influence and respond to changes in the system, including monitoring to identify changing public expectations. Maintaining cooperative and collaborative relationships to ensure responsiveness to changing public expectations is one of the strategic directions approved by Council.

- In 2021, the College has continued to focus on responding to changing public expectations through the regulation of MRITs. The College responds to complaints from patients regarding their experience with the diagnostic and therapeutic examinations and procedures performed by our members. The College has developed and continues to build collaborative relationships with several important organizations and services to ensure it is able to respond to individual complainants and public expectations.
- An important public protection response that has a direct positive impact on the complainants and inquiries from the public that demonstrates how the College responds to public/societal expectations is the ongoing work of our Complaints intake staff. One of the customer service values of the CMRITO is when members of the public call with concerns about the service they received, that they are able to speak directly with a member of the professional conduct team. Frequently the concerns that are raised are outside the jurisdiction of the CMRITO as the issue is not related to one of the registered members of the College. In these cases, the practice of the professional conduct team is to provide meaningful referrals to other entities so that members of the public can know where to go to address their complaint. Callers are encouraged to contact us again if they are not successful in reaching the appropriate contact. These calls are a rich source of trending information. Together with inquiries, complaints and reports data, this information is analyzed to identify trends and emerging areas of risk, in order to direct resources and initiatives to ensure responsiveness to changing public expectations.

- An example of a cooperative and collaborative relationship where the College participates in information exchange with system partners is the Independent Health Facilities inspections branch. This branch of the Ministry regularly shares information with the CMRITO regarding concerns identified during inspections about CMRITO members and shares notices from the CMRITO, with the licensees of the independent health facilities to align oversight of the practice of the profession. An example of this was a message sent on June 1, 2021, regarding gonadal and fetal shielding for patients which can be viewed [here](#).
- A significant change in societal and public expectations in 2020/2021 was for organizations to consider opportunities to advance diversity, equity and inclusion. The CMRITO Council recognized the importance of this initiative and determined to include consideration of this important topic in its strategic planning activities in 2021. The Council also determined to include additional members of the public, other than those that are appointed by the government to the CMRITO Council, to assist with strategic planning. The CMRITO Council at their meeting in December 2021 approved a new strategic plan for 2022 – 2024.
- Council considered how best to embed the principles of equity, diversity and inclusion in all the future work of the College. To achieve this end, the CMRITO Council developed a new vision for the CMRITO to be “an effective and collaborative regulator committed to transparency, equity, diversity and inclusion.” In addition to developing a new vision for the organization, Council also reviewed and updated the organizational values which shape the organizational culture and are demonstrated in our decision-making and actions. The new values are:
 - Integrity
 - Equity, diversity and inclusion
 - Trustworthiness
 - Transparency
 - Professionalism
 - Respect

Finally, Council also developed three new goals for the organization, one of which is focused on monitoring, evaluating and applying evolving regulatory practices to enhance public protection. Council has identified an initiative to review our existing programs and practices to ensure that they support equity, diversity and inclusion to support this goal. The CMRITO has always ensured that the regulatory practices of the College are in compliance with the Human Rights Code and has provided training for committees and staff by Raj Anand, former Chief Commissioner of the Ontario Human Rights Commission. CMRITO has ensured that Council and College policies are in compliance with the Human Rights Code. Over the next three years, as part of its strategic initiative, CMRITO will be reviewing existing programs and practices to ensure they support EDI.

The CMRITO is waiting for its new registration regulation that provides increased flexibility for the College registration processes, to be passed. The new registration regulation makes all the registration requirements, with the exception of completing the approved examinations, exemptible requirements. This regulatory change will provide additional flexibility under the registration regulation for the Registration Committee to consider opportunities to be more equitable and inclusive when considering applications for registration.

- The College is one of the founding partners of the Citizens Advisory group. This group helps to elevate the patient voice and perspective in healthcare regulation in Ontario. The group is composed of patients and caregivers who provide essential feedback on topics such as professional rules, standards of practice, policies, strategic priorities and communications directed at the public. Their voice helps to shape health regulators' work in protecting the public interest. The College reviews the research and reviews conducted by the Citizens Advisory Group on a regular basis and incorporates learning into improving its patient communications and the information on the CMRITO website.
- Other collaborative relationships the College leverages on an ongoing basis to ensure it is responding to changing public expectations include:
 - HPRO: for participation in the public communication website and outreach group, coordination and leading the discipline orientation workshops, collaboration in the consent and capacity working group, and the CPMF Network working group
 - AGRE: to strengthen the execution of CMRITO's oversight mandate and align policy governance and quality improvement initiatives.
 - ORAC: for information sharing and to support and strengthen the alignment of processes, and quality improvement initiatives.
 - Educational programs: to provide regular presentations to students in approved educational programs on the standards of practice, the role of the College and public protection, and communicating with patients. The relationships that are fostered with the educational programs as system partners supports and strengthens the alignment of practice expectations and promotes quality improvement across all parts of the health system.
 - MOH: by attending the COVID update meetings and sharing relevant information from the Chief Medical Officer with members, the College ensures that it remains up to date on evolving changes and expectations and is active in updating members with regards to the same.
 - Office of the Fairness Commissioner (OFC): through ongoing monitoring and engagement in initiatives undertaken by the OFC, the CMRITO ensures that College registration practices continue to be assessed and monitored to ensure they are aligned with changing and evolving regulatory practices.
 - AMRITRC: through ongoing national collaboration on regulatory matters, the CMRITO is able to align College practices and processes to respond to changes at a national level and to ensure there are no barriers to labour mobility.
 - National Network. Through ongoing support and participation at the national network for medical radiation and imaging technology organizations, which includes the members of the AMRITRC and other national and provincial associations (Canadian Association of Medical Radiation Technologists (CAMRT), Ontario Association of Medical Radiation Sciences (OAMRS) and Sonography Canada: By maintaining cooperative and collaborative relationships with these organizations the CMRITO is able identify changes in practice environments and patient care initiatives to appropriately respond to changing public expectations.
- The College has a number of ongoing outreach initiatives to obtain feedback on changing public expectations that affect the practice of MRITs, and to ensure that our standards of practice and practice guidelines are current for the safe practice of the profession and changing public expectations. Many of these outreach initiatives have been placed on hold in 2020/2021 in compliance with health directives as a result of the pandemic. Prior to the pandemic however, the initiatives included conducting Registrar's in person workshops across the province, hosting a booth at national and local conferences and attending meetings of medical radiation and imaging technologists (MRIT)s and managers of MRITs.

How does the College leverage those relationships to ensure it can respond to changing public expectations?

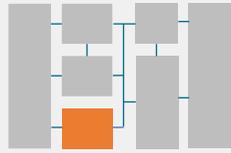
The CMRITO maintains positive relationships to ensure we can respond to changing public expectations through participating in regular connection meetings among senior staff from organizations. The CMRITO regularly provides presentations and other educational supports and when possible, maintains a booth presence at association conferences.

The CMRITO regularly hosts national meetings of the regulators and provides administrative support as necessary to support the collaboration of various groups. The CMRITO also provides system leadership and advice when sitting on advisory program councils for educational programs as well as supporting the education of medical radiation and imaging technology students by providing presentations to students.

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

In this reporting period the CMRITO has continued to monitor changing public expectations and assesses how these expectations may shape College policies or programs. In this regard the College has:

- Continued to expand services to meet the public expectation to be able to submit complaints online. The CMRITO has increased the options for the public and members to be able to communicate online through secure channels and has continued to reduce the physical mail to the public. Where however mail is identified as the preferred communication method for a member of the public, this service has been maintained.
- In 2021, the CMRITO saw increased demand and volumes in two program areas: the complaints and reports program area and the registration program area. The CMRITO reviewed the organizational capacity needs to address these increased volumes and Council approved an increase in the staff budget to address the increased workload. The CMRITO has therefore expanded the CMRITO staff by four additional persons to address the increase in complaints from patients and the public and applications for registration.
- Based on the analysis of data and trending, the CMRITO identified a need to provide additional support and education for members regarding some high-risk procedures performed by members. The CMRITO accordingly developed and released two webinars related to relationships with patients and performing transvaginal procedures on patients. These topics were identified as areas of high risk in the practice of MRITs. These webinars explain the legislative and regulatory framework related to performing medical radiation and imaging technology procedures and the importance of effective communication with patients.
- In 2021, the CMRITO has continued to update the COVID-19 section of the website with information from the Ministry of Health that was specific to the practice and practice settings of MRITs.



Measure

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

The College fulfills this requirement:

Yes

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

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)

7.a.i. The CMRITO uses policies and processes to govern the disclosure of and requests for information.

The CMRITO follows the disclosure provisions set out in section 36 of the Regulated Health Professions Act, regarding the disclosure of personal information or other confidential information to other organizations or agencies. The CMRITO is not subject to the federal Personal Information Protection and Electronic Documents Act or the provincial Personal Health Information Protection Act. The College has voluntarily adopted a Privacy Code to provide a voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College’s activities while still enabling the College to meet its statutory mandate under the legislation. The privacy code is set out in Policy 10.4 and can be viewed at this [link](#).

Section 36 of the Regulated Health Professions Act, 1991: The College discloses personal information only as permitted by section 36 of the RHPA or as required by law. For example, the College is required under the Code to maintain a register containing information about its members. In accordance with section 36(1) the CMRITO discloses information in several circumstances. The CMRITO has developed processes for the Registrar to review all requests for disclosure under the relevant sections of the legislation of the Regulated Health Professions Act, 1991. For example: under subsection 36(1)(c) relevant regulatory information about a member is shared with other MRIT regulators in Canada; under subsection 36(1)(d) the CMRITO shares information as required for the “...administration of the ... Independent Health Facilities Act” with the Ministry of Health Independent Health Facilities Program; and under subsection 36(1)(e) the College shares information with police officers to aid an investigation. Under subsection 36(1)(g) the Registrar may disclose the fact of a complaint if the Registrar is of the opinion that it is in the public interest to disclose.

While fulfilling its mandate, the College may collect, use and disclose personal information regarding applicants for membership, members, persons holding themselves out as members, members’ patients, persons who may have received services from a person holding themselves out as a member and persons employed, retained, elected or appointed for the purpose of the administration and enforcement of the legislation. The College’s collection, use and disclosure of personal information while carrying out its regulatory activities is done for the purpose of regulating the profession in the public interest.

The Code requires the College to post the information designated as public on the College’s website and to provide access to designated information to a person who requests it. Another example of permissible disclosure of personal information is that hearings of the Discipline Committee are required, subject to certain exceptions, to be open to the public. Evidence at a hearing of the Discipline Committee may include personal information regarding the member of the College who is the subject of the allegation of professional misconduct or incompetence, as well as personal information regarding the member’s patients related to the allegations of professional misconduct or incompetence.

Registration: The CMRITO Registration Committee has developed Policy 10.5 that sets out the requirements under the legislation for the Registrar to provide an applicant, at their request, a copy of each document that the College has that is relevant to their application for registration. The policy can be viewed at this link. This policy reflects the requirements for the disclosure of an applicant file in the Code.

The six MRT/MRIT regulatory authorities that form part of the Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (AMRITRC) have agreed to use a standard certificate where a certificate of registration in the home jurisdiction is equivalent to the certificate of registration being applied for in the receiving jurisdiction. The purpose of the Certificate from the Out-of-Province MRT/MRIT Regulatory Authority is to support each jurisdiction’s obligations under Chapter Seven of the CFTA to attest to an individual being qualified to practice the profession of medical radiation technology or medical radiation and imaging technology. The Certificate is completed by the home jurisdiction and is provided to the receiving jurisdiction as confirmation of a members’ “certification in good standing” for workers who hold present registration in a regulated jurisdiction.

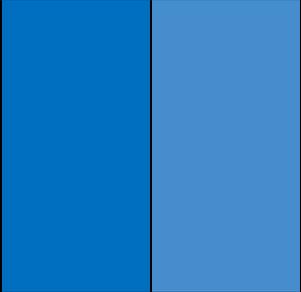
Registration Committee Policy 9.0 sets out that on receiving notice that an applicant requires a hearing or review of a decision of the Registration Committee, the CMRTO staff, on behalf of the Registration Committee, will provide the Health Professions Appeal and Review Board (the Board) with a copy of the order, the reasons for the order and copies of all the documents and things on which the registration decision was based within 15 days of receiving the notice.

Similar to the process identified above for disclosure of the application documents for an appeal of a decision of a panel of the Registration Committee, a complainant or the member who is the subject of the complaint may request the Board to review a decision of a panel of the Inquiries, Complaints and Reports Committee. If the Board is requested to review a decision, the Registrar is required to give the Board, within fifteen days after the Board’s request, a record of the investigation and the documents and things upon which the decision was based.

[The privacy code](#) under Principle 8: Openness provides that the College’s privacy and information management policies and procedures are available to the public and its members are available on the College’s website and by request. Inquiries may be directed to the Registrar & CEO.

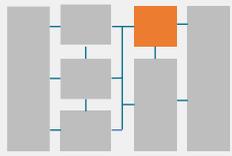
Under Principle 9: Individual Access, where the College holds a record of personal information about an individual, upon written request, the College shall allow access to the record to that individual, unless providing access could reasonably be expected to interfere with the administration or enforcement of the legislation or it is impracticable or impossible for the College to retrieve the record.

By-law No. 60: Access to information for audit processes. By-law No. 60 in Section 18 sets out provisions for the auditors appointed by Council to complete the annual audit to have the right of access to all records, documents, books, accounts and vouchers of the College at all times and are entitled to require from Councillors and officers of the College such information and explanation as in their opinion are necessary to enable them to report on the financial position of the College and the results of its operations for the period under review.



While the College's response to a request for disclosure will typically be provided at no cost or minimal cost to the individual, depending on the nature of the request and the amount of information involved, the College reserves the right to impose a cost recovery fee. In these circumstances, the College will inform the individual of the approximate cost to provide the response and proceed upon payment by the individual of the cost. The College will make reasonable efforts to respond to the request within 30 days and to assist the individual in understanding the information. Individuals are required to send their written requests for access, with contact information and sufficient information about themselves to identify them, to the Registrar & CEO. If the College refuses to provide access to a record of personal information it holds, then the College will provide reasons for denying access. The individual may then choose to file a complaint with the Registrar.

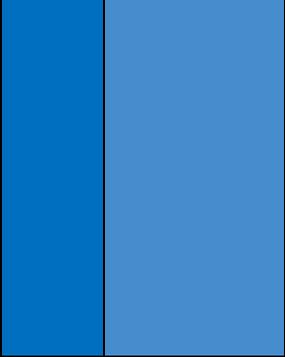
		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>See narrative below.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>7.1.a.ii & iii. The College uses cybersecurity measures to protect against unauthorized disclosure of information; and uses policies, practices and processes to address accidental or unauthorized disclosure of information</p> <p>The CMRITO has integrated industry best practices for the security of the IT systems used by the College. These systems are monitored for intrusion and CMRITO follows best practice for system access and has implemented several controls including appropriate authentication for access. CMRITO staff are required to complete cyber security awareness training and assessment (provided by Canadian Internet Registration Authority -CIRA) and third-party IT supports provide the necessary technical assistance to ensure that changes in technology and security of CMRITO systems are monitored and maintained by system experts.</p> <p>The CMRITO Risk Register and risk management program includes an identified risk regarding the security and integrity of CMRITO information technology systems. The control procedures and monitoring activities undertaken by the College to manage and mitigate this risk include:</p> <ul style="list-style-type: none"> Maintaining robust computer systems, firewalls, and update path Cloud based storage with backup in multiple locations Maintaining cyber insurance Implementing two factor authentication for users Monitoring the systems and reviewing reports from Microsoft regarding cyberattack attempts Having a privacy breach plan in place Implementing cyber security management detection and response which audits infrastructure enumerations, privileged access and activities, insider threats and ransomware/malware Maintaining a managed detection and response (MDR) platform with a team of human threat hunters <p>The CMRITO Council has set in place a Privacy Code that is outlined in Policy 10.4, Privacy Code. The policy can be viewed at this link. Schedule 2 of the Policy defines the process to followed for an accidental or unauthorized disclosure of information. The process includes:</p> <ul style="list-style-type: none"> Containment of the breach Evaluation of the risks associated with the breach Notification of relevant parties Reporting on the management of the incident Prevention and education 	



DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Measure	
8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
Required Evidence	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.	<p>The College fulfills this requirement:</p> <p>Yes met in 2020, continues to meet in 2021</p> <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><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>8.1. 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.</p> <p>Yes, the CMRITO 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.</p> <p>The CMRITO’s Standards of Practice, which are approved by Council, apply equally to all five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance, and diagnostic medical sonography. When the College commenced regulating magnetic resonance as a fourth specialty in 2004 and diagnostic medical sonography as a fifth specialty in 2020, the Standards of Practice were updated to include these specialties. The Standards of Practice were also reviewed and revised when the scope of practice statement and the controlled acts authorized to the profession were amended in 2018.</p> <p>Medical radiation and imaging technologists practice in complex, highly regulated practice environments such as hospitals and independent health facilities (IHF), which are subject to their own legislative requirements. As such, the CMRITO Standards of Practice are intended to be generic, acknowledging that the method for implementing a certain task may be determined by facility and/or departmental policies and procedures. In this way, the CMRITO Standards of Practice remain current despite changes in practice environments.</p> <p>The CMRITO has developed a series of publications called “What you must know about ...” or “WYMKA.” These publications, which are available on the CMRITO website, explain the legal requirements regarding the practice of medical radiation and imaging technology in plain language, and also provide detailed practice guidelines to assist registrants in providing safe, effective and ethical care to their patients. WYMKAs are updated as required, and new WYMKAs are developed as needed to ensure they remain current and relevant to the practice of the profession. The need for new WYMKA documents is identified by the College’s various program areas (such as Professional Conduct and Quality Assurance) through data monitoring and trend identification, as well as CMRITO’s Practice</p>



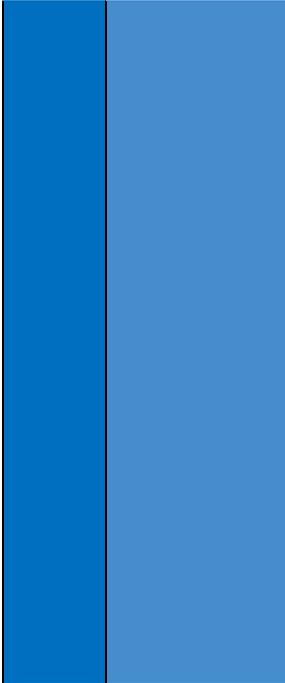
Advisors who monitor practice questions to identify emerging issues.

While WYMKAs are prepared by College staff, Council and Committee members provide input and lend their expertise to the development process. Depending on the topic, other stakeholders are also consulted. For example, the [WYMKA ... communicating with patients](#) was developed in consultation with a patient and their family who had lived the experience of receiving diagnostic services. The patient engagement in this initiative provided a unique perspective that significantly improved the final guideline.

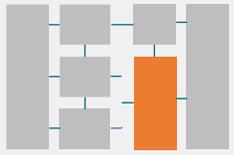
In addition to WYMKAs, CMRITO produces webinars and videos that can be viewed at this [link](#). These webinars have been developed as an alternate learning medium to engage with registrants in a more interactive manner to clarify practice expectations and requirements. In 2021, the CMRITO implemented a new section in its quarterly newsletter publication “Insights” titled “That’s a good question!” where emerging issues are discussed.

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. <p>https://www.cmrito.org/programs/consultations/</p> <p>See narrative below</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>8.1.b. Provide information on how the College considers evidence and data, risk, current practice environment, alignment with other regulatory colleges, public expectations and stakeholder views and feedback when it develops or amends policies, standards and practice guidelines:</p> <p>When changes or revisions to substantive standards, by-laws or practice guidelines are required, the College engages in research to ensure that the latest evidence, data and pertinent changes in the current practice environment are considered.</p> <p>In addition to considering the above variables, stakeholder engagement using a variety of engagement strategies is also undertaken. The College has developed a dedicated consultation page on our website to facilitate gathering input and feedback from registrants, other regulatory colleges, and the public. The CMRITO uses a variety of tools as appropriate to engage with stakeholders. An example of where the CMRITO has recently engaged with stakeholders regarding the Standards of Practice was when the College circulated a survey to all medical radiation technologists, diagnostic medical sonographers, other health professionals and members of the public to get feedback regarding the revisions that were proposed to the Standards of Practice to identify any significant changes in practice. This consultation provided Council with information regarding changes in the practice environment, provided an opportunity for other health regulatory Colleges to provide input to ensure alignment with other College’s practice matters, and provided a mechanism to include other stakeholder views and feedback. In 2018, the CMRITO conducted another consultation for changes that were proposed to By-law No. 60 and in 2019 the CMRITO consulted on proposed changes to the registration regulation.</p> <p>In 2021, the CMRITO Council completed strategic planning activities to develop the Strategic plan for the organization for 2022 – 2024. Part of those activities included completing an environmental scan to assess the status of regulatory environments, consider public expectations and changes in practice environments. Council has considered changing societal expectations and has identified two strategic goals in the plan for the next three years, where CMRITO will review our existing programs and practices to ensure that they support equity, diversity and inclusion, and develop educational strategies to support registrant compliance with the standards and guidelines.</p>	

	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. <p>As mentioned in the response above, the CMRITO Council has identified a strategic goal focused on reviewing our existing programs and practices to ensure that they support equity, diversity and inclusion. The work to support this goal has been identified in the Operational Plan for 2022. These activities include a comprehensive review and update of all the existing College guidelines (a series of publications called "What you must know about..." or "WYMKA"). In addition, the CMRITO will expand its legislation learning package (which forms part of the jurisprudence course), to add a module about human rights legislation. The jurisprudence course was created to provide registrants and applicants the necessary background and understanding of the complex laws, ethics, regulations, and standards of practice that each registrant must meet.</p> <p>In addition, DEI is also specifically referenced in CMRITO's vision and values for the 2022 – 2024 Strategic Plan.</p> <ul style="list-style-type: none"> Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>The CMRTO Standards of Practice, Code of Ethics and Communication Guidelines provide an effective framework for MRITs to provide respectful, caring and effective communication with patients and their families. MRITs are required perform their duties responsibly and in a manner that reflects the profession's commitment to respect the personal dignity of every individual who finds themselves in the care of MRITs.</p> <p>The CMRITO Code of Ethics includes expectations that require registrants to respect diversity, ensure equity and engage in inclusionary practices in the practice to ensure ethical outcomes for all patients. The Standards of Practice of the CMRITO requires registrants to comply with the Code of Ethics. The Code of Ethics can be viewed at this link.</p> <p>Ethical principle # 2 - Responsibility to patients – requires that registrants treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or type of illness. Registrants are required to support the rights of all patients and respect the dignity, privacy and autonomy of their patients and provide individualized, comprehensive and safe treatment during examinations or therapy sessions, taking into account the patient's particular physical and emotional needs, values and cultural background.</p> <p>The CMRITO Standards of Practice also includes expectations that require registrants to include these principles in their practice. The Standards of Practice can be viewed at this link.</p> <ul style="list-style-type: none"> Standard # 5 – Relationships with patients sets out the expectation that registrants must treat all patients with dignity and respect and in accordance with the Code of Ethics of the College. Indicator g. in this section requires registrants to make modifications to procedures based on each patient's physical, medical and/or emotional status and needs. Standard # 6 – Professional relationships extends the expectation that all registrants are expected to maintain professional relationships with others in the healthcare team based on mutual trust and respect. Standard # 8 –Continuing competence requires registrants to respond to changes in practice environments, advances in technology and the changing health care environment and apply the necessary knowledge, skills and judgement to ensure safe, effective and ethical outcomes for the patient. 	



<p>The CMRITO guidelines for registrants “What you must know about ...communicating with patients” includes direction for members that supports the application of these principles in practice: The WYMKA can be viewed at this link.</p> <ul style="list-style-type: none">• Registrants are focused on providing patient and family centred care in their health service delivery that is focused on the needs and wishes of patients and their families by listening to and honouring patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care• Registrants communicate and share complete and unbiased information with patients and families in ways that are affirming and useful and patients and their families are encouraged and supported in participating in care and decision-making at the level they choose.• Registrants do not focus solely on the task of performing the procedure or treatment, but also place the individual patient at the centre of the process by caring for their emotional needs as well as providing physical care.• Registrants encourage patients and their families to collaborate and participate in the diagnostic or therapeutic procedure, as appropriate, to help them retain autonomy and control.• Registrants consider factors that are barriers to effective communication in their practice including negative stereotyping of patients and a lack of understanding of their unique needs or situation, or the nature of any disability or making assumptions about or judging people, their family or their abilities	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>	

		Measure 9.1 Applicants meet all College requirements before they are able to practice.		
		Required Evidence	College Response	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	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 .	The College fulfills this requirement: <table border="1" data-bbox="2091 435 2575 483"> <tr> <td>Yes met in 2020, continues to meet in 2021</td> </tr> </table> <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. See narrative below • 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.). See narrative below 	Yes met in 2020, continues to meet in 2021
		Yes met in 2020, continues to meet in 2021		

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.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>9.1.a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)</p> <p>Yes, processes and checks are in place to ensure that only those applicants who meet the registration requirements receive a certificate of registration.</p> <p>Applicants must successfully complete a medical radiation and imaging technology program in the specialty which meets one of the following criteria:</p> <ul style="list-style-type: none"> • offered in Ontario and listed in the registration regulation or offered in Ontario and approved by the College Council as equivalent to a listed Ontario program (approved programs in Ontario) • offered outside Ontario and approved by the College Council as equivalent to a listed Ontario program (approved programs in Canada but outside Ontario) • offered outside Ontario and considered by the Registration Committee to be substantially similar, but not equivalent, to an approved Ontario program (programs offered outside Canada) <p>Acceptable proof of program completion includes a copy of an original degree, diploma or certificate (if available), and a copy of transcript of marks, or direct confirmation from the program director in the College’s acceptable format.</p> <p>Prior to 2020, all international applicants were required to submit original or notarized copies of their documents for validation and authentication. Any documents which are not in English or French must be accompanied by an official translation into English. The translation must be an official translation and a notarized copy of the original document was required to be attached. Since 2019, the College has expanded the use of credential evaluation reports that applicants had already completed through credentialing agencies such as WES, ICAS or the Medical Council of Canada for the authentication and validation of documents from programs where applicants have completed their education.</p> <p>Since 2020, the CMRITO has amended the practice of obtaining hardcopies of original or notarized documents from applicants. As the secure document management website is able to accept files in a variety of formats, applicants were requested to scan the original documents or those that were notarized and upload them. Applicants are also able to take images of their original documents and upload them to the secure site. Registration staff then validate the documents. Should any concerns be identified with documents, the applicants are requested to provide credential evaluation reports in addition to providing the scanned documents or images of the originals.</p> <p>Where applicants have not already completed credential evaluation reports, they are still provided with options such as providing notarized copies of their documents or meeting with CMRITO staff virtually to view the original documents. The College accepts several alternatives where the original or official documents are not available, including providing personal declarations, sworn statements and references from former colleagues or supervisors. In addition to this, during the application process applicants must sign several declarations and authorize the CMRITO to contact any authority, institution, association, body or person in any jurisdiction to verify the statements in their application and the related documents.</p>	

The approved educational programs in Canada undergo an accreditation process through the Health Standards Organization (HSO) EQual Program through Accreditation Canada to achieve accreditation of their program. Graduates of accredited programs in Ontario, which are approved by the CMRITO Council as programs for the purposes of registration in Ontario, are eligible for registration once they demonstrate that they have successfully completed one of the approved programs and one of the approved competency-based certification examinations. Through the accreditation process the CMRITO ensures that students from the approved programs have received the necessary education and training to provide safe and ethical services to patients in Ontario.

Applicants must also successfully complete either the examination set by the Canadian Association of Medical Radiation Technologists (CAMRT) for the specialties of radiography, nuclear medicine, magnetic resonance or radiation therapy, or the examination(s) set by Sonography Canada for the specialty of diagnostic medical sonography. These are the examinations approved by the CMRITO Council. These competency-based examinations ensure candidates have acquired the necessary competencies as defined the national competency profiles to provide safe care to patients. These competency-based examinations are based on a national competency profile. The national competency profiles are developed by the certification bodies and reflect the required competencies for practice in Canada. The competency profiles are reviewed and approved by the CMRITO Council and are the basis of the accreditation process and the national certification examinations.

The Registration regulation requires that all applicants complete a course in jurisprudence prior to registration to understand of the complex laws, regulations, and standards of practice that each member must meet to practice safely in Ontario.

The CMRITO has developed a series of application guides to provide applicants with guidance on how to navigate the online application process and to provide direction on the requirements for registration and the required documentation that must be provided by applicants. The CMRITO website has a series of pages that are set up to provide applicants with information on the registration requirements and the documentation that is required for applicants to demonstrate that they meet the requirements for registration.

For international applicants, the College has developed a career map that provides step-by-step instructions on the application process, the evaluation process, the registration requirements, and sets out what documentation is required to support an application for registration. The Career Map for Internationally Educated Medical Radiation Technologists can be found [here](#).

The CMRITO has developed an application guide for each category of applicant applying for a certificate of registration, which includes information about the registration requirements and the information or documentation that applicants must provide to demonstrate they meet the requirements:

- [graduates of approved Ontario educational programs in medical radiation and imaging technology](#)
- [graduates of accredited educational programs in medical radiation and imaging technology in one of the other provinces in Canada and who have not become registered in a jurisdiction or applicants who have been engaged in the practice of the profession in an unregulated jurisdiction \(non-labour mobility\)](#)
- [applicants who are currently registered in another regulated jurisdiction in Canada \(labour mobility\)](#)
- [applicants who have completed a program in medical radiation and imaging technology outside of Canada.](#)

As the application process is now an online application process, applicants are required to upload copies of their documents to a secure document management system. The CMRITO registration staff review all documentation that has been provided by applicants for completeness and authenticity. These staff members are provided with orientation and training in processing applications and reviewing the documentation that is provided for authenticity. The College has developed specific standardized business processes for reviewing different types of applications. When an application is received, the registration team follows the relevant process to ensure that the provided documentation is validated and demonstrates that the registration requirements have been met.

The members of the Registration Committee have also received training from WES on how to detect fraudulent documents, and any documents that raise concerns will be sent to a credentialing agency such as WES or ICAS for validation of the program and confirmation of the graduation of the applicant from that program.

In addition to the above, there are several other operational processes that are used to ensure that the documentation provided by applicants meets the registration requirements. CMRITO obtains confirmation directly from Program Directors for Ontario graduates of approved programs who apply for a certificate of registration. The Program Director confirms that a student has successfully completed their program in medical radiation and imaging technology and attests that their validation is evidence of each applicant's successful completion of one of the approved programs in medical radiation and imaging technology.

Where an applicant has provided information relating to their recent practice, if there are any concerns or questions, the CMRITO will contact the supervisor who has completed the certificate of competence to validate the information that has been provided.

As described above all applicants for registration with the CMRITO are required to complete one of the approved examinations in the specialty for which they are applying. The CMRITO has an agreement with the certification examination providers and the results from each examination sitting are sent directly to the CMRITO. In this way the College can validate the examination results that are provided by the applicant to support their application for registration.

Medical radiation and imaging technologists who are currently registered by a regulatory authority in a province other than Ontario and to whom Canadian labour mobility provisions may be applicable do not need to provide proof of program completion or proof of passing the approved examinations. They are however required to provide a certificate from the out-of-province regulatory authority of every jurisdiction where they currently hold an out-of-province certificate of registration. This certificate must establish, to the satisfaction of the CMRITO, that they are in good standing in that jurisdiction. When an application is received from an applicant who is currently registered in another regulated jurisdiction, the CMRITO receives an out of province certificate directly from the other provincial regulator.

The CMRITO is a member of the Alliance of Medical Radiation and Imaging Technologists of Canada (AMRITRC). The AMRITRC is a group of provincial regulators, who collaborate regarding the regulation of medical radiation and imaging technologist to enhance safe, competent, and ethical care for Canadians. The six MRIT regulatory authorities in the AMRITRC have agreed to use a standard out of province certificate for MRITs who hold a current registration in another regulated jurisdiction. The certificate includes information on:

- Name of worker
- Registration status
- Type of certificate of registration including the specialty(ies) in which they are registered
- Any protected title the worker is entitled to use
- Any terms, conditions or limitations on the certificate of registration
- Good character information such as
 - current referrals to the Discipline Process/Committee
 - past findings of professional misconduct
 - any other information relating to the worker's competency, conduct or character

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. <p>See narrative below.</p> <ul style="list-style-type: none"> • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>November 2019 as part of the review of the Registration Regulation when the name of the profession was changed in the legislation and the College started to register diagnostic medical sonographers and receive applications from internationally educated diagnostic medical sonographers.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>9.1.b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices</p> <p>Yes, the College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices.</p> <p>The review of registration criteria is an ongoing process. As part of the annual reporting to the Office of the Fairness Commissioner of Ontario (OFC) the entire registration process is reviewed annually to evaluate if the registration processes and practices are fair, impartial, transparent and objective. A link to the last review completed for the OFC can be found here.</p> <p>The College has completed a number of directed evaluations of specific registration criteria in the past including:</p> <ul style="list-style-type: none"> • Conducting an independent analysis of the necessity and relevance of the requirements for practical training and/or work experience, including any practicum, mentorship, internship or residency requirements • Completing a comprehensive research project to determine the required cut scores on a number of language fluency tests to determine the occupational communicative competencies required for safe practice in medical radiation and imaging technology and to determine the minimum required scores for applicants on selected language fluency tests. The project resulted in additional language fluency tests being approved for use by applicants and through active collaboration with other regulators of medical radiation and imaging technologists in Canada and the national association for medical radiation technologists (CAMRT), standardization was achieved across Canada on the tests and scores that are approved for assessment of language fluency. • Participating in a project with the national association of medical radiation technologists (CAMRT) and other regulators of medical radiation technologists to standardize the process for evaluation of the competence of applicants who apply for registration in jurisdictions across Canada. • In 2021, the Registration Committee of the CMRITO conducted an internal review of the assessment process for evaluating the education and training completed by applicants to streamline and update the assessment of programs to ensure substantial similarity to an approved educational program in Ontario. The Registration Committee considered the principles of right touch regulation in its review and is updating its PLAR assessment tools to ensure it continues to recognize both formal and experiential learning completed by applicants. The identification of refinements to processes and assessment 	

tools, and the updating of information for applicants is currently under development.

The CMRITO is a member of the Alliance of Medical Radiation and Imaging Technologists of Canada (AMRITRC). The AMRITRC is a group of provincial regulators, who collaborate regarding the regulation of medical radiation and imaging technologist to enhance safe, competent, and ethical care for Canadians.

The six MRIT regulatory authorities in the AMRITRC have aligned registration processes to reflect best practices across Canada, to facilitate the free movement of medical radiation and imaging technologists under the labor mobility provisions of the Canadian Free Trade Agreement (CFTA). This group continually collaborates to ensure that criteria and processes that are used for registration reflect best practices.

The CMRITO, as part of our ongoing continuous quality improvement activities, monitors changes in practices and processes within the larger regulatory industry. The CMRITO supports College staff and Council and committee members to attend conferences and seminars, related to the regulation of health professionals, to keep abreast of changes. to network and to collaborate to identify best practices. The CMRITO monitors and reviews the Exemplary Practices Database Office of the Fairness Commissioner (OFC) to identify commendable registration practices that are listed in the database.

The College maintains membership with several organizations to garner knowledge about changes in best registration practices. This includes membership in organizations such as:

- Ontario Regulators for Access to Care (ORAC) registration working group
- Council on Licensure, Enforcement and Regulation (CLEAR)
- The Canadian Network of Agencies of Regulation (CNAR)
- Health Professions Regulators of Ontario (HPRO)

On January 1, 2020, the Medical Radiation and Imaging Technology Act, 2017 (the MRITA) came into force. The MRITA changed the name of the CMRTO to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) and changed the name of the profession to the profession of medical radiation and imaging technology. In preparation for this change, the CMRITO Council conducted an extensive review of the existing registration regulation with respect to best practices in regulation and circulated proposed changes to the regulation to members and stakeholders for comment. Following a review of the comments, Council in 2020 approved the new Registration Regulation to be made under the MRITA.

The proposed Registration Regulation refers to the new name of the profession and streamlines the regulation so that it reflects the consistency of the registration requirements for all five specialties that are regulated by the CMRITO – radiography, radiation therapy, nuclear medicine, magnetic resonance, and diagnostic medical sonography.

It expands the information applicants and members must provide regarding their past and present conduct, consistent with amendments made to the Health Professions Procedural Code. The new regulation is consistent with the government's policy of transparency and requires applicants and members to provide information regarding conduct matters, if any, related to their practice of a non-health profession, both in Ontario and in other jurisdictions. The new registration regulation also makes all registration requirements exemptible requirements with the exception of the requirement for an applicant to complete the examinations approved by Council. This change will provide the Registration Committee with additional flexibility when assessing how applicants can meet the registration requirements and be approved for registration. The new Registration Regulation is waiting for final approval by government to come into force.

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. <p>It is a condition of a specialty certificate of registration that, within every five-year period after issuance of the certificate a registrant must engage in competent practice as a medical radiation and imaging technologist in at least one of the specialties in which they hold a certificate of registration. The CMRITO monitors that registrants meet the currency and other competency requirements annually, through self declaration at the time of the annual renewal of their registration. Registrants who have resigned from the CMRITO who wish to reinstate their certificate of registration must meet the registration requirements.</p> <ul style="list-style-type: none"> • If a registrant is reinstating after resignation within the last two years the registrant must certify that they are competent to perform procedures in their specialty of registration and that they have engaged in competent practice within the two years preceding the date of the application. • If it is more than two years since a registrant resigned or the registrant was suspended for failure to pay fees, they are required to complete a Certificate Respecting Clinical Practice for each specialty in which they wish to reinstate and must have their last or current direct clinical supervisor sign the Validation of Clinical Supervisor section of the Certificate Respecting Clinical Practice to confirm that the registrant has competently performed the listed procedures within the last five years. A direct clinical supervisor must be someone who has supervised their practice daily – including medical radiation and imaging technologists practising in the same specialty, patient care managers, radiologists, cardiologists or radiation oncologists. • If it has been over five years since the registrant last practised as a medical radiation and imaging technologist in any jurisdiction, they are required to complete a retraining program as determined by the Registration Committee before they are eligible for reinstatement. <ul style="list-style-type: none"> • Please briefly describe how the College identified currency and competency requirements. <p>The practice of medical radiation and imaging technology is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures. Registrants are authorized to perform the following authorized acts in the course of engaging in the practice of medical radiation and imaging technology, subject to the terms, conditions and limitations imposed on their certificate of registration:</p> <ol style="list-style-type: none"> 1. Administering substances by injection or inhalation. 2. Tracheal suctioning of a tracheostomy. 3. Administering contrast media, or putting an instrument, hand or finger, <ul style="list-style-type: none"> • Beyond the opening of the urethra, • Beyond the labia majora, • Beyond the anal verge, or • Into an artificial opening of the body. 4. Performing a procedure on tissue below the dermis. 	

5. Applying a prescribed form of energy.

The [Standards of Practice](#) describe the expectations for competent and professional practice of members of the College.

Approved educational programs in medical radiation and imaging technology include a substantial component of the program allocated to clinical training. MRTs and DMSs, like other professionals, need not only acquire a base of scientific knowledge but must also be able to judge when that knowledge is applicable to a particular practical situation or problem and must have the skill to apply the knowledge in the solution of the problem. Through this clinical training, graduates of approved program acquire the necessary competencies to performance a variety of procedures or treatments related to the specialty, and practise safely and in accordance with the Standards of Practice of the CMRITO. Registrants who are graduates of approved programs have demonstrated the entry to practice competencies as defined in the competency profiles of the profession.

The Registration Committee, when reviewing applications for registration from internationally educated applicants considers the following factors to determine whether an applicant has provided satisfactory evidence of meeting the currency and competence to practice requirements:

- Whether the list of procedures that an applicant has performed are similar to those performed by medical radiation and imaging technologists in the same specialty in Ontario;
- whether an applicant's direct clinical supervisor has confirmed that they have performed and is competent to perform the procedures listed;
- whether an applicant has performed the procedures listed within five years immediately prior to the date of their application for registration with the College; and
- whether an applicant has demonstrated a knowledge of the laws governing the practise of MRITs in Ontario.

The CMRITO assesses the competence to practise of a resigned member who seeks reinstatement using a certificate respecting clinical practice form, which provides a detailed list of procedures typically performed in the specialty. Members must list in detail all the types of procedures they have performed during their most recent or current employment. To confirm that they are competent to perform those procedures, the direct clinical supervisor in their most recent or current place of employment must validate their competence to practice and confirm that the registrant has engaged in competent practice within the last five years.

Registrants of the CMRITO continue to develop their competence through work experience in medical radiation and imaging technology and at the annual renewal of registration each year, registrants are required to attest to their competence to practice and confirm their participation in the College's Quality Assurance Program.

- Please provide the date when currency and competency requirements were last reviewed and updated.

November 2019 as part of the review of the Registration Regulation when the name of the profession was changed in the legislation.

- 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.

The CMRITO monitors that registrants meet currency and other competency requirements annually through self declaration at the time of the annual renewal of their registration, with individual follow up as necessary. Please see narrative below for more 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)

9.2.a. A risk-based approach is used to ensure that currency and other competency requirements are monitored and regularly validated

Yes, the CMRITO uses a risk-based approach to ensure that registrants continuously demonstrate that they are competent to practise safely and ethically. Under the Regulated Health Professions Act, all CMRITO registrants are required to renew their registration each year to be legally authorized to practise the profession of medical radiation and imaging technology in Ontario.

It is a condition on every registrant’s certificate of registration that they must be educated and experienced in every area in which they practice. CMRITO registrants are authorized to practise in more than one specialty provided they have the knowledge, skills and judgement to practice competently and safely and in accordance with the Standards of Practice of the CMRITO. It is a condition of a specialty certificate of registration that, within every five-year period after issuance of the certificate a registrant must engage in competent practice as a medical radiation and imaging technologist in at least one of the specialties in which they hold a certificate of registration.

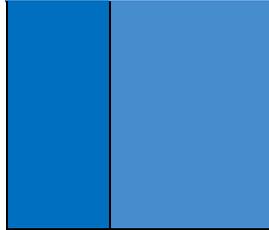
There are several additional conditions of registration that a registrant attests to at the time of annual renewal of their certificate of registration. Registrants attest that they meet the following conditions during the renewal process.

The conditions of registration include:

- Registrants must provide the College with details of any of the following that relates to them
 - A finding of guilt for any offence, including any criminal offence and any offence related to the regulation of the practice of the profession. Offences relate to findings of guilt made by a court that are typically punishable by a fine or jail term.
 - A finding of professional misconduct, incompetency or incapacity, in Ontario in relation to another health profession or in another jurisdiction in relation to the profession or another health profession
 - If they are the subject of an investigation or a proceeding involving an allegation of professional misconduct, incompetency or incapacity, in Ontario in relation to another profession or in another jurisdiction in relation to the profession or another health profession
- Registrants must maintain professional liability insurance or protection against professional liability in accordance with the requirements set out in the by-laws of the College if they are engaging in the practice of medical radiation and imaging technology.

Registrants also attest to a number of declarations at renewal to confirm compliance with ongoing requirements such as:

- Confirming participation in the College's Quality Assurance Program each year and an attestation that they understand the requirements of the Quality Assurance Program and are in compliance with the requirements of the program
- Acknowledge agreement to comply with all requirements under the legislation and the Standards of Practice
- Acknowledgement to only use the appropriate protected titles in their practice
- Agreement to pay the annual renewal fees and update personal information as required by the bylaws
- Acknowledgement of an understanding that information that is designated as public information in the bylaws will be posted on the public register of members
- Acknowledgement that the CMRITO uses personal information provided by a member for regulatory purposes and as described in the CMRITO Privacy Code



The CMRITO renewal process for members is completed online through the Member & Applicant portal (MAP). The questions related to the declarations that members are required to make are monitored for unexpected responses. An unexpected response to any of the declarations raises a flag in the system and an email is sent to registration staff to review the renewal for that registrant. Processes are in place to flag the registrant's member file for follow-up by the professional conduct or quality assurance teams, depending on the flag that has been triggered in the system. Staff then contact the member directly for further information related to the response and appropriate action as required through other College processes. For example, if a registrant identifies that they have had a finding of guilt for an offence, the professional conduct team will be notified and will contact the registrant to obtain further information.

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).	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 most recent assessment report by the OFC OR please provide a summary of outcome assessment report. The Fair Registration Practices Report – 2020 The Office of the Fairness Commissioner’s Compliance Category Letter according CMRITO a Full Compliance status for 2021. Risk Informed Compliance Framework Forward Looking Risk Questionnaire - 2021 Where an action plan was issued, is it: No Action Plan Issued 		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		
<p>9.3.a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p> <p>The CMRITO had no recommendations or actions for improvement from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p> <p>The CMRITO filed a Fair Registration Practices Report with the Office of the Fairness Commissioner (OFC) on April 30, 2021, regarding registration practices for 2020.</p> <p>The CMRITO also filed a response to the OFC Risk Informed Compliance Framework Forward Looking Risk Questionnaire for 2021 on December 10, 2021.</p> <p>The CMRITO was notified on August 24, 2021, that the OFC had determined that the College of Medical Radiation and Imaging Technologists of Ontario be assigned a “full compliance” provisional rating under the new OFC Risk-informed Compliance Framework (RICF). This means that the CMRITO has successfully implemented any compliance recommendations that the OFC may have issued, additional recommendations were not identified, and other criteria have been met.</p> <p>All these reports and filings can be viewed at this link.</p>			

Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
Required Evidence	College Response	
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <p>Yes met in 2020, continues to meet in 2021</p>	
	<ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Regulation of almost 4,000 new registrants–Diagnostic Medical Sonographers Duration of period that support was provided Started in 2019 and is ongoing Activities undertaken to support registrants See descriptions below % of registrants reached/participated by each activity Numbers of registrants reached was tracked in the quarterly scorecard in 2021 which is available as part of the Council materials Evaluation conducted on effectiveness of support provided The CMRITO Council monitors the uptake and use of resources that are developed and used by members in the balanced scorecard which is available as part of the Council materials and is reported on quarterly. –The QA Committee monitors compliance with the QA Program requirements for self-assessment based on the CMRITO’s standards of practice Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>10.1.a. Provide an example of how the College has assisted registrants in the uptake of a new or amended standard:</p> <p>Commencing on January 1, 2018, the College began registering members in a fifth specialty, diagnostic medical sonography, and on January 1, 2020, registration with the CMRITO was mandatory for all diagnostic medical sonographers practising in Ontario. Almost 4,000 new registrants were registered in this specialty by January 2020. These new registrants are new to regulation and the obligations and accountabilities of self-regulated professionals in Ontario. For these new registrants, a variety of tools were employed to disseminate the information necessary to support successful implementation of the updated standards of practice and practice guidelines to ensure safe, competent care by registrants. In addition to supporting the education of this cohort of new registrants, existing registrants in the other four specialties still require information to support expectations for practice.</p>	

The resources available to assist registrants in applying the standards of practice or practice guidelines to their practice include:

- **Practice advisory service:** The CMRITO provides one on one consultation services for registrants who have questions or require assistance with practice related matters. Registrants are able to call and connect with a practice advisor, send an email to the dedicated practiceadvice@cmrito.org mailbox or use the [contact us](#) feature on the website to submit questions and requests for advice around the legislated requirements and standards of practice for MRITs.
- **Website and Social Media:** The CMRITO website also has a dedicated page for [professional practice](#) that includes links to important practice documents and other resources. In addition to the professional practice page, in response to changes in the practice environment due to the pandemic, in 2020 and 2021 the CMRITO developed a dedicated webpage with links to [COVID resources](#). To alert registrants to changes on the website and to advise them about important information, CMRITO has made extensive use of social media platforms including Facebook, LinkedIn and Twitter.
- **Newsletter:** The CMRITO has a digital newsletter, “Insights” that is produced at least three times per year to update registrants about the activities of the College, provide important updates on changes and provide other pertinent information. A new feature in the newsletter “That’s a good question!” addresses specific topics that have been identified as topics that require further clarification for registrants. Copies of Insights can be found [here](#).
- **What You Must Know About.... (WYMKA):** The CMRITO guideline publications ‘What you must know about ...’, or ‘WYMKA’ explain the legal requirements regarding the practice of medical radiation and imaging technology in plain language. These publications also provide detailed practice guidelines to assist members in providing excellent care to their patients, such as those found in ‘What you must know about ... communicating with patients’. The CMRITO has developed a series of WYMKA’s for a number of topics which can be found [here](#).
- **Webinars:** The CMRITO recognizes that everyone learns in different ways and that having resources in media, other than written documents is important to address these different learning needs. To that end, the CMRITO has developed several webinars and videos to provide registrants with an alternative method of support and to promote understanding of requirements and guidelines. The CMRITO website has a page where this material is available to registrants which can be accessed [here](#). The most recent webinars were recorded to provide guidance for registrants to perform one of the authorized acts and how the Standards of Practice applies to them.
- **Annual Quality Assurance Program:** Each year, every registrant is required to complete a self-assessment based on the CMRITO’s standards of practice, including the Practice Standards and the Indicators related to each Practice Standard. Using an online self-assessment tool within their QA ePortfolio, registrants are required to assess their individual practice against a minimum of two of the eight Practice Standards and the Indicators related to that Practice Standard. A registrant may identify opportunities to enhance their knowledge of a particular Practice Standard and Indicators through this annual self-assessment and reflection process.
- **Jurisprudence Course:** All applicants, and registrants who are reinstating their membership, are required to complete an online jurisprudence course and quiz that is available on the CMRITO website [here](#). Registrants have access to the jurisprudence course and quiz through their online QA ePortfolio. The course consists of eight learning modules and completion of the course can be used by registrants as part of their continuing education. The jurisprudence course provides an overview of relevant regulations and laws.
- **In person workshops and townhalls:** The CMRITO has always valued face to face interactions with registrants to update them on important changes. The Registrar & CEO has conducted a number of in-person, province wide workshops and presentations for registrants over the past 10 years. These presentations have provided a vehicle to interact with registrants and provide a forum for addressing questions about important upcoming changes. The regulation of

		<p>diagnostic medical sonographers and the changes to the scope of practice statement and controlled acts would be examples of the focus of the latest presentations. In 2020, the Deputy Registrar had planned a series of day long interactive workshops based on the standards of practice. One workshop was conducted in Toronto before the pandemic began. These workshops have been migrated to a webinar format to be delivered in an online format in 2021. The first of the series, developed around the Practice Standard – Relationships with patients, was well received by registrants with a record number of attendees. Work will continue in 2022 to develop the webinars for the rest of this series of presentations focused on the Standards of Practice.</p> <ul style="list-style-type: none"> • Conference Booth: Prior to the pandemic, the CMRITO attended conferences related to the profession and set up a booth that was staffed by the professional staff and Council members. The booth provided a mechanism to interact with registrants attending the conference to address questions and provide registrant support. Attendance at the conference also enable professional staff to remain current regarding practice and industry changes. <p>Since the pandemic the CMRITO has continued to maintain a presence at conferences by participating in virtual presentations, hosting a virtual booth and participating in panel discussions.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 10</p>	<p>Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation4.</p>	
		<p>Required Evidence</p>	<p>College Response</p>
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. <p>Information on the QA Program and the assessment methods can be found on the website at this link.</p> <p>The resources available to registrants can be viewed by clicking on these links</p> <p>Quality Assurance Program 2020</p> <p>Quality Assurance Multi-Source Feedback Assessment Handbook 2019</p> <p>Quality Assurance Individual Practice Assessment Framework and Guidelines, 2021</p> <p>The College randomly selects a percentage of registrants in each of the five specialties to undergo a QA assessment each year. These assessments include an assessment of the registrant’s QA ePortfolio, or a Peer and Practice Assessment using a Multi-Source Feedback (MSF) System that includes a self, peer and co-worker, and patient assessment that is based on the College’s Standards of Practice. The MSF assessments have been suspended for 2020 and 2021 as a result of the pandemic, to be in compliance with infection control recommendations.</p> <p>The Council approves the percentage of members that are randomly selected for an assessment each year, based on the recommendations of the QA Committee, which may include a targeted assessment or prioritization of areas of focus. Council has approved approximately 20% of the registrants to undergo a QA assessment for the past few years, which effectively means that each registrant is required to undergo a random assessment at least once every five years. Registrants are also required to complete several declarations regarding their participation in the QA Program each year at the time of their annual renewal of registration. Where registrants have attested that they have not complied with the requirements of the QA Program, further follow-up and</p>

assessment is triggered through this process.

- Is the process taken above for identifying priority areas codified in a policy: Yes

If yes, please insert link to policy:

The requirements for the QA Program are set out in the [Quality Assurance Regulation](#) (Ontario Regulation 375/12) made under the Medical Radiation and Imaging Technology Act, 2017

In accordance with the requirements of the QA Regulation, Council has developed the following policies respecting the selection of members for participation in the QA Program annually.

- [Policy 7.1 Quality Assurance Portfolio Percentage of Members](#)
- [Policy 7.2 Peer and Practice Assessment by MSF or by an Assessor Percentage of Members](#)
- [Policy 7.3 Random selection without replacement](#)
- [Policy 9.2 Members who resign or reinstate during a QA assessment cycle](#)

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)

10.2

The College has processes and policies in place to effectively administer the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation

Yes, the College has processes and policies in place to administer the assessment component(s) of the QA Program in a manner that is aligned with right touch regulation. The Quality Assurance Committee (QAC) has adopted the principles of right touch regulation in the administration of the QA Program for the CMRITO. The QAC has completed training on right touch regulation. A link to the presentation can be found [here](#). The right touch methodology that the QAC employs when evaluating QA assessments completed by registrants, includes a thorough assessment of any identified issue before solutions are developed. The QAC is committed to being agile in proposing solutions, after considering the level of risk to the public and ensuring the response is proportional to the issue.

10.2. 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;

A right touch regulatory approach is used in multiple levels of the program administration and forms the basis of the principles the QAC uses to complete assessments of the QA activities undertaken by registrants. The QA Program has been developed to include escalating levels of assessment to provide targeted and agile options to the QAC as they fulfill their responsibility to administer the program.

All registrants of CMRITO are required to complete a QA ePortfolio each year that includes a self-assessment based on the standards of practice of the College, complete a QA profile to describe the registrant's practice and maintain a record of the continuing education and professional development activities they have completed in that year. The record of the activities includes a reflection component where registrants must identify how the activity contributed to their learning

and how that learning improved the quality of their practice.

A percentage of registrants are randomly selected each year, or are individually selected by the QAC, to have their QA records (QA Portfolio) assessed. QA assessors appointed by the QAC review the portfolios to ensure they are in compliance with the requirements of the program and will identify any areas of concern.

A second element of the QA Program where a registrant's area of practice is assessed is through a peer and practice assessment by means of a Multi-Source Feedback (MSF) assessment. Registrants are randomly selected for assessment or are individually selected by the QAC. The assessment is based on the [Standards of Practice](#) and includes a self, peer and patient assessment of a registrant's practice. The MSF assessment provides a registrant and the QAC with feedback as a formative or developmental evaluation regarding the registrant's performance in the practice setting; as a diagnostic tool to evaluate competence to improve the quality of a registrant's practice; and lastly as a screening tool to identify areas of practice that require reflection, further assessment, continuing education or remediation.

Any areas of concern that are identified through the assessment of the QA ePortfolios and MSF assessments are brought to the QAC for evaluation and determination of next steps. The escalation processes that the QAC could employ are documented in flowcharts that enable the QAC to employ a structured, consistent, proportionate approach to reach a decision and supports accountability for their decisions. Where the QAC has concerns with a registrant's practice a further Individual Practice Assessment (IPA) by means of an assessor can be implemented. The IPA is a diagnostic tool that is implemented when the screening tools identify areas where further assessment is required in relation to a registrant's practice. The QAC may also determine to require a registrant to complete a SCERP with a follow-up from a mentor to check for understanding and to determine if further remediation or education is required.

Policies

- [Policy 9.4 - Quality Assurance \(QA\) Portfolio Assessment](#)
- [Policy 9.5 - Quality Assurance \(QA\) Portfolio Assessments – Fail to submit](#)
- [Policy 9.6 - Quality Assurance \(QA\) Portfolio Assessment – Fail to meet criteria](#)
- [Policy 9.7 - Peer and Practice Assessment - Multi-Source Feedback \(MSF\) Assessment: Criteria for members to participate](#)
- [Policy 9.8 - Peer and Practice Assessment - Multi-Source Feedback \(MSF\) Assessment: Criteria for successful completion](#)
- [Policy 9.9 – Peer and Practice Assessment – Multi-Source Feedback \(MSF\) Assessment: Fail to Submit](#)

In addition to these policies the QA Committee has developed the following processes to support the above policies.

Processes

- Flowchart and Guidelines: QAP – require the member to complete a QA Portfolio
- Flowchart and Guidelines: QAP – member failed to submit
- Flowchart and Guidelines: QAP – member failed to meet criteria
- Flowcharts and Guidelines MSF assessment
- Flowchart and Guidelines: MSF Assessment – assessment criteria
- Flowchart and Guidelines: MSF Assessment – failed to submit
- Flowchart and Guidelines: QAP –require member to complete a SCERP

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>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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. <p>Right Touch Regulation 2019 – Presentation to the Quality Assurance Committee</p> <p>Principles of ‘right touch’ regulation are found throughout the QA Program in that only when registrants demonstrate concerns in areas that may be considered high risk to the public, are further actions are taken by the QA Committee. If registrants are believed to be high risk in a certain standard of practice area:</p> <ul style="list-style-type: none"> an Individual Practice Assessment can be ordered, or the registrant could be required to complete a SCERP, or the registrant may be required to attend a mentored education session, or the registrant could be referred to the ICR committee if there is concern of incapacity or incompetence. <ul style="list-style-type: none"> Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2015 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <i>Public</i> Choose an item. <i>Employers</i> Choose an item. <i>Registrants</i> Choose an item. <i>other stakeholders</i> Choose an item. <p>The right touch approach was implemented in 2015. As part of their ongoing continuous quality improvement activities, the QA Committee regularly evaluates their policies and procedures to determine whether they are appropriate, require revisions, or if new direction or changes are required. CQI changes to the policies and guidelines would be made based on new evidence and data, changes in the practice environment and for alignment with best practices regarding the right touch approach.</p>	<p>Yes met in 2020, continues to meet in 2021</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>	

Additional comments for clarification (optional)

- ii. **The College has processes and policies in place outlining details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and**

The College's process to determine which registrants will undergo an assessment activity begins with a random selection of registrants who are selected for assessment of their participation in the program each year. Registrants are selected to undergo an assessment of either their QA portfolios or an assessment of their practice, based on the [Standards of Practice](#), by an MSF assessment. The CMRITO Council at the December 2019 meeting approved the random selection of 15% of registrants to submit their 2020 QA ePortfolios for assessment in 2021. At these levels of monitoring, it is anticipated that the entire registrant pool will be selected for assessment at least once in a five-year period.

The QAC and Council monitors the practice environment and uses evidence to inform decisions around which assessment activities registrants will undergo. As an example, in 2020 the Ontario government declared a provincial state of emergency due to the COVID-19 pandemic. In March 2020, the QA Committee met and reviewed the challenges members were facing with increased infection prevention protocols, increased work in some areas, reduced patient appointments and service closures in others. The QAC reviewed the issues that members would face participating in an MSF assessment under these conditions. Since the MSF patient surveys are paper-based, members would be facing added challenges in distributing and gathering paper information from patients while maintaining the required COVID-19 protocols. As a result, in 2020, the QA Committee put forth a recommendation to Council to cancel the MSF assessments for the year 2020, and to delay sending out the QA ePortfolio assessment notices until later in the year. In 2021, in light of the ongoing pandemic, the QAC again recommended to Council to cancel the MSF assessments for the year 2021.

The QAC has developed criteria for the assessment of the QA portfolios and participation in the MSF program which uses an evidence informed approach to determine which registrants will undergo an assessment activity. Based on the evidence provided by registrants regarding their practice, adjustments can be made for those who don't meet the criteria to still undergo assessment. For example, where a registrant is not engaged in frontline patient care, if they are selected for participation in the MSF assessment, which includes self, peer and patient assessments, the QAC may determine to rely upon the self and peer assessments or may require the registrant to undergo a portfolio assessment in lieu of completing the MSF assessment. This demonstrates an evidence informed approach to determine which registrants undergo what kind of assessment based on their practice in the profession.

Another example of where the QAC has exercised the principles of right touch regulation in assisting registrants to comply with the requirements of the program is appointing a mentor to meet with selected registrants who have been identified through the screening assessment processes. The purpose of appointing a mentor is to coach and support registrants to understand their obligations and accountabilities as self regulated professionals in Ontario, rather than directly referring the registrant to the ICRC. The resulting compliance of these registrants with the QA Program requirements is evidence of the success of this approach.

The policies outlining details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity are listed below and can be viewed by clicking on the links:

Policies

- [Policy 9.6 - Quality Assurance \(QA\) Portfolio Assessment – Fail to meet criteria](#)
- [Policy 9.8 - Peer and Practice Assessment - Multi-Source Feedback \(MSF\) Assessment: Criteria for successful completion](#)

		<p>In addition to these policies the QA Committee has developed the following processes to support the above policies.</p> <p>Processes</p> <ul style="list-style-type: none"> • Flowchart and Guidelines: MSF Assessment – assessment criteria • Flowchart and Guidelines: QAP –require member to complete a SCERP • Flowchart and Guidelines: QAP – member failed to meet criteria 						
	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<table border="1"> <tr> <td data-bbox="755 381 2091 451"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2091 381 2580 451"> <p>Yes met in 2020, continues to meet in 2021</p> </td> </tr> <tr> <td colspan="2" data-bbox="755 451 2580 812"> <ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. <p>See narrative below for more detail. The policies listed below outline the criteria that are considered to inform remediation activities:</p> <ul style="list-style-type: none"> • Policy 9.4 - Quality Assurance (QA) Portfolio Assessment • Policy 9.5 - Quality Assurance (QA) Portfolio Assessments – Fail to submit • Policy 9.6 - Quality Assurance (QA) Portfolio Assessment – Fail to meet criteria • Policy 9.7 - Peer and Practice Assessment - Multi-Source Feedback (MSF) Assessment: Criteria for members to participate • Policy 9.8 - Peer and Practice Assessment - Multi-Source Feedback (MSF) Assessment: Criteria for successful completion • Policy 9.9 – Peer and Practice Assessment – Multi-Source Feedback (MSF) Assessment: Fail to Submit </td> </tr> <tr> <td data-bbox="755 812 2311 876"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2311 812 2580 876"> <p>Choose an item.</p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>	<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. <p>See narrative below for more detail. The policies listed below outline the criteria that are considered to inform remediation activities:</p> <ul style="list-style-type: none"> • Policy 9.4 - Quality Assurance (QA) Portfolio Assessment • Policy 9.5 - Quality Assurance (QA) Portfolio Assessments – Fail to submit • Policy 9.6 - Quality Assurance (QA) Portfolio Assessment – Fail to meet criteria • Policy 9.7 - Peer and Practice Assessment - Multi-Source Feedback (MSF) Assessment: Criteria for members to participate • Policy 9.8 - Peer and Practice Assessment - Multi-Source Feedback (MSF) Assessment: Criteria for successful completion • Policy 9.9 – Peer and Practice Assessment – Multi-Source Feedback (MSF) Assessment: Fail to Submit 		<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>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>							
<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. <p>See narrative below for more detail. The policies listed below outline the criteria that are considered to inform remediation activities:</p> <ul style="list-style-type: none"> • Policy 9.4 - Quality Assurance (QA) Portfolio Assessment • Policy 9.5 - Quality Assurance (QA) Portfolio Assessments – Fail to submit • Policy 9.6 - Quality Assurance (QA) Portfolio Assessment – Fail to meet criteria • Policy 9.7 - Peer and Practice Assessment - Multi-Source Feedback (MSF) Assessment: Criteria for members to participate • Policy 9.8 - Peer and Practice Assessment - Multi-Source Feedback (MSF) Assessment: Criteria for successful completion • Policy 9.9 – Peer and Practice Assessment – Multi-Source Feedback (MSF) Assessment: Fail to Submit 								
<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)

iii The College has processes and policies in place outlining the criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.

Criteria have been developed that inform what remediation activities may be required based on the outcomes of a QA assessment. The CMRITO has not developed a specific policy outlining the types of remediation activities, as these activities vary and are dependant on the type of QA assessment that has been completed and the circumstances of each situation. The policies listed below identify where in the process of administering each of the different QA assessment methods, remediation activities are considered and would take place.

The QAC has developed flowcharts for possible pathways to identify the required remediation activities where registrants don't meet the criteria for compliance with the program requirements through the assessment they have completed or where they have not complied with the requirements of the program. These flow charts support the QAC policies, which are based on the requirements in the QA regulation.

An example of a process that identifies registrants who may not meet the criteria for compliance with the QA Program is one that touches each registrant each year at the time of their annual renewal of registration. Each registrant is required to complete a number of declarations each year as part of their annual renewal. This component of the QA Program assesses whether members understand their obligations with respect to participation in the QA Program and whether they have complied with the requirements. Where registrants have attested that they have not complied with the requirements of the QA Program, further follow-up and assistance by assessors, appointed by the QAC, is initiated. Through this process, registrants who require further evaluation and assistance are identified. Depending on the specific circumstances of the registrant, they may be referred to the QAC committee for evaluation, and to determine whether remediation activities are appropriate in the circumstances.

Examples of the criteria that will inform remediation activities for an individual practice assessment are listed in the IPA Handbook, which can be viewed [here](#). A copy of the handbook is provided to any registrants who are required to undergo an IPA to ensure transparency on the process for registrants. Where the QAC has determined that a screening assessment, such as the QA ePortfolio or MSF, has identified concerns about a registrant's practice, the QAC determines if they have sufficient information to determine an Outcome Action Plan (OAP) or whether further information is needed. The additional information is gained through completing an IPA. If the concerns about the registrant's practice are confirmed, the level of risk is then determined using a risk management framework. The level of risk assigned to the concern determines the most appropriate OAP.

The policies outlining the criteria that will inform the remediation activities a registrant must undergo, based on each type of QA assessment, are listed below and can be viewed by clicking on the links:

Policies

- [Policy 9.5 - Quality Assurance \(QA\) Portfolio Assessments – Fail to submit](#)
- [Policy 9.6 - Quality Assurance \(QA\) Portfolio Assessment – Fail to meet criteria](#)
- [Policy 9.8 - Peer and Practice Assessment - Multi-Source Feedback \(MSF\) Assessment: Criteria for successful completion](#)
- [Policy 9.9 – Peer and Practice Assessment – Multi-Source Feedback \(MSF\) Assessment: Fail to Submit](#)

			<p>In addition to the above policies the QA Committee has developed the following processes to support the above policies.</p> <p>Processes</p> <ul style="list-style-type: none"> • Flowchart and Guidelines: QAP – member failed to submit • Flowchart and Guidelines: QAP – member failed to meet criteria • Flowchart and Guidelines: MSF Assessment – assessment criteria • Flowchart and Guidelines: MSF Assessment – failed to submit • Flowchart and Guidelines: QAP –require member to complete a SCERP • QA IPA Framework and Guidelines, 2021 	
		<p>Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>		
		<p>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.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the College’s 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>See narrative below.</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 (if needed)

10.3.a The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.

Yes, the College tracks the results of remediation activities a registrant has undertaken as part of the QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.

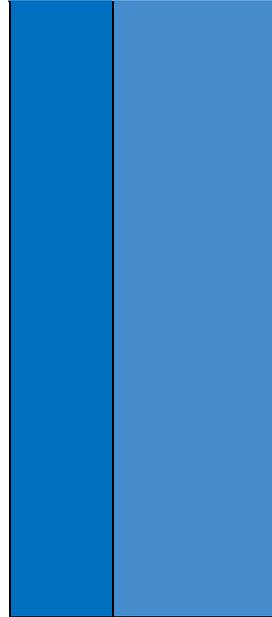
The College has developed an application for managing the QA Program in the College register database. The application has been customized by the QA staff and enables tracking of registrants engaged in the various processes of the QA Program, including tracking the progress of remediation activities a registrant is directed to undertake.

Registrants are directed to complete remediation activities by the QAC as a result of one of the QA assessment methods. One of the remediation activities a registrant could be directed to undertake includes an Individual Practice Assessment (IPA). The QAC have identified a number of assessment methods that the QAC can use to complete an IPA. Further information on this can be found at this [link](#). Through this process the QAC will identify an outcome action plan (OAP), if appropriate, and direct a registrant to complete the plan. The OAP could include such remedial activities as completing a specific continuing education remedial plan (SCERP), imposing terms, conditions and limitations on a registrant's certificate of registration, or appointing a mentor to support the member in improving the identified area of concern in the member's practice.

An example of remediation activities where the results of an assessment are tracked to determine if a registrant who was directed to undertake a remediation activity subsequently demonstrates the required knowledge, skill and judgement while practising, is where a registrant is directed by the QAC to complete a SCERP. An example of such a SCERP is the jurisprudence course. The College has developed a jurisprudence course that is available to members in their online QA ePortfolio. The jurisprudence course includes eight learning modules which are designed as an overview of relevant regulations and laws. On completion of the course, to successfully complete the assessment quiz, a registrant must answer all of the questions correctly. The registrant must repeat the quiz until they achieve 100%. In this way, the registrant must have sufficient knowledge of the content to be able to complete the course. If a registrant is directed to complete this course, the result is tracked and will be provided to the QAC as part of their ongoing assessment of compliance with the requirements of the remediation.

A second example of a remediation activity where the result of an assessment is assessed and tracked once the remediation activity is completed, is when a mentor is appointed by the QAC to meet with a registrant. Mentors have been appointed from time to time by the QAC when a registrant has submitted a QA ePortfolio that does not comply with the requirements of the program. The mentor meets with the registrant to provide direction, support and assistance to the registrant in understanding their accountability as a self regulated professional to comply with the QA Program requirements. Once the registrant has made submissions to the QAC, the QA ePortfolio is reassessed to determine if the member is now in compliance and has therefore demonstrated the required knowledge, skill and judgement.

Measure		
11.1 The College enables and supports anyone who raises a concern about a registrant.		
Required Evidence	College Response	
<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>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;</p> <p>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</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> Please insert a link to the College’s 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. <p>Complaints process webpage:</p> <ul style="list-style-type: none"> 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. <p>See narrative below</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>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</p> <p>The CMRITO has processes, procedures and an electronic checklist to ensure that all relevant information is received during intake and at each stage of the complaints process. One of the values of the College is empathetic intake, and the staff are trained on how to obtain the relevant information from the complainant in a respectful and empathetic manner. The information that is initially required on intake is limited and clearly articulated on the website. This is because complainants to the CMRITO often do not have the name of the registrant they are complaining about. The complainant will have the date, time and location of the procedure the registrant performed on them, and using this information, College staff work with the management of the facility in order to identify the registrant. Once the registrant is identified, College staff send the complaint to the registrant requesting their response in accordance with the processes set out in the RHPA. The CMRITO process also includes sharing the registrant's response with the complainant with a request for their comments. This step has been included for many years since the Health Professions Appeal & Review Board (HPARB) recommended that Colleges include this step in their process. From that point forward the investigation is directed by the ICRC in accordance with the RHPA.</p> <p>The CMRITO has developed a Professional Conduct (PC) application in the College Register database. This application has been customised to meet the needs of the PC team for information gathering and case management. At each stage of the process relevant information is recorded and progress on the management of the case is tracked.</p>	



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

Yes, the different stages of the complaints process are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage.

Information on the College’s complaints process is available on our website under the “Public” tab, [here](#):
Additional information is also available under the “Programs” tab, [here](#):

The same information is communicated directly to individuals who inquire about the CMRITO’s complaints process, and those individuals who choose to proceed in filing a complaint. Process information is provided in the manner requested by members of the public (verbally over the phone, in writing via email, or in writing via hard copy letter). The information that is provided to a complainant can be seen here.

If members of the public have questions about the information set out on the CMRITO website or provided to them directly, those questions are answered.

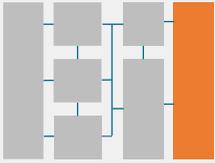
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>See narrative below</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> a. The different stages of the complaints process and all relevant supports available to complainants are: iii. evaluated by the College to ensure the information provided to complainants is clear and useful. The CMRITO continually assesses the information that is provided on the website to evaluate whether the information is clear and useful. The CMRITO launched a refreshed website in 2019 as part of the rebranding activities associated with the change in name of the College. As part of the launch of the new website all the content on the website underwent a thorough review for pertinence, clarity and ease of navigation with the site being reorganized to address the needs of the different audiences that access the site. If any feedback is received that identifies an opportunity to improve the clarity of the information on the website, appropriate changes are made. As the website is managed in-house by the communications team, changes that are required can be made expeditiously.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).	
			<u>100%</u>	
			<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> 11.1.b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary. The CMRITO responds to 100% of inquiries from the public within 5 business days, with follow-up timelines as necessary. The CMRITO's standard response time for inquiries is 2 business days. This includes inquiries made via telephone, email, letter, and social media. Therefore, a member of the public would never have to wait 5 business days before hearing from a member of the Professional Conduct Team. The same is true even if CMRITO does not have the jurisdiction to investigate the public's concern. The CMRITO frequently receives inquiries that are under the jurisdiction of the College of Physicians and Surgeons of Ontario (CPSO), the Ministry of Health's Independent Health Facilities Program (IHFP), and/or the Patient Ombudsman. In addition to confirming that the CMRITO does not have jurisdiction to investigate the concern, CMRITO staff provide members of the public with meaningful referrals within 2 business days.				

		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> Please list supports available for public during complaints process. <p>The CMRITO provides one-on-one support for complainants. The following supports are available:</p> <ul style="list-style-type: none"> All inquiries from the public are responded to within 2 business days The College provides meaningful referrals to members of the public who contact us with concerns beyond our jurisdiction (i.e., IHF, Patient Ombudsman, CPSO, etc.) The College provides status updates to complainants on request (in addition to those notice letters required by legislation) Staff provide assistance in taking complaint statements, if required Correspondence is provided to complainants in their preferred format (regular mail, email, or fax) CMRITO staff arrange to connect with complainants outside regular business hours on request Information regarding the CMRITO’s complaints process, including possible outcomes, is available on the CMRITO website and in the publications that form part of the formal acknowledgement package that’s provided to complainants. <p>The College ensures that intake staff are available to answer phone calls, and communicate with complainants/members of the public in the way that best suits them, etc.</p> <ul style="list-style-type: none"> Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>See Narrative below</p>				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent</p> <p>Complainants are made aware of the supports available (and listed in the response above) at the earliest opportunity and on an on-going basis, as the need arises. CMRITO staff use empathetic, inclusive, and trauma informed language when communicating with members of the public so that complainants feel safe and supported in accessing the CMRITO’s complaints process. CMRITO staff communicate with complainants in a variety of ways (by phone, by email, or by regular mail, as the case may be) to ensure that all questions are answered, and all concerns are addressed in an effective, timely manner.</p> <p>Even when a complaint is received that is outside the CMRITO’s jurisdiction, complainants are always treated with dignity and respect and are provided with the information they need to (a) understand why CMRITO does not have jurisdiction to address their concern and (b) what organization (if any) does. Meaningful referrals are frequently made to other health regulators, the Ministry of Health’s Independent Health Facilities Program, the Patient Ombudsman, Patient Relations Departments (or their equivalent) at hospitals, and public health agencies. In this context, CMRITO considers a “meaningful” referral to include the name of the organization, the organization’s contact information, and the reason for the referral (i.e., an explanation of that organization’s jurisdiction and/or mandate, and how it differs from CMRITO).</p>				

Measure		
<p>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.</p>		
<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<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. https://www.cmrito.org/public/file-a-complaint/ • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. See narrative below. 	
	<p><i>Additional comments for clarification (optional)</i></p> <p>11.2.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.</p> <p>The CMRITO ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p> <p>In accordance with subsection 28 of the Health Professions Procedural Code (the Code), being Schedule 2 to the Regulated Health Professions Act, 1991, the CMRITO provides statutory notices at certain points during the complaints process. If a complaint is not disposed of within 150 days, both the complainant and the member receive a notice letter advising them of the expected date of disposition. Another notice is sent to both the complainant and the member (and the Health Professions Appeal and Review Board) if a complaint is not disposed of within 210 days. This notice letter includes an expected date of disposition, along with a reason for the delay.</p> <p>In addition to these statutory notices, the CMRITO provides status updates on request. Status updates are provided in the form requested by the party (i.e., verbally by phone or in writing via email and/or hard copy letter).</p> <p>The CMRITO also provides support for any complainant who participates in a hearing as a witness. This includes travel and accommodation expense support as well as support from prosecution counsel in understanding and navigating the hearing process.</p>	<p>Choose an item.</p>

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).	<p>The College fulfills this requirement:</p> <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. <p>CMRITO risk assessment framework Interim Order Assessment ICRC Triage Form</p> <ul style="list-style-type: none"> Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>2014</p>	Yes met in 2020, continues to meet in 2021
		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>12.1.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.</p> <p>Yes, the CMRITO 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.</p> <p>The CMRITO has developed a framework for assessing risk and acting on complaints which includes prioritizing high-risk matters. This framework includes a risk-based decision-making tool used by the Inquiries, Complaints & Reports Committee as well as a risk based interim order assessment process.</p> <p>The framework can be viewed here. The framework assesses the level of risk of harm on a scale from no risk to high risk with definitions for each level of risk and appropriate outcomes for each level. The assessment framework also allows the ICRC to assess the aggravating and mitigating factors in each case and determine whether those factors impact the risk rating. The outcomes range from no action for no risk complaints, to referrals to Disciple for complaints that have been assessed by the Inquiries, Complaints & Reports Committee to present a high risk of harm to patients</p>				

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 met in 2020, continues to meet in 2021	
	<ul style="list-style-type: none"> Please insert a link to the policy OR please briefly describe the policy. <p style="text-align: center;">Disclosure of information related to registrants is shared in accordance with Section 36 of the RHPA</p> <ul style="list-style-type: none"> 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’). <p style="text-align: center;">See narrative below</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) <p>13.1.a. The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners.</p> <p>Yes, the CMRITO shares concerns regarding registrants with other regulators and external system partners where appropriate and always in accordance with Section 36 of the RHPA.</p> <p>As an example, the CMRITO shares information regarding registrants with other provincial regulators of the profession including otherwise confidential information about complaints received and compliance with the quality assurance program. The CMRITO is a member of the Alliance of Medical Radiation and Imaging Technologists of Canada (AMRITRC). The AMRITRC is a group of provincial regulators, who collaborate regarding the regulation of medical radiation and imaging technologists to enhance safe, competent, and ethical care for Canadians. The six MRIT regulatory authorities in the AMRITRC have agreed to use a standard out of province certificate for MRITs who hold a current registration in another regulated jurisdiction. The certificate includes information on:</p> <ul style="list-style-type: none"> any terms, conditions or limitations on the certificate of registration good character requirements including: <ul style="list-style-type: none"> current referrals to the Discipline Process/Committee past findings of professional misconduct any other information relating to the MRIT’s competency, conduct or character that would be pertinent to the registration of an MRIT in another jurisdiction. <p>The CMRITO has also shared information about registrants with law enforcement to aid with investigations and with the Independent Health Facilities and Xray Inspection branches of the Ministry of Health. In a reciprocal manner CMRITO receives information about registrants from the Independent Health Facilities Inspection Branch where inspections have identified possible concerns with the practice of registrants.</p> <p>It is the Registrar that determines when information will be shared and pursuant to which discretionary exemption under section 36 of the RHPA.</p>		

	<p>Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 14</p>	<p>Required Evidence</p>	<p>College Response</p>
	<p>a. Outline the College’s KPI’s, including a clear rationale for why each is important.</p>	<p>The College fulfills this requirement:</p> <p>Yes met in 2020, continues to meet in 2021</p> <ul style="list-style-type: none"> 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>December 9, 2021 – Council Agenda</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 (if needed)

14.1.a. Outline the College's KPI's, including a clear rationale for why each is important.

The CMRITO Council has used a quarterly scorecard report to monitor and review certain regulatory, strategic and organizational measures since 2014. At that time, the College Council developed a number of KPI's that Council determined were important indicators to track in order to monitor and review the College's performance, as part of a governance review project. Council also developed detailed scorecard measure profiles for each of the KPIs in the CMRITO Scorecard.

The indicators in the CMRITO Scorecard are evaluated periodically and were last reviewed in January 2017. The scorecard measure profiles can be viewed at this link. Each indicator in the profile includes:

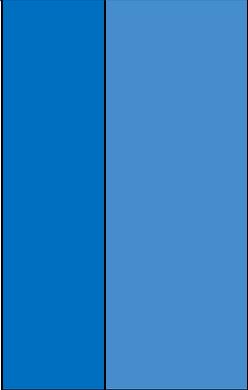
- A definition of the indicator
- Rationale for inclusion of the indicator in the scorecard
- The frequency of the updates
- The formula or method to be used for calculations, in the case of statistical data
- The data elements, parameters and sources of the data in the CMRITO systems
- Targets for the indicator where appropriate
- Owners responsible for maintaining and tracking the indicator

The KPIs developed by Council and used to monitor certain regulatory, strategic and organizational measures include the following:

- Statistical data for the key mandated functional program areas of registration, quality assurance, and professional conduct
- Compliance with mandated College obligations such as annual reporting
- Compliance with established governance policies
- Effectiveness of Council and statutory committees
- Financial performance of the organization
- Compliance with financial deductions and remittances
- Progress against strategic goals as determined by Council in the Strategic Plan
- Progress against enabling goals as determined by Council in the Strategic Plan
- Effectiveness of communication strategies
- Level of engagement with stakeholders and other strategic alliances

The quarterly CMRITO Scorecard is included in the agenda for each Council meeting and is reviewed and discussed at the meeting. Staff highlights areas of change and provides the rationale for any responsive or corrective measures taken and responds to questions from the Councillors. The CMRITO Scorecard Q4 2021 can be found in the agenda materials at this [link](#). In addition to the CMRITO Scorecard that includes all the indicators approved by Council, a Dashboard is also posted on the College website to provide a visual of key indicators respecting registration, quality assurance, professional conduct and communications from the scorecard. The dashboards from 2015 to 2021 can be viewed at this [link](#). The year end dashboards are also published in the [College's annual reports](#).

		<p>In 2021, the CMRITO Council undertook a governance review and strategic planning for 2022-2024. As part of the governance review process Council reviewed all the governance tools and updated some of the tools including the format and content of the quarterly CMRITO Scorecard that is provided to Council to track and monitor the College's performance. The CMRITO Scorecard will be updated in 2022 to become a quarterly strategic, regulatory and operational report for Council and the organization.</p>	
	<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>
		<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. <p>December 9, 2021 – Council Agenda</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>14.1.b. The College regularly reports to Council on its performance and risk review against the stated strategic objectives, regulatory outcomes and risk management approach.</p> <p>Yes, Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.</p> <p>Council monitors performance and progress against the strategic objectives that are defined in the Strategic Plan at each meeting and assesses whether the College is achieving the anticipated regulatory outcomes. Council also approved the College's Risk Management Framework in September 2016 and the Executive Committee, by policy, is responsible for oversight of risk management. Executive reports to Council any significant change in the risk level or risk mitigation strategies at each meeting of Council. Council receives information and a verbal report at each meeting from the Registrar & CEO respecting progress against the operational plan and any identified risks identified.</p> <p>To provide Council with the relevant information to assess the College's progress, the agenda for each meeting of Council includes a standing agenda item under Operations, Reports and Plans that provides Council with:</p> <ul style="list-style-type: none"> the current Strategic Plan, the operational plan for the current year the CMRITO Scorecard report and Dashboard for the last quarter the risk register and a briefing note respecting any risks where a significant change in the risk level or risk mitigation strategies have been identified. <p>The Risk Management Framework which was approved by Council in September 2016 has four key elements:</p> <ol style="list-style-type: none"> Foundational element: The CMRITO Council Policy 2.14 – Risk Management which identifies Council's commitment and expectations, and sets out the roles and responsibilities of the Council, the Executive Committee and Management relating to risk management Organizational management element: Identifies the risk management context, systems, procedures and processes that are included in the Risk Register which is included in the Council agenda and can be viewed at this link 	

- 
- identifies adverse events or circumstances relevant to CMRITO objectives
 - assesses the likelihood and magnitude of the impact of any adverse events
 - identifies mitigation strategies
3. **Culture and capacity element:** Sets out approaches that enable CMRITO to develop and embed a risk management culture in the organization through defining the values, beliefs, knowledge, attitudes and understanding about risk, and tasking staff with the role of being the ‘eyes and ears’ of Council in identifying, assessing and responding to risks.
 4. **Governance Oversight:** Defines the Risk Register as the reporting mechanism to provide a snapshot of significant risks and the related risk management responses, to promote risk management accountability and to assist Council to discharge its oversight responsibility.

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. December 9, 2021 Council agenda March 27, 2020 Council agenda September 26, 2017 Council agenda 	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
<p><i>Additional comments for clarification (if needed)</i></p> <p>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</p> <p>The College Council monitors the College performance, the practice environment of registrants and results of the risk review findings to identify required changes to processes and activities that are planned or to identify new initiatives that should be undertaken to protect the public interest and fulfil the mandate of the College. A recent example of where Council has identified a risk as part of its review was during strategic planning in 2021. Council identified the recent changes in societal expectations around diversity, equity and inclusion and considered the risk and impact on the practice environment of registrants. Council identified required changes to processes and activities to mitigate this risk and not only determined to update the vision for the organization to "CMRITO is an effective and collaborative regulator committed to transparency, equity, diversity and inclusion", but also added equity, diversity and inclusion to CMRITO's values. These values shape our organizational culture and drive our decision-making and actions. Finally, Council also set a strategic objective for the CMRITO to review our existing programs and practices to ensure they support equity, diversity and inclusion.</p> <p>Another example of where Council used evidence around performance and risk to inform changes to planned activities in 2020, relates to the decision around the quality assurance assessment activities registrants would be required to undergo in 2020. In March 2020, the Ontario government declared a provincial state of emergency due to the COVID-19 pandemic. In March 2020, the QA Committee met and reviewed the challenges members were facing with increased infection prevention protocols, increased work in some areas, and reduced patient appointments and service closures in others. The QAC reviewed the issues that registrants would face participating in an MSF assessment under these conditions and considered the risk associated with requiring registrants to participate in a practice assessment using a multisource feedback survey (MSF). Since the MSF patient surveys are paper-based, registrants would be facing added challenges in distributing and gathering paper information from patients while maintaining the required COVID-19 protocols. The QA Committee therefore put forth a recommendation to Council to delay or cancel the MSF assessments for the year 2020, and to delay running the April 2020 QA Portfolio random selection until later in the year. Council considered this information and the associated risks at its meeting in April 2020 and determined to cancel the MSF assessments for 2020.</p>		

Council also considered the impact that the pandemic would have on the planned activities in the approved 2020 Operational Plan - Commitment to Regulatory Excellence, which was approved by Council in December 2019. On March 27, 2020, Council approved [Policy 12.1 COVID-19 Pandemic](#) which was designed to:

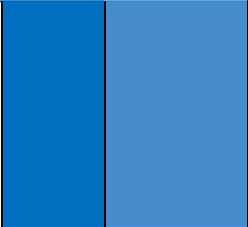
- ensure that CMRITO’s regulatory processes do not put an undue burden on its members or patients,
- work collaboratively with the Ministry to ensure an adequate supply of MRITs during the state of emergency
- continue to ensure the protection of the public through the regulation of the profession.

On April 3, 2020, Council approved amendments to the 2020 Operational Plan to focus CMRITO’s efforts on the key regulatory essentials in 2020. Throughout 2021, Council has continued to monitor the ongoing pandemic and determined to continue with remote operations and meetings until 2022.

Another example of a significant improvement activity where Council considered the practice environment of registrants, the role and mandate of the College and the risk of harm to the public in determining strategic direction for the CMRTO, is the regulation of diagnostic medical sonographers with CMRITO. The CMRITO worked for many years to assist the Ontario Ministry of Health and Long-Term Care in completing the public protection framework for medical radiation and imaging technology by regulating diagnostic medical sonographers (DMSs) with MRITs. This improvement protects the public interest because it establishes standards of qualification for entry to practice the specialty of diagnostic medical sonography and requires diagnostic medical sonographers to practice in accordance with the standards of practice. In August 2017, the Minister of Health directed the CMRTO to begin the registration of diagnostic medical sonographers in 2018. Through 2017 and 2018, CMRTO met every regulatory milestone required to regulate diagnostic medical sonography as the fifth specialty of medical radiation and imaging technology. By January 1, 2020, the CMRITO had registered almost 4,000 registrants in the specialty of diagnostic medical sonography and the Government had implemented a comprehensive and integrated framework to ensure the protection of the public of Ontario.

Measure
14.3 The College regularly reports publicly on its performance.

<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>
<ul style="list-style-type: none"> • Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>CMRITO Dashboards</p>		
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p> <p>14.3.a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p> <p>The CMRITO publishes performance results related to the College’s strategic objectives on the CMRITO website at www.cmrito.org.</p> <p>There are a number of communication tools that are used to make performance results public. These include: The scorecard which is included in each Council agenda. The most recent scorecard can be viewed in the March 2022 Council agenda which can be viewed here.</p>		

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- The CMRITO Dashboard, copies of which are available on the website from 2015 -2020, are published in the annual report, and can be accessed at this [link](#).
 - The CMRITO publishes a newsletter “Insights” for registrants that includes information on strategic objectives and regulatory activities. Copies of the newsletter can be accessed [here](#).
 - CMRITO also maintains a Facebook (<https://www.facebook.com/CMRITO/>) and Twitter account (<https://twitter.com/TheCMRITO>) where information on regulatory activities and strategic initiatives is made available, including ‘live’ coverage of Council meetings.

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

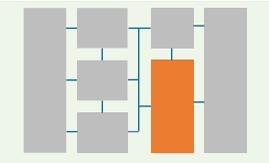
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA Program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA Program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>
Type of QA/QI activity or assessment:	#	
i. QA Annual Declaration of Compliance with the QA Program which includes: <ul style="list-style-type: none"> • QA Profile • QA Self-Assessment against the Standards of Practice of the Profession • Documentation of 25 hours of continuing education and professional development activities 	11,174	
ii. QA Portfolio Assessment	1,597	
iii. Multi- Source Feedback (MSF) Assessment	0	
iv. Independent Practice Assessment	0	
<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>NR Additional comments for clarification (if needed)</p> <p>Due to the ongoing COVID-19 pandemic, no registrants were randomly selected in 2021 to undergo a multi-source feedback assessment.</p>		

Table 2 – Context Measures 2 and 3

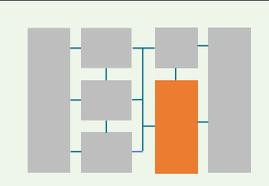
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2021	11,174	100%	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.
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.	NR	NR	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.
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

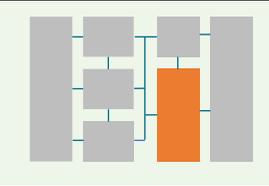
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	0	
<p>NR</p> <p>* This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.</p> <p>**This number may include any outcomes from the previous year that were carried over into CY 2021.</p>			
<i>Additional comments for clarification (if needed)</i>			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
<p>Statistical data is collected in accordance with the recommended method or the College’s own method: College method</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p> <p>The CMRITO ICR Committee directs the investigation of complaints, not College staff. As such, staff do not assign either formal complaints or Registrar's Investigations with a theme when the file is opened. Instead, "themes" (or practice standards) are assigned by panels of the ICR Committee as part of the investigation process and are specifically referenced in the panel's decision and reasons. The following data reflects those "themes" assigned to formal complaints and Registrar's Investigations disposed of by panels of the ICR Committee in 2021. Attached is a mapping tool that maps the CMRITO Standards of Practice to the CPMF Themes outlined in the CPMF Technical Specifications Document. Please see Context Measure 10 for further information regarding the distribution of formal complaints and Registrar's Investigations by theme (i.e., decisions issued by panels of the ICR Committee by theme) in 2021 and the space below for additional comment's regarding the triaging of matters by College staff.</p>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	0	0	0	0
III. Communication	21	46	0	0
IV. Competence / Patient Care	16	35	NR	NR
V. Intent to Mislead including Fraud	0	0	0	0
VI. Professional Conduct & Behaviour	6	13	7	70
VII. Record keeping	0	0	0	0
VIII. Sexual Abuse	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0
X. Unauthorized Practice	NR	NR	0	0
XI. Other (Concerns that do not fall into the above themes)	NR	NR	NR	NR
Total number of formal complaints and Registrar’s Investigations**	46	100%	10	100%

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

<p>Formal Complaints NR Registrar's Investigation</p> <p>** <i>The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>While the ICR Committee directs the investigation of complaints, College staff do engage in an initial triaging/preliminary risk assessment process. Where a complaint or Registrar's Investigation raises allegations which fall within a class of cases that typically attract interim orders (i.e., sexual abuse, physical or emotional abuse, incompetence, unsafe application of ionizing radiation, or exceeding scope of practice), CMRITO staff complete a "Triage Form" and "Risk Assessment Form" for the ICR Committee's review and consideration as part of their investigation, to assist the panel in assessing whether an interim order is necessary. Both forms make clear that no information on them is meant to state or anticipate actions of the ICR Committee.</p>	

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

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: 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> The CMRITO ICR Committee directs the investigation of complaints, not College staff. "Themes" (or practice standards) are assigned by panels of the ICR Committee as part of the investigation process and are specifically referenced in the panel's decision and reasons. The following data reflects those "themes" assigned to decisions of panels of the ICR Committee issued in 2021. Attached is a mapping tool that maps the CMRITO Standards of Practice to the CPMF Themes outlined in the CPMF Technical Specifications Document.		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	61	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	10	
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	10	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	19	31.1
IV. Formal complaints that proceeded to ICRC and are still pending	33	54.2
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	9	14.7
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year. ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>The CMRITO does not have an ADR process. All formal complaints received by CMRITO are investigated by a panel of the ICRC.</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d							
<i>If a College method is used, please specify the rationale for its use:</i>							
The CMRITO ICR Committee directs the investigation of complaints, not College staff. "Themes" (or practice standards) are assigned by panels of the ICR Committee as part of the investigation process and are specifically referenced in the panel's decision and reasons. The following data reflects those "themes" assigned to decisions of panels of the ICR Committee issued in 2021. Attached is a mapping tool that maps the CMRITO Standards of Practice to the CPMF Themes outlined in the CPMF Technical Specifications Document.							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021	58						
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	NR	16	0	0	0	0	0
IV. Competence / Patient Care	8	7	NR	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	8	0	NR	NR	0	NR
VII. Record Keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X.	Unauthorized Practice	0	0	NR	NR	0	0	0
XI.	Other <please specify>	NR	NR	0	0	0	0	0
<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>								

Table 7 – Context Measure 11

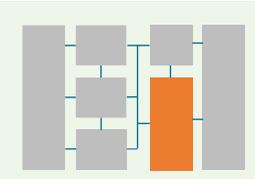
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	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. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2021	259	
II. A Registrar’s investigation in working days in CY 2021	291	
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12

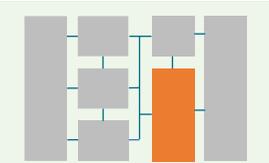
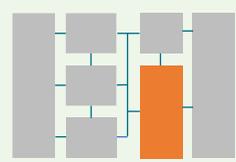
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2021	238	
II. A contested discipline hearing in working days in CY 2021	0	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i>		

Table 9 – Context Measure 13

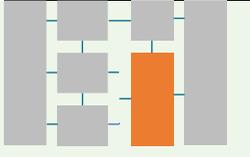
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	NR	
		<i>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.</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.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		Standard 13	
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 <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	0		
II. Suspension	0		
III. Terms, Conditions and Limitations on a Certificate of Registration	NR		
IV. Reprimand	NR		
V. Undertaking	0		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR </p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)