



# College Performance Measurement Framework (CPMF) Reporting Tool

College of Opticians of Ontario

Reporting Year: January 2023 – December 2023

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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;
2. Help Colleges improve their performance;

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

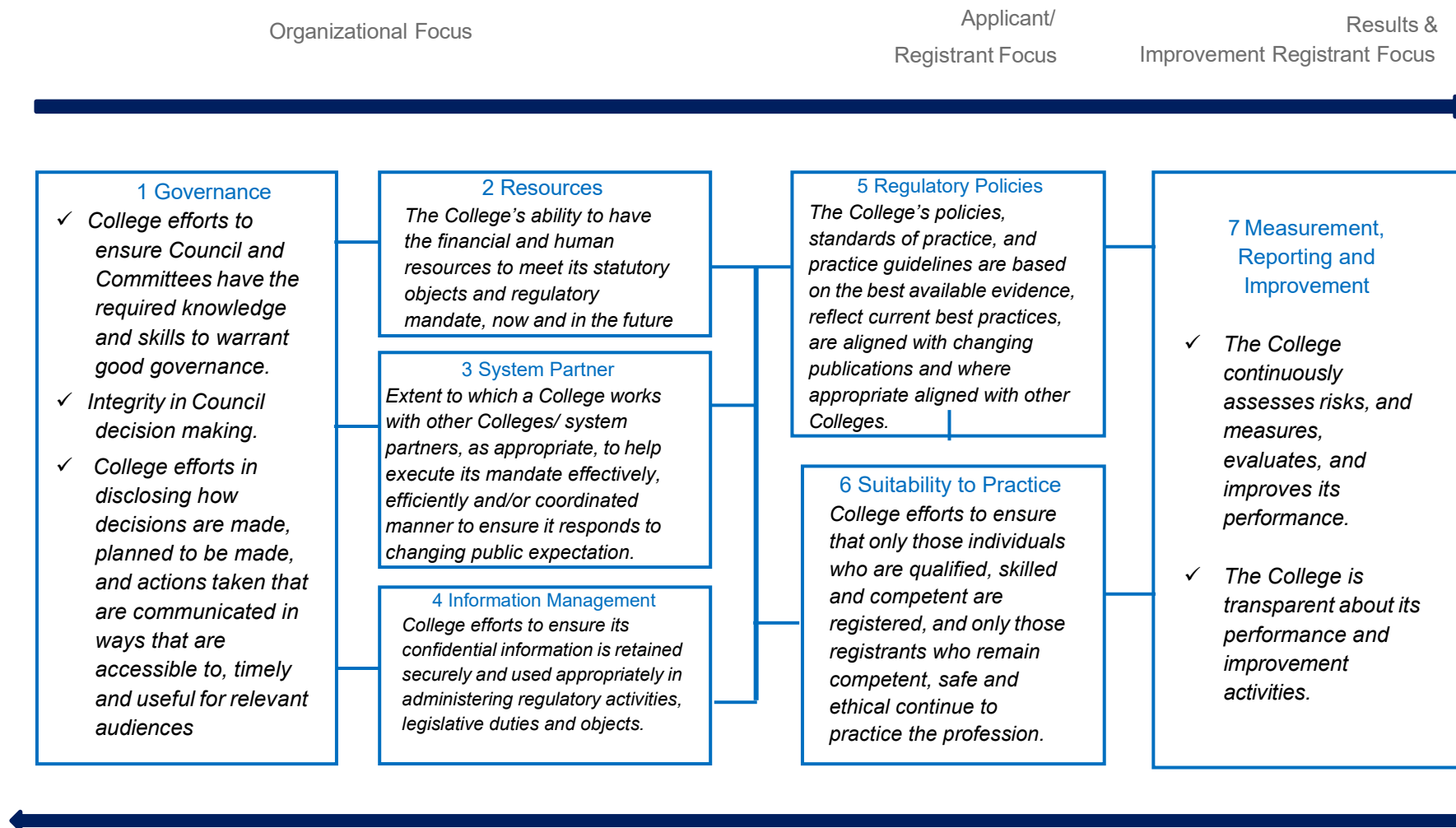
**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

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



**Figure 2: CPMF Domains and Standards**

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

## The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

## Completing the CPMF Reporting Tool

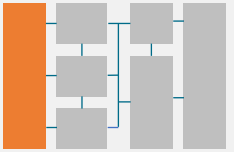
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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 actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

## Part 1: Measurement Domains

		<b>Measure:</b> 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.			
<b>DOMAIN 1: GOVERNANCE</b>	<b>STANDARD 1</b>	<b>Required Evidence</b>	<b>College Response</b>		
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> <li>i. meeting pre-defined competency and suitability criteria; and</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: Choose an item.  <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The requirement for candidates for election to demonstrate pre-defined competency and suitability criteria is set out at Article 6.3(t) of the <a href="#">COO By-laws</a> (page 12).</p> <p>Details of the pre-election competencies that were approved by the board can be found on the COO website <a href="#">here</a>.</p>		Yes
			Yes		
	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>All candidates for election complete a pre-election training module in order to be eligible to stand for election. The module approved by the board in 2023 was Chapter 4 of the COO’s Jurisprudence Tool: Introduction to the RHPA, which can be found on our website <a href="#">here</a>. The module is completed online and includes a multiple-choice test. Candidates must achieve a score of at least 80%. Candidates are also invited to participate in an optional pre-election information session, held via zoom, that provides additional information on the role and responsibilities. A recording of the information session is made available on the <a href="#">COO website</a> to candidates unable to attend the information session live.</p> <p>Following their election, and prior to the first board meeting of the year, all new board members are invited to attend a “Welcome to the College” pre-orientation session, which is held in December prior to the start of their term. The session is designed to provide a high level overview of the role of board members, what to expect at meetings, how to access board materials and submit expenses.</p> <p>Subsequently, in early to mid-January (prior to the first board meeting of the year), all board members, including new members, attend a full-day in-person (live via zoom) orientation session that covers the following topics:</p> <ul style="list-style-type: none"> <li>• Mandate of the College and the strategic plan</li> <li>• Board/committee member duties, including fiduciary duties, confidentiality and conflicts of interest</li> <li>• Overview of self-regulation</li> <li>• Board governance</li> <li>• Diversity, equity and inclusion, including Indigenous Anti-Racism</li> <li>• The opticianry profession and professional stakeholders</li> <li>• Overview of the virtual boardroom and onboarding guide</li> <li>• Cyber security</li> </ul> <p>The session includes presentations from internal resources, including the Registrar, Deputy Registrar and General Counsel, HR and Accounting specialist, and external resources, including external legal counsel, governance consultant and diversity, equity and inclusion specialist.</p>				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>				

	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	Yes																				
		<ul style="list-style-type: none"> <li>The competency and suitability criteria are public: <b>Choose an item.</b></li> <li><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The requirement for appointed committee members to demonstrate pre-defined competency and suitability criteria is set out at Articles 12.2(a)(xvi) and 12.2(b)(x) of the <a href="#">COO By-laws</a>. (see page 34)</p> <p>Details of the pre-appointment competencies for appointed committee members that were approved by the board are publicly available on the COO’s website <a href="#">here</a>.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>																					
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	Yes																				
		<ul style="list-style-type: none"> <li>Duration of each Statutory Committee orientation training.</li> <li>Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Committee</th> <th style="text-align: left;">Duration</th> <th style="text-align: left;">Format</th> <th style="text-align: left;">Training Topics</th> </tr> </thead> <tbody> <tr> <td>Inquiries, Complaints and Reports Committee</td> <td>3 hours</td> <td>In person (live via zoom)</td> <td>Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios, right touch regulation.</td> </tr> <tr> <td>Discipline Committee</td> <td>1 day</td> <td>In person (live via zoom)</td> <td>Legal framework, principles of administrative law, hearing process, responsibilities of panel members</td> </tr> <tr> <td>Registration Committee</td> <td>1.5 hours</td> <td>In person (live via zoom)</td> <td>Role of the College, role and statutory mandate of Committee, legislation and regulations, by-laws, registration policies, types of certificates of registration, entry-to-practice requirements, appeals/reviews, types of commonly reviewed applications, PLAR, role of the Office of the Fairness Commissioner (OFC), unconscious bias, fair access law, right touch regulation.</td> </tr> <tr> <td>Quality Assurance Committee</td> <td>1.5 hours</td> <td>In person (live via zoom)</td> <td>Role and statutory mandate, Powers of the Committee confidentiality, QA program requirements, Jurisprudence, Competency Review and</td> </tr> </tbody> </table>		Committee	Duration	Format	Training Topics	Inquiries, Complaints and Reports Committee	3 hours	In person (live via zoom)	Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios, right touch regulation.	Discipline Committee	1 day	In person (live via zoom)	Legal framework, principles of administrative law, hearing process, responsibilities of panel members	Registration Committee	1.5 hours	In person (live via zoom)	Role of the College, role and statutory mandate of Committee, legislation and regulations, by-laws, registration policies, types of certificates of registration, entry-to-practice requirements, appeals/reviews, types of commonly reviewed applications, PLAR, role of the Office of the Fairness Commissioner (OFC), unconscious bias, fair access law, right touch regulation.	Quality Assurance Committee	1.5 hours	In person (live via zoom)	Role and statutory mandate, Powers of the Committee confidentiality, QA program requirements, Jurisprudence, Competency Review and
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Quality Assurance Committee	1.5 hours	In person (live via zoom)	Role and statutory mandate, Powers of the Committee confidentiality, QA program requirements, Jurisprudence, Competency Review and																				

					<p>Evaluation Process, Addressing concerns &amp; decision-making tools, right touch regulation.</p> <p>Accreditation of continuing education activities –criteria and ongoing monitoring.</p>
		Patient Relations Committee	n/a	n/a	n/a (Patient Relations Committee did not meet in 2023)
		Executive Committee	30-60 minutes	In person (live via zoom)	Role and statutory mandate of the committee, financial report training, review of audit process, review of any proposed amendments to relevant legislation or regulations.
		<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>The College fulfills this requirement:</p>			Met in 2022, continues to meet in 2023
		<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> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>A full day board orientation session is typically held in January of each calendar year (see section 1.1(a)(ii), above). New public members who are appointed later in the year are provided with one-on-one training in the following areas:</p> <ul style="list-style-type: none"> <li>• Mandate of the College and the strategic plan</li> <li>• Board/committee member duties, including fiduciary duties, confidentiality and conflicts of interest</li> <li>• Board governance</li> <li>• The opticianry profession and professional stakeholders</li> <li>• Overview of the virtual boardroom and onboarding guide</li> </ul> <p>Individual training sessions are between 1 and 3 hours in length, depending on the topic.</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>			

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"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement: <span style="float: right;">Met in 2022, continues to meet in 2023</span> <ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: <b>No</b></li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p>The framework for the board’s annual self-evaluation was most recently updated in 2023 (see the <a href="#">Board Effectiveness Evaluation Policy</a>). Since 2019, board members have also completed a survey following each meeting to assess meeting effectiveness.</p> <p>While evaluation results are not directly discussed in a public session, the board uses the results to develop an action plan, which is approved at a public meeting. The board’s 2023 action plan was approved at its June meeting (see <a href="#">June 2023 board meeting package</a>, agenda item 13.0) and posted to the COO’s website <a href="#">here</a>.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: <span style="float: right;">Yes</span> <ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? <b>Yes</b></li> <li>• <i>If yes, how often do they occur?</i></li> <li>• Please indicate the year of last third-party evaluation.</li> </ul> <p>A third party review of the board’s effectiveness was carried out in 2022 by Deanna Williams of DCG Ltd Consulting. The next third party review will take place in 2025, and every three years thereafter.</p>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.

			<i>Additional comments for clarification (optional)</i>
		c. Ongoing training provided to Council and Committee members has been informed by:	The College fulfills this requirement: <span style="float: right;">Yes</span>
		i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	<ul style="list-style-type: none"> <li>Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>All board members complete annual self-evaluations of the board’s performance. All committee members also complete an annual self-evaluation of each committee’s performance. The results of these evaluations are reviewed by the board/committees and action plans are developed and approved. The board’s action plans are available on the COO website <a href="#">here</a>.</p> <p>Board members also complete post-meeting surveys where they have an opportunity to identify any additional training needs.</p> <p>The results of all of these evaluations/surveys are used to inform ongoing training needs. In 2023, the following training sessions were informed by the results of recent board/committee self-evaluations, post-board meeting surveys, and/or needs identified by board/committee members:</p> <ul style="list-style-type: none"> <li>Cyber security training for board and committee members. Training was delivered by the COO’s external IT provider.</li> <li>Right touch regulation training for members of the Registration Committee, ICRC and Quality Assurance Committee. Training was delivered by external legal counsel.</li> </ul>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <span style="float: right;">Choose an item.</span>
			<i>Additional comments for clarification (optional):</i>

		<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>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>In 2023, all board and committee orientation and training incorporated information about changing public expectations. For example, board and committee orientation included training on governance trends (including the board’s role in risk management) and Indigenous Anti-Racism. In addition, orientation for statutory committees that engage in case review (Registration, ICRC, Quality Assurance) all included training on right touch regulation.</p> <p>In addition, in 2023 the COO partnered with its national counterparts through the National Alliance of Canadian Opticianry Regulators to carry out a survey of Canadian opticianry patients. The results of the survey were presented to the board at their December 2023 meeting.</p> <p>Also in 2023, the COO began an initiative to engage with members of the Indigenous community to better understand their vision care experience. The initiative was entered into in collaboration with the College of Optometrists. The project will continue into 2024 and is expected to inform training for board and committee members as work is done toward developing a standard of practice on cultural safety and humility.</p>		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional):</i>		

Measure:		
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
Required Evidence	College Response	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</li> <li>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</li> </ul> <p>The board last evaluated/updated its Code of Conduct (Schedule D to the <a href="#">COO By-laws</a>, page 59) and Conflict of Interest Policy (Appendix I to the Code of Conduct) in February 2020. No changes have been made since the last review.</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>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

	ii. accessible to the public.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p>See Schedule D to the <a href="#">COO By-laws</a>, page 59</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).  <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the College define the cooling off period?               <ul style="list-style-type: none"> <li>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>– Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>– Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul> <p>The cooling off period for elected board members is set out in Article 6.3(i) of the <a href="#">COO By-laws</a>, page 11.</p> <p>The College defines the cooling off period as the provisions in the by-laws that require board or committee members to resign, at least three years prior to nomination for election or appointment to a committee, any position such as director, owner, board member, officer or employee they hold with a professional association relating to opticianry.</p> <p>The cooling off period was last reviewed in 2022.</p>	



			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <b>Yes</b></li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul> <p>The conflict-of-interest declaration and questionnaire forms were last updated in 2022.</p> <p>A link to the most recent board meeting materials that include the questionnaire can be found <a href="#">here</a>. (See file marked COO- Director Declaration)</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

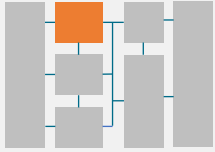
		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</li> </ul> <p>All briefing notes include a section on public interest considerations relating to the decision being made. The section also includes any recommendations by the relevant committee, where applicable. The board is then asked to provide their public interest rationale for their decision during the meeting, and the rationale is recorded in the minutes, which are posted to the COO website and available to the public.</p> <p>A link to a recent meeting where public interest rationales were considered can be found <a href="#">here</a>. Agenda items where the public interest rationale was considered include a review of the <a href="#">Accreditation Policy</a> (agenda item 23.0) and the <a href="#">Board Effectiveness Self-Evaluation Policy</a> (agenda item 12.2).</p>	<p>Met in 2022, continues to meet in 2023</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		
		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul> <p>The COO formally adopted a Policy Governance approach in 2017. Between 2017 and 2020 the board approved over 40 new or updated governance policies, including 14 policies relating to operational risk boundaries. The board also approved regular review and monitoring schedules for each policy to ensure they are reviewed at least every 3 years, and that the Registrar, CEO provides regular monitoring reports that illustrate how the policy has been interpreted and followed during the relevant reporting period. The board’s <a href="#">Strategic Plan</a> identifies demonstrating regulatory leadership through governance excellence as one of the three primary goals.</p> <p>In 2023 the board received monitoring reports with respect to the following operational boundaries policies:</p> <ul style="list-style-type: none"> <li>- Financial Planning and Budgeting Policy</li> <li>- Corporate Identity, Public Image and Communications Policy</li> <li>- Emergency Registrar, CEO Succession Policy</li> <li>- Financial Condition Policy</li> <li>- Investment Policy</li> <li>- Communication and Support to the Board Policy</li> </ul>	<p>Yes</p>

		risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.	<ul style="list-style-type: none"> <li>- Reserves Policy</li> <li>- Technology and Cyber Security Policy</li> </ul>		
		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.	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (if needed)</i>			
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:			
		3.1 Council decisions are transparent.			
		Required Evidence	College Response		
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Partially	
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Council minutes are posted.</li> <li>• Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Minutes from board meetings can be found on the COO website <a href="#">here</a>.</p>		
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Yes	
		<i>Additional comments for clarification (optional)</i>			
		A process is underway to make status updates on the implementation of board decisions accessible on the COO website.			

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ol>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <p>Information about Executive Committee meetings is included in the Executive Committee Reports that are made to the board at each meeting. The reports include details of the meeting dates, matters that are discussed, decisions made, and where applicable, instances where the committee acted as the board. Board meeting materials are available on the website <a href="#">here</a>.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b> 3.2 Information provided by the College is accessible and timely.</p>				
		<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>	
		<p>a. With respect to Council meetings:</p> <ol style="list-style-type: none"> <li>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</li> <li>ii. Council meeting materials remain accessible on the College's website for a</li> </ol>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> <p>Materials for upcoming board meetings can be found on the COO website <a href="#">here</a>. Materials from past board meetings can be found on the COO website <a href="#">here</a>.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

		<p>minimum of 3 years, or a process for requesting materials is clearly outlined.</p>	<p><i>Additional comments for clarification (optional)</i></p>								
		<p>b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.</p>	<table border="1"> <tr> <td data-bbox="776 298 2196 354"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2196 298 2628 354"> <p>Met in 2022, continues to meet in 2023</p> </td> </tr> <tr> <td colspan="2" data-bbox="776 354 2628 506"> <ul style="list-style-type: none"> <li>Please insert a link to the College’s Notice of Discipline Hearings.</li> </ul> <p>Information about upcoming discipline hearings, including a link to the specified allegations, can be found on the COO website <a href="#">here</a></p> </td> </tr> <tr> <td data-bbox="776 506 2196 561"> <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="2196 506 2628 561"> <p>Choose an item.</p> </td> </tr> <tr> <td colspan="2" data-bbox="776 561 2628 659"> <p><i>Additional comments for clarification (optional)</i></p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>	<ul style="list-style-type: none"> <li>Please insert a link to the College’s Notice of Discipline Hearings.</li> </ul> <p>Information about upcoming discipline hearings, including a link to the specified allegations, can be found on the COO website <a href="#">here</a></p>		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	<p><i>Additional comments for clarification (optional)</i></p>	
<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>										
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<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>										
<p><i>Additional comments for clarification (optional)</i></p>											
<p><b>Measure:</b></p>											
<p><b>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</b></p>											
<p><b>Required Evidence</b></p>		<p><b>College Response</b></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>	<table border="1"> <tr> <td data-bbox="776 815 2196 870"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2196 815 2628 870"> <p>Yes</p> </td> </tr> <tr> <td colspan="2" data-bbox="776 870 2628 1286"> <ul style="list-style-type: none"> <li>Please insert a link to the College’s DEI plan.</li> <li>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul> <p>The College’s <a href="#">2023-2025 Strategic Plan</a> includes goals related to diversity, equity and inclusion in each of its three pillars (patient, registrant and organizational). The current strategic plan was approved in December 2022. The minutes from the meeting where this plan was approved can be found <a href="#">here</a> (page 9, agenda item 14.0). These minutes also include approval of the 2023 budget (page 6). Specific strategies, goals and key performance indicators are reviewed by the board semi-annually, together with budget associated for each strategy. These reports can be reviewed here:</p> <ul style="list-style-type: none"> <li><a href="#">March 2023 Strategic Plan Monitoring Report</a></li> <li><a href="#">October 2023 Strategic Plan Monitoring Report</a></li> </ul> </td> </tr> <tr> <td data-bbox="776 1286 2196 1341"> <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="2196 1286 2628 1341"> <p>Choose an item.</p> </td> </tr> <tr> <td colspan="2" data-bbox="776 1341 2628 1435"> <p><i>Additional comments for clarification (optional)</i></p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>Please insert a link to the College’s DEI plan.</li> <li>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul> <p>The College’s <a href="#">2023-2025 Strategic Plan</a> includes goals related to diversity, equity and inclusion in each of its three pillars (patient, registrant and organizational). The current strategic plan was approved in December 2022. The minutes from the meeting where this plan was approved can be found <a href="#">here</a> (page 9, agenda item 14.0). These minutes also include approval of the 2023 budget (page 6). Specific strategies, goals and key performance indicators are reviewed by the board semi-annually, together with budget associated for each strategy. These reports can be reviewed here:</p> <ul style="list-style-type: none"> <li><a href="#">March 2023 Strategic Plan Monitoring Report</a></li> <li><a href="#">October 2023 Strategic Plan Monitoring Report</a></li> </ul>		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	<p><i>Additional comments for clarification (optional)</i></p>	
<p>The College fulfills this requirement:</p>	<p>Yes</p>										
<ul style="list-style-type: none"> <li>Please insert a link to the College’s DEI plan.</li> <li>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul> <p>The College’s <a href="#">2023-2025 Strategic Plan</a> includes goals related to diversity, equity and inclusion in each of its three pillars (patient, registrant and organizational). The current strategic plan was approved in December 2022. The minutes from the meeting where this plan was approved can be found <a href="#">here</a> (page 9, agenda item 14.0). These minutes also include approval of the 2023 budget (page 6). Specific strategies, goals and key performance indicators are reviewed by the board semi-annually, together with budget associated for each strategy. These reports can be reviewed here:</p> <ul style="list-style-type: none"> <li><a href="#">March 2023 Strategic Plan Monitoring Report</a></li> <li><a href="#">October 2023 Strategic Plan Monitoring Report</a></li> </ul>											
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>										
<p><i>Additional comments for clarification (optional)</i></p>											

		<p>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>	<p>The College fulfills this requirement:</p>	Yes
			<ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</li> </ul> <p>Every briefing note prepared for a board or committee meeting relating to a policy, operational or strategic decision includes a section on the diversity, equity and inclusion considerations that relate to the decision at hand, which is considered by the board prior to making a decision.</p> <p>An example from 2023 includes approval of a new Currency of Practice Policy (June 5, 2023, board meeting). The board considered the impact of the policy on registrants who take leaves of absence or who may be working part time, and the need for the policy to build in opportunities for the Registration Committee to consider individual circumstances. For more information see the <a href="#">briefing note</a> at page 3.</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>	



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 the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

Monitoring reports are made to the board on a semi-annual basis on the status of activities and projects relating to the strategic plan, including key performance indicators and budget allocation. In 2023, strategic plan monitoring reports were delivered to the board in [March](#) and [October](#).

The board approves an annual budget and receives quarterly financial variance reports. The approved 2023 budget can be found [here](#).

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

Choose an item.

*Additional comments for clarification (optional)*

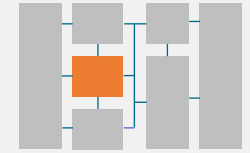
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	The College fulfills this requirement:		Met in 2022, continues to meet in 2023		
			<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li> </ul> <p>The COO’s <a href="#">Reserves Policy</a> was most recently reviewed/updated on May 17, 2021.</p>				
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	
			<p><i>Additional comments for clarification (if needed)</i></p>				



		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The board regularly reviews and updates written policies in the following areas relating to staff resources and succession planning:</p> <ul style="list-style-type: none"> <li>• <b>Human Resources and Relations Policy:</b> this policy was last reviewed/updated <a href="#">May 17, 2021</a> (item 9.1b) The board also reviews monitoring reports on this policy on a biannual basis. The most recent monitoring report was reviewed in October 2022.</li> <li>• <b>Emergency Registrar, CEO Succession Policy:</b> this policy was last reviewed/updated <a href="#">March 4, 2024</a> (item 8.2) The board also reviews a monitoring report on this policy on an annual basis. The most recent monitoring report was reviewed in March 2023.</li> </ul> <p>In addition, the board receives quarterly reports from the Registrar, CEO on staffing matters. All of this information is taken into account by the Finance Committee and the board when reviewing annual budgets to ensure that sufficient resources are allocated to staffing requirements.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></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"> <li>Please insert a link to the College's data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>The board approved a new <a href="#">Technology and Cyber Security Policy</a> in October 2022 and established regular review and monitoring cycles for the policy. The most recent monitoring report on this policy was presented in December 2023.</p> <p>In addition, the board receives quarterly reports from the Registrar, CEO on any relevant updates relating to data and technology.</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>	

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.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>Active engagement with other health regulatory colleges and system partners continued to be central to the work carried out by the COO in 2023 to execute its mandate.</p> <p>Some of the ways that the COO engaged with health regulatory colleges and other system partners in 2023 included:</p> <p><b>Pre-Arrival Readiness Tool – Streamlining Entry-to-Practice for Internationally Trained Candidates</b></p> <p>In 2023, the COO continued to work with the National Alliance of Canadian Opticianry Regulators (NACOR) to develop and launch a new <a href="#">Pre-Arrival Readiness Tool (PART)</a> for internationally applicants. PART is an online tool that streamlines entry-to-practice processes by allowing potential candidates to evaluate their knowledge and skills prior to applying for the Prior Learning Assessment and Recognition (PLAR) process to become an optician in Canada. In addition, the tool is designed to help</p>

candidates prepare for PLAR by providing rationales for questions answered incorrectly so they understand where they went wrong and by providing resources to assist candidates become more familiar with the required entry-to-practice competencies. PART is now available to potential candidates and can be completed from anywhere in the world. The COO and NACOR will be monitoring uptake of the tool in 2024.

**Other collaborations with Canadian opticianry regulators**

In 2023 the COO continued to collaborate with its national counterparts through the National Alliance of Canadian Opticianry Regulators (NACOR) on various other initiatives, including a campaign to promote the Prior Learning Assessment and Recognition (PLAR) process to internationally trained candidates. An information campaign is currently in development and is expected to launch in 2024.

The COO also collaborated with NACOR to engage Leger Marketing to carry out an extensive survey of Canadian opticianry patients to explore their experience in accessing and using opticianry services. The results of the survey were presented to the board at its December 2023 meeting.

**Indigenous Engagement Project**

In 2023 the COO and the College of Optometrists jointly retained a consultant for an initiative to engage with Indigenous communities to better understand the vision care experience of Indigenous patients in Ontario. The work will continue into 2024 with planned focus group discussion and the eventual development of a standard of practice on cultural safety and humility. By collaborating on this initiative, the colleges aim to align our approaches and improve overall outcomes for Indigenous patients.

**Collaboration with other Ontario health regulatory colleges**

The COO regularly collaborates with other Ontario health regulatory colleges through its participation in the Health Profession Regulators of Ontario (HPRO). In 2023 collaborations included participation in meetings and working groups in the following areas: registrar touch-base meetings, CPMF, diversity, equity and inclusion initiatives, compliance monitoring, human resources, communications, quality assurance and professional conduct. In addition, the COO continued to work closely with the College of Optometrist to align standards, guidelines and communications aimed at interdisciplinary practice environments, including with respect to new and specialty lens technologies.

In 2023 the COO also explored various space sharing opportunities with other HPRO members to potentially pool resources, reduce operating costs and leverage opportunities for collaboration. The COO is continuing to explore these opportunities with a view to sharing office space with at least one other regulatory college beginning in 2024.

**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, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

**Professional Roundtable**

In April 2023 the COO, in conjunction with the National Alliance of Canadian Opticianry Regulators (NACOR), brought together over 80 attendees for a second professional stakeholder roundtable event held in Montreal. Attendees included representatives from opticianry regulators across Canada, business owners and industry members, educators, professional associations and continuing education providers. The COO was directly involved in organizing the event, which was a full day, led by a facilitator, of exploring challenges facing the profession including health human resources, trends in enrollment and retirements, the impact of the COVID-19 pandemic on the profession and opportunities for collaboration.

The event received positive feedback from all participants, and plans are underway to hold another roundtable session in Fall 2024.

**Patient Survey on Access to Services**

In 2023, the COO collaborated with its NACOR counterparts to engage Leger Marketing to carry out a survey of 2000 opticianry patients across Canada on their experience accessing or attempting to access opticianry services. The survey identified access and experience trends within and across different provinces and asked about any challenges or barriers to accessing those services. A report summarizing the survey results was presented to the COO board in December 2023.

**Attendance at Industry Events and Trade Shows**

In 2023 the COO attended five industry events and trade shows to engage with registrants, professional association members, business owners and industry members. The COO set up a booth at each event that was staffed by team members to answer questions relating to registration, quality assurance, practice advise and other matters. The Registrar and Deputy Registrar also delivered continuing education presentations at each event to provide attendees with important

regulatory updates and practice advice. The presentations were all accredited and could be claimed by registrants toward their annual quality assurance program requirements.

#### **Presentations to Opticianry Students and Participation in Student Events**

The COO delivered presentations to students from two opticianry programs in 2023. The presentations provided an opportunity for the COO to engage directly with students and talk to them about the registration process and professional responsibilities after becoming registered. In addition to the presentations, the COO also attended student night events to further engage with and answer students' questions about the registration process.

#### **Unauthorized Practice Prevention Education**

In 2023 the COO launched an updated program to address risks to the public caused by unauthorized practice. The initiative included an [updated resource](#) on the COO's website to educate opticians, business owners and the public on the rules relating to dispensing, the difference between eye care practitioners and identifying potential unauthorized practice. The COO also developed a new [online form](#) to streamline the reporting process.

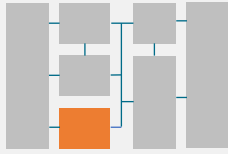
#### **Consultations with system partners**

The COO regularly engages in regular consultations with system partners on key decisions relating to standards, by-laws, policies and/or guidelines. In 2023, the COO carried out the following consultations:

- Proposed changes to the Registration Regulation – Emergency Class of Registration
- Proposed registration fees for 2024-2028
- New proposed registration policies:
  - Currency of Practice Policy
  - Practicum Policy
  - Reinstatement and Changing from Inactive to Active Practice Policy
- Proposed changes to the Standards of Practice
- Proposed amendments to fees for assessments and other miscellaneous fees

Feedback surveys were posted to the COO's website and shared directly via email with specific impacted groups, including, where applicable, registrants, students, educators, professional associations, continuing education providers and/or members of the public.





Measure:

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

The College fulfills this requirement:

Yes

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

The following COO policies pertain to the collection, use and/or disclosure of information:

- [Privacy Code](#)
- [College of Opticians of Ontario Email and Website Privacy Policy](#)
- Article 7.3 of the [COO By-Laws](#), page 20 (Duty of Confidentiality)
- Schedule C to the [COO By-Laws](#), page 56 (Rules of Order of the Board of Directors and its Committees)
- Schedule D (including Appendix II) to the [COO By-Laws](#), page 59 (Code of Conduct for Directors and Committee Members)

Other processes:

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

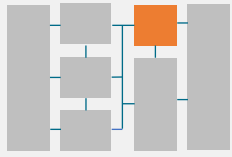
*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*



		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>The College underwent a fulsome security audit in 2019 to review its processes and policies with respect to safeguarding confidential information. As a result of this audit, updates were made to the following processes:</p> <ul style="list-style-type: none"> <li>Providing all board and committee members with college-issued email addresses</li> <li>Implementing multifactor authentication for all college accounts</li> <li>Ensuring the secure destruction of any credit card information on file</li> <li>Introducing new automated payment processes so that it would no longer be necessary to collect credit card information</li> <li>Issuing laptops/tablets to peer assessors</li> <li>Providing training to board members on cyber security</li> </ul> <p>In addition, the Registrar meets regularly with Executive Strategist of the COO's IT provider to review the COO's data and technology plan. During these meetings, any upgrades or updates to existing systems are identified and discussed, as well as any new software or programs which can provide an added layer of cybersecurity. The IT provider furthermore alerts the COO between meetings if any areas require urgent attention.</p> <p>In 2023, the COO carried out additional training for board and committee members and staff on cybersecurity, identifying phishing attempts and preventing security breaches.</p> <p>In the event of accidental or unauthorized disclosure of information, internal legal counsel is immediately alerted and steps are taken to assess the situation, ensure that confidential information is returned/destroyed, notify affected individuals, and examine internal processes to prevent further/future disclosures from occurring.</p>	<p>Yes</p>
<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

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.

*Benchmarked Evidence*

College Response

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

- 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 and indicate the page number(s) **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).

The college regularly monitors changing practice environments and technology through environmental scans and consultations with stakeholders and system partners, including but not limited to: opticianry regulators across Canada, opticianry educators, Health Professions Regulators of Ontario, the College of Optometrists of Ontario, opticianry associations and industry stakeholders.

[Standards of Practice and Practice Guidelines](#) are reviewed every five years, or more frequently as required (see page 4: Review Frequency).

In 2023:

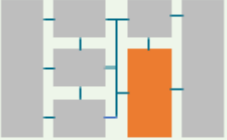
- *COVID 19 Practice Guidelines* were retired
- *Standard 4: Safety and Infection Control in the Practice Environment* was updated to address general requirements for safety and infection control in the event of public health emergencies or other circumstances of increased risk.
- *Standard 8: Refraction* was reviewed and, after extensive stakeholder consultation, revoked.
- The following policies were developed, reviewed and/or revised:
  - [Currency of Practice Policy](#)
  - [Practicum Policy](#)
  - [Reinstatement and Changing from Inactive to Active Status Policy](#)
  - [Language Proficiency Policy](#)
  - [Examination and Upgrading Policy](#)
  - [Internationally Educated Applicants Policy](#)
  - [Retention of Legal and Verifying Documents Policy](#)
  - [Strategic Outcomes Policy](#)
  - [Financial Planning and Budgeting Policy](#)

- [Financial Condition Policy](#)
- [Registrar, CEO Expectations and Job Products Policy](#)
- [Registrar, CEO Performance Evaluation and Compensation Policy](#)
- [Role of Board Officers Policy](#)
- [Appointed Member Policy](#)
- [Discipline Committee Terms of Reference and Mandate Policy](#)
- [Role of Committee Chairperson Policy](#)

*If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>When developing or updating policies, standards of practice, or practice guidelines, some or all the following steps are taken, depending on the nature of the policy, standard or guideline at issue:</p> <ul style="list-style-type: none"> <li>• Conducting a literature review of relevant publications</li> <li>• Reviewing relevant regulations, public health directives and/or information published by the Ministry of Health</li> <li>• Conducting an environmental scan of the regulatory environment in Ontario and/or nationally and/or internationally</li> <li>• Using surveys and/or focus groups to gather information from registrants and other relevant system partners</li> <li>• Circulating draft information to stakeholders for feedback</li> <li>• Circulating draft materials to the Citizens’ Advisory Group for feedback on the expectations of the public</li> <li>• Identifying potential risks posts to patients and/or the public</li> </ul> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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	<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> <ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>In 2020, the board updated the COO's <a href="#">organizational core values</a> to add equity, respect and diversity to its list of core values. Since that time, all briefing notes include a section on diversity, equity, and inclusion considerations to ensure that a DEI lens is applied to all policy decisions.</p> <p>The COO's <a href="#">2023-2025 Strategic Plan</a> integrates DEI into each of the three pillars: public, registrant and organizational, including the following goals/outcomes:</p> <ul style="list-style-type: none"> <li>• Safer and more inclusive patient care</li> <li>• Patient care is more inclusive and culturally safe</li> <li>• College processes and services are fair, relational and accessible to all registrants, applicants and members of the public</li> <li>• Registrants have access to high quality continuing education resources, including resources on diversity, equity and inclusion and cultural safety and humility</li> <li>• Diversity, equity and inclusion are integrated within the College's internal governance structure and decision-making process</li> </ul> <p>The <a href="#">Code of Ethics</a> includes provisions on respecting the dignity of all patients, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, religion/creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability, financial position, or ability to pay.</p> <p>The COO developed and released a jurisprudence module in 2021 on DEI to provide registrants with an overview of DEI concepts and how they apply in the practice environment. This module is available in both English and French. To date, 578 registrants have successfully completed the module.</p>	<p>Yes</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i>  The College is developing a new Standard on Cultural Safety and Humility jointly with the College of Optometrists.</p>	

		<b>Measure:</b> <b>9.1 Applicants meet all College requirements before they are able to practice.</b>	
		<b>Required Evidence</b>	<b>College Response</b>
<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>	<b>STANDARD 9</b>	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>1</sup>.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>• Please insert a link and indicate the page number <b>OR</b> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</li> </ul> <p>All documentation received as part of the registration application package is assessed against the criteria set out in the College's <a href="#">Registration Regulation</a>. Specific processes relating to registration are set out in the College's <a href="#">Registration Policies</a>.</p> <p>The College employs a multi-tiered system of document screening and assessment to ensure accuracy and impartiality of registration decisions. Documentation received undergoes initial screening for accuracy and completeness by the Registration Coordinator. Documentation is further assessed against the criteria set out in the Registration Regulation and the applicable Registration Policies by the Registration Coordinator and Senior Registration Coordinator. To ensure authenticity of submitted documents, the College requires notarization of original documentation. Additionally, the College requires that letters of standing be sent directly from the issuing authority. The College reserves the right to contact the applicant's educational institution, licensing body or supervisor directly in order to validate the information provided by the applicant. Registration is granted upon review by the Manager, Registration. If necessary, clarification and legal advice is sought from the College's legal counsel. Any applications that do not appear to meet registration criteria are referred by the Registrar to the Registration Committee.</p>

<sup>1</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> </ul> <p>The College has a number of <a href="#">policies</a> in place to assess whether an applicant meets the registration requirements. In 2023, the Registration Committee approved a quarterly policy review schedule to ensure that registration policies are reviewed on a three-year cycle and that they continue to follow best practices with respect to assessing applicant qualifications. The College also regularly engages in knowledge sharing with other members of the Ontario Regulators for Access Consortium (ORAC) network.</p> <p><a href="#">Board meeting materials of October 2, 2023</a>; items 7.1 Reinstatement Policy and 7.2 Language Proficiency Requirements Policy  <a href="#">Board meeting materials of December 4, 2023</a>; item 15.1 Registration Policies for Content Review</p> <ul style="list-style-type: none"> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>The <a href="#">Reinstatement Policy</a> was last reviewed and updated on October 2, 2023.</p> <p>The <a href="#">Language Proficiency Requirements Policy</a> was last reviewed and updated on October 2, 2023.</p> <p>The <a href="#">Contact Lens Fittings Policy</a> was reviewed by the Registration Committee on November 13, 2023 to determine whether it was necessary to extend the COVID-19 provision concerning the eyeglass fits beyond its expiry date of December 31, 2023.</p> <p>The <a href="#">Examination and Upgrading Policy</a> was last reviewed and updated on December 4, 2023.</p> <p>The <a href="#">Internationally Educated Applicants Policy</a> was last reviewed and updated on December 4, 2023.</p> <p>The <a href="#">Retention of Legal and Verifying Documents Policy</a> was last reviewed and updated on December 4, 2023.</p> <p>The remaining registration policies are scheduled to be reviewed in 2024.</p>	<p>Yes</p>

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b> 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>				
		<p>c. A risk-based approach is used</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p><b>Currency Requirements</b></p> <p>Under the current <a href="#">Registration Regulation</a> under the <i>Opticianry Act, 1991</i> there is no requirement for registrants to demonstrate ongoing currency as a condition of holding a certificate of registration as a registered optician.</p> <p>The currency requirements will be introduced under the amended Registration Regulation, which will come into effect on July 1, 2024. In anticipation of this change, the Registration Committee developed a Currency of Practice Policy, which sets out the minimum practice hours required to maintain a certificate of registration as a Registered Optician (500 hours over any 3-year period). The policy further sets out the types of activities that will qualify as practice hours and outlines the steps if the optician does not meet the currency requirements.</p> <p>The Currency of Practice Policy was approved by the Board on June 5, 2023 and will come into effect on July 1, 2024. The Board meeting materials relating to Currency of Practice Policy can be accessed here: <a href="#">June 5, 2023 package</a>; item 8.1 Currency of Practice Policy.</p> <p>Currency will be monitored via self-declaration with possibility of audit.</p>	



to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).

**Other Competency Requirements:**

All Registered Opticians must upload proof of compliance with the COO’s quality assurance program (including continuing education requirements) on an annual basis. Documents are subject to random and targeted audits through the COO’s Competency Review and Evaluation Program (CRE). Each year, 20% of registrants are randomly selected to participate in the CRE, which includes a review of their Professional Portfolio (continuing education hours, self-assessment and jurisprudence).

All registrants must self-declare any relevant conduct issues at time of initial application and on an ongoing basis. All self-declarations are reaffirmed annually at renewal. Since January 1, 2021, all applicants for a certificate of registration as a registered optician are also required to submit a Vulnerable Sector Check report as part of their application to the College.

Currency requirements for reinstatement applications are set out in the Reinstatement Policy, which applies the criteria set out in the College’s Registration Regulation. Registrants seeking reinstatement following a period of suspension greater than three years must submit evidence to the College that they demonstrate appropriate knowledge, skill, and judgment through opticianry related activities and education. This evidence is evaluated by the Registration Committee. The Committee may further require a registrant to undergo a competency-based assessment, examinations or quality assurance program activities prior to reinstatement.

*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)*

<sup>2</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

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:	Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none"> <li>• Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Fair Registration Practices Report 2022</a></li> </ul>	<ul style="list-style-type: none"> <li>• Where an action plan was issued, is it: No Action Plan Issued</li> </ul>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (if needed)</i>		

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> <ul style="list-style-type: none"> <li>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:                             <ul style="list-style-type: none"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>Does the College always provide this level of support: <b>Yes</b> <i>If not, please provide a brief explanation:</i></li> </ul> <p>In 2023, amendments were made to one standard (Standard 4: Safety and Infection Control), and one standard was rescinded (Standard 8: Refraction). In addition, Covid-19 Practice Guidelines were rescinded.</p> <p>To support registrants to implement these changes, the COO:</p> <ul style="list-style-type: none"> <li>Posted an <a href="#">update</a> to its website</li> <li>Notified registrants via email</li> <li>Gave presentations at two continuing education seminars/trade shows; 821 registrants reported attending these presentations. The COO also established booths at each of these events with staff on site to answer questions.</li> <li>Offering ongoing support via the Practice Advice Program</li> </ul>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></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 regulation <sup>3</sup> .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: Choose an item.</li> <li>• <i>If yes, please insert link to the policy.</i></li> </ul>	Met in 2022, continues to meet in 2023
	<p>Internal COO policies codify the foundational components of peer and practice assessments (behaviour-based interview, chart review and premises inspection), and principles regarding alignment between the National Competencies for Canadian Opticians, the Standards of Practice, and the optician’s individual areas of practice.</p> <p>The Peer and Practice Assessment (PPA) process was developed with the assistance of a consultant with expertise in the assessment of regulated health professionals. To ensure the assessment would focus on the areas of practice that would most impact the quality of a registrant’s practice, the COO conducted environmental scans and held focus groups with registrants in a variety of practice settings and specialties who provided insight into the competencies that should be assessed using a peer assessment methodology.</p> <p>In 2023, the College worked with a consultant to streamline the Peer and Practice Assessment tools to ensure it was meaningful, effective and meets the principles of Right Touch Regulation. During the research and development phase, the consultant engaged with stakeholders including subject matter experts in opticianry and registrants who had previously participated in a Peer and Practice Assessment. The approach is based on risk-based and right touch regulatory principles and places professional development at the forefront.</p> <p>The tool consists of a two-step process encompassing a practice profile and chart review in step 1 and a Professional Practice Interview in step 2 will be implemented in 2024.</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>	Choose an item.

<sup>3</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>– <i>Public</i> Choose an item. n/a</li> <li>– <i>Employers</i> Choose an item. n/a</li> <li>– <i>Registrants</i> Choose an item. n/a</li> <li>– <i>other stakeholders</i> Choose an item. n/a</li> </ul> </li> </ul> <p>The COO has applied right touch principles in its approach to registrant assessments since at least 2020. In 2023, all members of the Quality Assurance Committee received training on right touch regulation.</p> <p>The COO uses a program called the Competency Review and Evaluation (CRE) process to monitor registrant compliance with the Quality Assurance Program. The program is comprised of an audit of annual professional portfolio requirements and Peer and Practice Assessments (PPA). The CRE process is used to assess whether registrants are remaining current and engaging in continuing education and self-assessment, and by extension are continuing to practice in a manner that is in line with standards. Where the registrant fails to engage with the CRE process, the PPA is then used to serve a similar function – i.e. to assess whether the registrant is demonstrating currency and adhering to appropriate standards of practice. Selection criteria for PPAs are set out in the <a href="#">Peer Assessment Selection Criteria Policy</a>.</p> <p>The COO uses an evidence-informed right touch approach to determine which registrants will undergo an assessment activity. Data reviewed by the Quality Assurance Committee (QAC) in 2022 of registrants who underwent a peer and practice assessment indicated that registrants who fail to comply with Quality Assurance Program requirements are more likely to demonstrate practice deficiencies than registrants who scored below the threshold in the Multi-Source Feedback (MSF) process that previously formed part of the CRE process. Based on this information, the Board approved updates to the CRE process in 2022 that eliminated the MSF process and will place additional focus on PPAs beginning in 2024.</p> <p>In 2023, 20% of registrants were randomly selected to participate in the CRE process. In addition, registrants who demonstrated deficiencies or compliance issues in previous CRE rounds were also required to participate in 2023. The Quality Assurance Committee reviewed deficient submissions, and those with continuing deficiencies or compliance issues were referred for a PPA.</p> <p>Beginning in 2024, registrants will also be randomly selected to undergo a PPA. A stratified random selection process will be used to focus on those registrants who fail to upload some or all their professional portfolio requirements. In addition, a registrant may be continue to be referred for a Peer and Practice Assessment if they fail to demonstrate adequate compliance with the CRE process.</p>	<p>Met in 2022, continues to meet in 2023</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>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> </ul> <p>The Quality Assurance Committee uses a risk assessment tool to assist in identifying what level of risk a registrant presents when reviewing the results of Peer and Practice Assessments. The committee is focused on identifying risks and addressing that risk in a way best suited for the circumstance. The following criteria are used to inform remediation activities following a peer and practice assessment:</p> <ul style="list-style-type: none"> <li>Competencies identified as deficient by peer and practice assessment report</li> <li>whether the concerns identified are likely to have a direct impact on patient care, safety, or the public interest if not addressed whether any mitigating or aggravating factors were present</li> </ul>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b>  <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b></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 practicing.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's process for monitoring whether registrant's complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>All remediation activities that registrants must complete include an evaluation method and a mechanism for tracking successful completion (e.g. certificate of completion). COO staff track the results of remediation activities, including that the registrant has demonstrated successful completion. Registrants who successfully complete the assigned remediation are considered to demonstrate the required knowledge, skill, and judgement once they have successfully completed the remediation and are not further assessed.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

Measure 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> <ul style="list-style-type: none"> <li>Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li> <li>Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p>The following information is available on the college’s website:</p> <ul style="list-style-type: none"> <li>Complaints and Conduct: <a href="https://collegeofopticians.ca/public/complaints-and-conduct">https://collegeofopticians.ca/public/complaints-and-conduct</a></li> <li>How to File a Complaint: <a href="https://collegeofopticians.ca/public/complaints-and-conduct/how-to-file-a-complaint">https://collegeofopticians.ca/public/complaints-and-conduct/how-to-file-a-complaint</a></li> <li>Understanding the Complaints Process: <a href="https://collegeofopticians.ca/public/complaints-and-conduct/understanding-the-complaints-process">https://collegeofopticians.ca/public/complaints-and-conduct/understanding-the-complaints-process</a></li> <li>FAQ : <a href="https://collegeofopticians.ca/public/complaints-and-conduct/complaints-faq">https://collegeofopticians.ca/public/complaints-and-conduct/complaints-faq</a></li> <li>Funding for Therapy and Counselling: <a href="https://collegeofopticians.ca/public/funding-for-therapy">https://collegeofopticians.ca/public/funding-for-therapy</a></li> </ul> <p>Information received is initially screened by College staff who assess if more information is required from the complainant. Where necessary, staff will contact the complainant to request additional information.</p>	<p>Yes</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

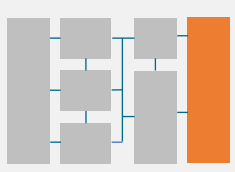
		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>All complainants receive an acknowledgment letter and information sheet that explains the investigations process and possible ICRC outcomes. These documents have been reviewed by College staff and General Counsel. The ICRC is provided with these documents in their review of each individual investigation. If changes need to be made, the ICRC instructs College staff to do so.</p> <p>In 2019, standard letters and communications that are sent to complainants underwent a relational review process following staff training sessions on relational writing and communication. Additionally, the College engaged an external consultant in 2015 and in 2020 to conduct a relational audit. This audit included a review of selection of documents, including complaint communications.</p>	Yes
		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>In 2023 the COO's response rate was 0.98</p>	Met in 2022, continues to meet in 2023
		<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>		Choose an item.



		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
			<ul style="list-style-type: none"> <li>Please list supports available for the public during the complaints process.</li> <li>Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>All public inquiries about the College’s complaint process are responded to promptly and staff are available to guide the public as needed. Information on the College’s complaints process is published on the College’s website. The College’s Decisions and Reasons are written in plain language and the complainant receives a copy of the Decision and Reasons at the conclusion of the process.</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>Measure:</b>			
		<b>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</b>			
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes	
			<ul style="list-style-type: none"> <li>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p>The complainant is provided with contact information (telephone number and email address) for the Manager and Senior Coordinator of Professional Conduct initially during the start of the of the process, and on an ongoing basis as needed.</p> <p>Parties are supported to participate in the complaints process by receiving information that thoroughly describes the process and the potential outcomes. Parties are also provided with information about available accommodations, such as translation, transcription or visual aids if required. Parties are also made aware of HPARB and the ability to seek a review of the outcome.</p>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
			<i>Additional comments for clarification (optional)</i>		

<p>Measure: 12.1 The College addresses complaints in a right touch manner.</p>			
<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>	
	<ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p>Guidance on the risk assessment framework used by the Inquiries, Complaints and Reports Committee is available on our website <a href="#">here</a>.</p>		
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>		

<p><b>Measure:</b></p> <p>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.).</p>			
<p>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.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>	
	<ul style="list-style-type: none"> <li>Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> </ul> <p>Information is sought and/or shared with other colleges or other relevant system partners on a case by case basis. Legal counsel is consulted prior to disclosing any confidential information with another college or system partner to ensure that disclosure is consistent with the requirements of s. 36 of the RHPA. Circumstances for disclosure could include:</p> <ul style="list-style-type: none"> <li>Information about investigations and/or decisions made by the ICRC or Discipline Committee are shared with other regulatory bodies where a registrant is a member or is seeking registration.</li> <li>Changes to a registrant’s registration status (e.g., suspension, resignation, terms, conditions or limitations) will be shared with the registrant’s employer.</li> <li>Concerns about a registrant of another regulatory body that the COO becomes aware of in the course of an investigation or through other means will be shared with the relevant regulatory body.</li> <li>Information will be shared, in accordance with s. 36 of the RHPA, with law enforcement and/or another individual or organization, where there are reasonable grounds to believe that disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.</li> <li>Information will also be shared with third party payors to confirm information on the public register about a registrant’s registration status and/or history.</li> </ul> <ul style="list-style-type: none"> <li>Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul> <p>In 2023 the COO shared concerns about a registrant of another regulatory body on 9 occasions. In each case, an individual had contacted the college to make a complaint against a person who was not a registrant of the COO. The complainants provided their consent for the COO to forward their complaint on to the appropriate regulatory body.</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>Yes</p>
	<p><i>Additional comments for clarification (if needed)</i></p> <p>The COO is planning to develop a policy outlining consistent criteria for disclosure of concerns about a registrant with other regulators or external system partners.</p>		

		<b>Measure:</b> <b>14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</b>	
		<b>Required Evidence</b>	<b>College Response</b>
<b>DOMAIN 7: MEASUREMENT, REPORTING &amp; IMPROVEMENT</b>	<b>STANDARD 14</b>	<b>a. Outline the College’s KPIs, including a clear rationale for why each is important.</b>	The College fulfills this requirement: <span style="float: right;">Met in 2022, continues to meet in 2023</span> <ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p> <a href="#">March 2023 Strategic Plan Monitoring Report</a>  <a href="#">October 2023 Strategic Plan Monitoring Report</a> </p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>	
		<b>b. The College regularly reports to Council on its performance and risk review against:</b> <ol style="list-style-type: none"> <li>stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</li> <li>regulatory outcomes (i.e., operational</li> </ol>	The College fulfills this requirement: <span style="float: right;">Met in 2022, continues to meet in 2023</span> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting 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 and indicate the page number.</li> </ul> <p>         March 2023 Meeting: <a href="#">Strategic Plan Monitoring Report</a> and <a href="#">Approved Minutes</a> (see page 4 and 5 for discussion/approval of strategic plan monitoring report)          October 2023 Meeting: <a href="#">Strategic Plan Monitoring Report</a> and <a href="#">Approved Minutes</a> (see page 6 for discussion/approval of strategic plan monitoring report)       </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>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><i>Additional comments for clarification (if needed)</i></p>	
<p><b>Measure:</b></p> <p><b>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</b></p>				
		<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> </ul> <p>The board reviews bi-annual monitoring reports on the strategic plan and progress/achievement of KPIs, and provides direction, where needed, on improvement activities. In 2022, Strategic Plan monitoring reports were reviewed by the board in <a href="#">March</a> and <a href="#">October</a>. The reports identified those KPIs that had been achieved, or, where applicable, any adjustments that had been made to KPIs or overall strategies in light of new information or changing practice or environmental conditions or evolving public expectations. The board was of the view that achievement of identified strategic objectives and KPIs was on track and agreed with any course corrections identified, and therefore no improvement activities were identified.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				

<b>Measure:</b> <b>14.3 The College regularly reports publicly on its performance.</b>		
		a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.
		The College fulfills this requirement:
		Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none"> <li>Please insert a link to the College’s dashboard or relevant section of the College’s website.</li> </ul> <p> <a href="#">March 2023 Strategic Plan Monitoring Report</a>  <a href="#">October 2023 Strategic Plan Monitoring Report</a> </p> <p>           These documents are included in public board meeting packages, which are available on the COO website <a href="#">here</a>.         </p>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
<i>Additional comments for clarification (if needed)</i>		

## Part 2: Context Measures

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

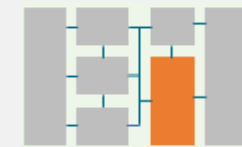
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. 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 10.2(a) of Standard 10.</i></p>
i. Completion of Professional Portfolio	3170	
ii. Competency Review and Evaluation – Professional Portfolio Review	683	
iii. Peer and Practice Assessment	12	
iv. Specified Continuing Education or Remediation Programs ordered by the Quality Assurance Committee	0	
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		



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

[NR](#)

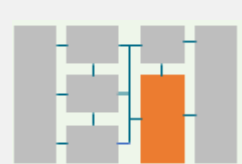
*Additional comments for clarification (if needed)*

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

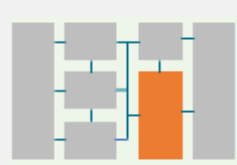
**Competency Review and Evaluation Process:** The COO uses the Competency Review and Evaluation (CRE) process to audit registrants' compliance with the Quality Assurance Program. Annually, 20% of registrants are randomly selected to participate in the CRE. In addition, registrants may be directed by the Quality Assurance Committee to participate in the CRE process as a result of deficiencies identified in a prior year or where a deferral had been previously granted.

**Peer and Practice Assessments:** Registrants who failed to demonstrate compliance with the Competency Review and Evaluation Process may be referred for a Peer and Practice Assessment.

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.  <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2023	3170	100%	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	0	0	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i>
<a href="#">NR</a>			
<i>Additional comments for clarification (if needed)</i> - All registrants who are current and active or current and inactive during the reporting year in question are required to participate in the Quality Assurance Program via completion of an annual Professional Portfolio.			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2023:**	#	%	<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 judgement following remediation*	n/a	n/a	
II. Registrants still undertaking remediation (i.e., remediation in progress)	n/a	n/a	
<p><a href="#">NR</a></p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>No registrants were required by the Quality Assurance Committee to undergo remedial activities in 2023.</p> <p>-</p>			

**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar	Investigations
Themes:	#	%	#	%
I. Advertising	NR	NR	0	0
II. Billing and Fees	0	0	0	0
III. Communication	NR	NR	0	0
IV. Competence / Patient Care	6	24	0	0
V. Intent to Mislead including Fraud	5	20	0	0
VI. Professional Conduct & Behaviour	16	64	10	91
VII. Record keeping	0	0	0	0
VIII. Sexual Abuse	NR	NR	0	0
IX. Harassment / Boundary Violations	0	0	0	0
X. Unauthorized Practice	0	0	NR	NR
XI. Other <please specify>	0	0	0	0
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>25</b>	<b>108%</b>	<b>11</b>	<b>91%</b>

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

<p><a href="#">Formal Complaints</a> <a href="#">NR</a> <a href="#">Registrar's Investigation</a></p> <p><i>**In CY 2023, the College received 25 formal complaints (excludes withdrawn complaints) and commenced 11 Registrar Investigations. The requested information on themes (number and %) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes. Therefore the numbers set out per theme do not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2023	25	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	NR	
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	11	
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	NR	NR
IV. Formal complaints that proceeded to ICRC and are still pending	23	92
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports 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><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i>  <i>** 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.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>CM#9: The figures in this section refer only to complaint and report matters “received in CY 2023” and does not include matters carried over from previous reporting years.</p>			

**Table 6 – Context Measure 10**

DOMAIN 6: SUITABILITY TO PRACTICE								
STANDARD 12								
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 10. Total number of ICRC decisions in 2023		27						
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++						
Nature of Decision		Take no action	Provides advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I.	Advertising	NR	0	0	0	0	0	0
II.	Billing and Fees	0	0	0	0	0	0	0
III.	Communication	NR	0	0	0	0	0	0
IV.	Competence / Patient Care	NR	NR	0	NR	0	0	0
V.	Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI.	Professional Conduct & Behaviour	7	NR	0	0	0	NR	0
VII.	Record Keeping	0	NR	0	0	0	0	0
VIII.	Sexual Abuse	0	0	0	0	0	NR	0
IX.	Harassment / Boundary Violations	0	0	0	0	0	NR	0



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

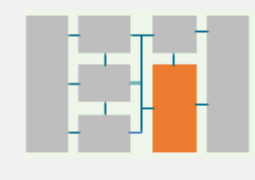
• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2023.  
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.  
[NR](#)

*What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*

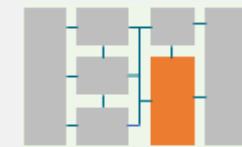
*Additional comments for clarification (if needed)*

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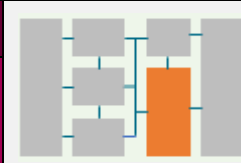
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: College Method</p> <p><i>If College method is used, please specify the rationale for its use: For CM#11(II), it was not possible to calculate a 90th percentile as only 1 matter was disposed of by the COO in 2023. The figure below therefore represents the number of working days to dispose of the matter.</i></p>		
<b>Context Measure (CM)</b>		
<b>CM 11. 90<sup>th</sup> Percentile disposal of:</b>	<b>Days</b>	<p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i></p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p>
I. A formal complaint in working days in CY 2023	619	
II. A Registrar’s investigation in working days in CY 2023	1128	
<p><a href="#">Disposal</a></p> <p><i>Additional comments for clarification (if needed)</i></p> <p style="text-align: center;">-</p>		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: College Method <i>If a College method is used, please specify the rationale for its use: It was not possible to calculate a 90th percentile as only 2 uncontested matters were disposed of by the COO in 2023. Therefore, the figure below represents the number of working days to dispose of the longer of the two uncontested matters.</i>		
Context Measure (CM)		
<b>CM 12.</b> 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 2023	151	
II. A contested discipline hearing in working days in CY 2023	0	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  -		

**Table 9 – Context Measure 13**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d  <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		<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>
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	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	0	

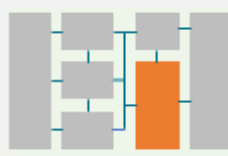
*\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

*Additional comments for clarification (if needed)*

In 2023, the College's Discipline Committee heard two matters. Both matters were adjourned indefinitely in light of the Registrant signing an undertaking to resign their membership in and certificate of registration with the College and never re-apply for membership, registration, licensure or similar status as an optician with the College or any other regulatory body for opticians in Canada.

**Table 10 – Context Measure 14**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: <b>R e c o m m e n d e d</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 14. Distribution of Discipline orders by type*</b>		<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	0	
IV. Reprimand	0	
V. Undertaking	NR	
<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> <a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a> -                     </p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>In 2023, the College’s Discipline Committee heard two matters. Both matters were adjourned indefinitely in light of the Registrant signing an undertaking to resign their membership in and certificate of registration with the College and never re-apply for membership, registration, licensure or similar status as an optician with the College or any other regulatory body for opticians in Canada.</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 Professions 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, they 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](#)