

Technical Specifications for Quantitative College Performance Measurement Framework Measures

January 2023

Table of Contents: Context Measures

Introduction	4
Table 1: The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.....	5
Table 3: Context Measure – the total number of registrants who participated in QA Program in CY 2022	8
Table 4: Context Measure – the rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undertake remediation.....	9
Table 5: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that demonstrated required knowledge, skills, and judgment following remediation	11
Table 6: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that are still undertaking remediation	13
Table 7: Context Measure – the distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	15
Table 8: Context Measure – the total number of formal complaints that were brought forward to the ICRC during the reporting period in CY 2022	19
Table 9: Context Measure – the total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022.....	21
Table 10: Context Measure – the 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 reporting period in CY 2022	22
Table 11: Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that proceeded to Alternative Dispute Resolution (ADR).....	24
Table 12: Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that were resolved through Alternative Dispute Resolution (ADR).....	26
Table 13: Context Measure – total number of formal complaints that were disposed of by the ICRC in CY 2022	28
Table 14: Context Measure –the rate of formal complaints that proceeded to ICRC and are still pending in CY 2022	30
Table 15: Context Measure – of the formal complaints that were withdrawn of in CY 2022 the rate that were withdrawn by the Registrar at the request of a complainant	32

Table 16: Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that are disposed of by the ICRC as frivolous and vexatious.....	34
Table 17: Context Measure – Rate of formal complaints and Registrar’s Investigations that were disposed of in CY 2022 that are disposed of by the ICRC as a referral to the Discipline Committee.....	36
Table 18: Context Measure – the distribution of ICRC decisions by theme in CY 2022.....	38
Table 19: Context Measure – the 90 th percentile disposal of a formal complaint in working days in CY 2022	42
Table 20: Context Measure – the 90 th percentile disposal of a Registrar’s Investigation in working days in CY 2022	44
Table 21: Context Measure – the 90 th percentile disposal of an uncontested discipline hearing in working days in CY 2022	46
Table 22: Context Measure – the 90 th percentile disposal of a contested discipline hearing in working days in CY 2022	47
Table 23: Context Measure – the distribution of discipline findings by theme in CY 2022.....	48
Table 24: Context Measure – the distribution of discipline orders by type in CY 2022.....	52
Glossary	54

Introduction

This document serves as a companion document to the College Performance Measurement Framework (CPMF) Reporting Tool. It is designed to provide Ontario's health regulatory Colleges (Colleges) with recommended methods for calculating the quantitative measures that form part of the CPMF.

Data may not be readily available for each College to calculate the quantitative measures in the recommended manner (e.g., due to differences in definitions). Where this is the case, a College can report the information in a manner that is consistent with their data infrastructure and availability.

If a College does use a different method, for transparency purposes it should:

- Indicate in the CPMF Reporting Tool that it is using its own method so that the ministry can understand how the College calculated the information provided.
- Provide a brief rationale for why it is using its own method.

Table 1: The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.

Suitability to Practice Domain > Standard 12: The complaints process is accessible and supportive.

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
Description	Indicates whether the College provides an individualized response to 90% of inquiries from the public within 5 business days and provides timelines for follow up where necessary.
Calculation Method	Numerator/Denominator
Numerator	Number of responses provided to the initial public inquiry (including expected timeline for follow-up) within 5 business days.
Denominator	All inquiries from the public related to the College’s complaints process received within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Inquiries from anyone other than the “public” as defined below. • Inquires not related to the complaints process. • Calls to file a complaint or Inquiries about a complaint that has been filed with the College.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Public Inquiry Response Method of Receipt

Table 2: Context Measure – the type and distribution of QA/QI activities or assessments used in CY 2022¹

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

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2022
Description	The type of QA and QI activities and assessments that the College uses to assess a registrant’s ongoing competence and support registrants in maintaining competence, and the distribution of the activities and assessments used (e.g., CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).
Calculation Method	<p>This Measure captures two separate calculations:</p> <ol style="list-style-type: none"> 1. Distribution of QA/QI activities or assessments <ol style="list-style-type: none"> i. Report the distinct types of activities or assessments used by the College. ii. Calculate the number activities or assessments undertaken across each type of activity or assessment. <p>Note:</p> <ul style="list-style-type: none"> - Where the number in a given type of QA/QI activity or assessment is between 1 and 5, report in CPMF Reporting Tool as “NR” - Where no registrant underwent a particular type of QA/QI activity or assessment, report in CPMF Reporting Tool as “0”.

¹ 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 contextual 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.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2022
Exclusions	<ul style="list-style-type: none"> • Remedial activities required of registrants outside of the College’s QA program (e.g., remediation ordered by a Panel of the ICRC). • QA and QI activities undertaken by inactive or non-practising registrants. • All QA activities or assessments undertaken by active registrants of a College outside of the QA Program.
Inclusion	<ul style="list-style-type: none"> • All QA activities or assessments undertaken by active registrants of a College as part of the QA Program. • All QI activities or assessment undertaken by active registrants of a College.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	QA activity and assessment QI activity and assessment Inactive or non-practicing registrants

Table 3: Context Measure – the total number of registrants who participated in QA Program in CY 2022

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

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2022
Description	The total number of registrants that participated in an activity or assessment as part of the Quality Assurance Program.
Calculation Method	The total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period.
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who underwent QA activities or assessment. • All QI activities or assessment undertaken by active registrants of a College. • All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.
Inclusion	<ul style="list-style-type: none"> • Registrants who initiated a QA activity or assessment within the reporting period.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	QA activity and assessment QI activity and assessment Inactive or non-practicing registrants

Table 4: Context Measure – the rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undertake remediation

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

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undertake remediation.
Description	The proportion of registrants that undertook a QA activity or assessment as part of the QA Program and were directed by the QA Committee to undertake remediation.
Calculation Method	Numerator/Denominator – Where the number of registrants referred to the QA Committee is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no referrals have been made to the QA Committee as part of the QA Program, report in CPMF Reporting Tool as “0”.
Numerator	Number of registrants who undertook an activity or assessment as part of the QA Program and were required to undertake remediation at the direction of the QA Committee in CY2022 (including number carried over from previous year).
Denominator	Total number of registrants who undertook an activity or assessment as part of the QA Program in CY2022 (including number carried over from previous year).
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who undertook QA activities or assessment. • Remediation ordered by any other Committee of the College.

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undertake remediation.
Inclusion	<ul style="list-style-type: none"> All active registrants who undertook a QA activity or assessment as part of the QA Program (Note: may include registrants who are were directed to undertake remediation in the previous year).
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Inactive or non-practicing registrants Remediation activity or assessment

Table 5: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that demonstrated required knowledge, skills, and judgment following remediation

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

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Description	The proportion of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation was intended to address.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> – Where the number of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no registrants demonstrated the required knowledge, skill and judgment following remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants that were referred to the QA Committee as part of the QA Program in CY 2022 (including number carried over from previous year), where the QA Committee directed the registrant to undergo a remediation activity and who subsequently demonstrated the required knowledge, skills and judgment following the remediation activity.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 (including number carried over from previous year) where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who underwent QA activities or assessment. • Any remediation activity that the College cannot verify whether upon completion the registrant demonstrated the required knowledge, skills or judgment or where the College cannot/does not have an auditing process. • Any registrant who has not completed remediation or has not been reassessed by the College within the reporting period (remediation is ongoing, registrant refusal to undertake).
Inclusion	<ul style="list-style-type: none"> • All registrants who completed required remediation activity within the reporting period (Note: may include registrants who are were directed to undertake remediation in the previous year).
Reporting period ²	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Remediation activity or assessment Inactive or non-practicing registrants

² The ministry is aware that remediation may carry over from the previous year. However, for purposes of the CPMF, the reporting period will continue to be the calendar year for which the report is being completed. Colleges should note if cases are being carried over from the previous year.

Table 6: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that are still undertaking remediation

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

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Description	The proportion of registrants that were required by the QA Committee to undergo remediation as part of the QA Program that have not yet completed the remediation during the reporting period.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> – Where the number of registrants still undertaking remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no registrants are still undertaking remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants who were required by the QA Committee to undergo a remediation activity as part of the QA Program that have not completed the remediation within the reporting period.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2022 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants required to undertake remediation. • Registrants required to undertake remediation who cease being a registrant for any reason or those that move to the inactive class.
Inclusion	<ul style="list-style-type: none"> • Registrants who initiated, but have not completed, remediation within the reporting period.

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Remediation activity or assessment Inactive or non-practicing registrants

Table 7: Context Measure – the distribution of formal complaints and Registrar’s Investigations by theme in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022
Description	The distribution of complaints by theme as determined by the College, and the distribution of Registrar’s reports by theme as determined by the College.
Calculation Method	<ol style="list-style-type: none"> 1. Report the total number of formal complaints filed about registrants, and the number of complaints received across each of the following themes. 2. Report the total number of Registrar initiated investigations against registrants, and the number of complaints received across each of the following themes. 3. Report the percentage of the total formal complaints and Registrar initiated investigations represented for each theme [e.g., if there are 200 formal complaints and 20 with advertising as a theme then you would report $(20/200) \times 100 = 10\%$]. <p>Note:</p> <ul style="list-style-type: none"> – Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – When reporting % in the CPMF Reporting Tool use the reported numbers as the total when calculating the % (i.e. exclude the values where the College reports NR). Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. – Where there are multiple themes for a single complaint or Registrar’s Investigation, each theme related to the complaint or Registrar’s Investigation should be included in the count.

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022
	<ul style="list-style-type: none"> – Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.
<p><u>Theme:</u>³</p> <p>Advertising:</p> <p>Billing and Fees:</p> <p>Communication:</p> <p>Competence / Patient Care:</p>	<p><u>Examples:</u></p> <p>Concerns that an advertisement related to a registrant’s practice is in violation of a College’s requirements, which depending on the profession, could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, or is discriminatory among other allegations.</p> <p>Concerns regarding a fee, billing or account submitted by or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, reasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where charges do not align with the regulator’s guidance on billing arrangements, block fees, and/or payment plans.</p> <p>Concerns regarding a registrant’s communication with a patient, a patient’s relatives and/or a patient’s decision-makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.</p> <p>Complaints that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent as directed under the necessary privacy legislation.</p>

³ The ministry notes that Colleges may require time to adjust processes to align with the themes included in the CPMF. Colleges are encouraged to move towards implementation and uptake of the themes as included in the CPMF to drive consistency and alignment in how College’s report on their processes. During the interim the ministry encourages Colleges to map to the themes as included to their best ability.

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022
Intent to Mislead including Fraud:	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
Professional Conduct & Behaviour:	Concerns that a registrant has demonstrated conduct that is unbecoming, disgraceful, dishonorable or unprofessional, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or breach of confidentiality.
Record Keeping:	Concerns regarding a registrant’s financial and patient records, including retention of records and complying with the necessary privacy legislation to address the collection, access and sharing of personal health information, as appropriate. Allegations could include that the registrant failed to maintain records, include insufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).
Sexual Abuse:	Allegations that a registrant may have committed an act of sexual abuse by means of sexual intercourse or other forms of physical sexual relations between the registrant and the patient e.g. entering into a relationship with a patient), touching, of a sexual nature, of the patient by the member/registrar, or behaviour or remarks of a sexual nature by the member/registrar towards the patient.
Harassment / Boundary Violations:	Sharing intimate details of the registrant’s personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.
Unauthorized Practice:	Concerns that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession’s scope of practice.
Other:	Concerns that do not fall into any of the above themes above.

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2022
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.
Inclusions	<ul style="list-style-type: none"> Complaints that are formally submitted to the College. Matters where the ICRC approved the appointment of an investigator after reviewing a report. Complaints resolved through Alternative Dispute Resolution. Complaints that are withdrawn by the Registrar at the request of a complainant.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Formal Complaint Registrar's investigation Formal Complaints withdrawn by Registrar at the request of a complainant

Table 8: Context Measure – the total number of formal complaints that were brought forward to the ICRC during the reporting period in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2022
Description	The total number of formal complaints the College receives that were brought forward to a Panel of the ICRC during the reporting period.
Calculation Method	The total number of formal complaints that were brought forward for review by a Panel of the ICRC within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • All health-related inquiries. • Matters where the ICRC or Registrar approves the appointment of an investigator after reviewing a report. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • Formal complaints which meet the eligibility criteria for use of the ADR process and where the Registrar adopts the proposed resolution to withdraw the complaint the request of the complainant.
Inclusions	<ul style="list-style-type: none"> • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Formal Complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2022
	<ul style="list-style-type: none"> Formal complaints that meet the eligibility criteria for use of the ADR process⁴.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Alternative Dispute Resolution (ADR) Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant

⁴The ministry is aware that not all Colleges have an ADR process. Colleges that already have an ADR process are encouraged to and should note complaints that meet the eligibility criteria for ADR. Colleges that do not include ADR complaints should note this in their report.

Table 9: Context Measure – the total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #7	Total number of ICRC matters brought forward to the ICRC as a result of a Registrar’s Investigation in CY 2022
Description	The total number of ICRC matters that are referred to a Panel of the ICRC for review as a result of a Registrar’s investigation during the reporting period.
Calculation Method	All Registrars Investigations that are brought to a Panel of the ICRC for review.
Exclusions	<ul style="list-style-type: none"> • Formal complaints to the College. • Reports or concerns that the Registrar does not bring to the ICRC for review.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Formal Complaint Registrar’s Investigation

Table 10: Context Measure – the 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 reporting period in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public	
Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022
Description	The total number of ICRC matters where the Registrar appointed an investigator approved by a Panel of the ICRC during the reporting period.
Calculation Method	All requests or notifications for appointment of an investigator brought forward to a Panel of the ICRC that were approved within the calendar year.
Exclusions	<ul style="list-style-type: none"> • All formal complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Formal complaints withdrawn by the Registrar at the request of a complainant. • All requests for appointment under s.75(1)(c) under the RHPA.
Inclusions	<ul style="list-style-type: none"> • All requests for appointment under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA. • Registrar-appointed investigator approved by the ICRC based on Registrar’s belief that a registrant has committed an act of professional misconduct or is incompetent. • Registrar appointment of an investigator upon request by a Panel of the ICRC after receiving information about a registrant from the Quality Assurance Committee.

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022
	<ul style="list-style-type: none"> Registrar appointment of an investigator based on Registrar's belief that the conduct of the registrant would expose or would likely expose their patients to harm or injury.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Registrar's Investigation Formal Complaints withdrawn by Registrar at the request of a complainant Frivolous and vexatious

Table 11: Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that proceeded to Alternative Dispute Resolution (ADR)

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2022
Description	The proportion of all formal complaints filed with the College that are eligible and are referred by the Registrar to the ADR process with the consent of the complainant to try and resolve the complaint.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> – Where the number of formal complaints that proceeded to ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints proceeded to ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period with agreement from both parties, and upon the Registrar’s approval, that proceeded to ADR.
Denominator	The total number of formal complaints filed against registrants within the reporting period including total number of formal complaints filed against registrants in previous reporting periods but were referred to the ADR process by the Registrar in the current reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2022
	<ul style="list-style-type: none"> • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report under s. s. 75(1)(a) or (1)(b). • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Formal complaints that meet eligibility criteria for use of the ADR process as outlined by the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA as appropriate.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Alternative Dispute Resolution (ADR) Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant

Table 12: Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that were resolved through Alternative Dispute Resolution (ADR)

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2022
Description	The proportion of all formal complaints filed with the College that are resolved through the ADR process.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> - Where the number of formal complaints that were resolved through ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. - Where no formal complaints were resolved through ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period which were resolved through the ADR process with agreement from both parties with the resolution adopted by the Registrar or ICRC as per s. 25.1(4) of Code.
Denominator	Total number of formal complaints filed against registrants within the reporting period including formal complaints filed against registrants in previous reporting periods which were resolved through the ADR process withing the current reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal Complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature.

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2022
	<ul style="list-style-type: none"> • Matters where a Panel of the ICRC has approved the Registrar’s appointment or requested the Registrar to conduct an investigation under s. s. 75(1)(a) or (1)(b). • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR)</p> <p>Formal Complaint</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant</p>

Table 13: Context Measure – total number of formal complaints that were disposed of by the ICRC in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2022
Description	The total number of formal complaints a Panel of the ICRC disposed of through a decision by the ICRC Panel.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC has approved the Registrar’s appointment or requested the Registrar to conduct an investigation under s. s. 75(1)(a) or (1)(b). • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Formal complaints resolved through Alternative Dispute Resolution and adopted by ICRC. • All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2022
Definitions	Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant Disposal Alternative Dispute Resolution (ADR)

Table 14: Context Measure –the rate of formal complaints that proceeded to ICRC and are still pending in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2022
Description	The proportion of formal complaints that have been referred to a Panel of the ICRC where the complaint has not yet been disposed of through a decision by an ICRC Panel.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints referred to a Panel of the ICRC for disposition within the reporting period where an ICRC Panel has not provided a decision to the registrant and complainant within the reporting period.
Denominator	Total number of formal complaints that were brought forward to a Panel of the ICRC in CY 2022. (This should align with the number from CM 6.)
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • All formal complaints referred to a Panel of the ICRC for reasons other than a disposition (e.g. undertaking, investigation advice, request to summons a witness). • Matters where a Panel of the ICRC has approved the Registrar’s appointment or requested the Registrar to conduct an investigation.

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2022
	<ul style="list-style-type: none"> • All health-related inquiries. • Formal complaints resolved through Alternative Dispute Resolution (ADR).
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c).
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant Disposal Alternative Dispute Resolution (ADR)

Table 15: Context Measure – of the formal complaints that were withdrawn of in CY 2022 the rate that were withdrawn by the Registrar at the request of a complainant

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2022
Description	The proportion of formal complaints received that are withdrawn by the Registrar at the request of a complainant.
Calculation Method	Numerator/Denominator: <ul style="list-style-type: none"> – Where the number of formal complaints withdrawn by the Registrar at the request of a complainant is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints were withdrawn by the Registrar at the request of a complainant, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints within the reporting period in which the Registrar approves the request of a complainant to withdraw the complaint.
Denominator	Total number of formal complaints filed against registrants within the reporting period including total number of formal complaints filed against registrants in previous reporting periods where the Registrar approved the request of the complainant to withdraw the complaint in the current reporting period.

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2022
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC has approved the Registrar’s appointment or requested the Registrar to conduct an investigation. • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant

Table 16: Context Measure – of the formal complaints that were disposed of in CY 2022 the rate that are disposed of by the ICRC as frivolous and vexatious

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2022
Description	The proportion of formal complaints received that a Panel of the ICRC determines are frivolous or vexatious, and where a Panel of the ICRC takes no action with respect to the complaint.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC takes no action on the that the complaint is frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.
Denominator	Total number of formal complaints disposed of by a panel against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Matters where a Panel of the ICRC has approved the Registrar’s appointment or requested the Registrar to conduct an investigation under s. 75(1)(a) and (1)(b). • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) under the RHPA.
Reporting period	January 1, 2022 to December 31, 2022

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2022
Data source	Local data collection by the College
Definitions	Formal Complaint Frivolous and vexatious

Table 17: Context Measure – Rate of formal complaints and Registrar’s Investigations that were disposed of in CY 2022 that are disposed of by the ICRC as a referral to the Discipline Committee

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(vii)	Rate of formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2022
Description	The proportion of formal complaints and Registrar’s investigations received that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Denominator	Total number of formal complaints and number of Registrar’s investigations filed against registrants within the reporting period. These may include ADR complaints.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • All health-related inquiries. • Formal complaints resolved through Alternative Dispute Resolution.

Context Measure #9(vii)	Rate of formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2022
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA. • Investigations where an appointment of an investigator has been made under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Formal Complaint Formal Complaints withdrawn by Registrar at the request of a complainant Disposal Frivolous and vexatious Reports

Table 18: Context Measure – the distribution of ICRC decisions by theme in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #10	Distribution of ICRC decisions by theme in CY 2022
Description	The total number of each type of ICRC decision issued for each of the 10 high-level themes.
Calculation Method	<p>1. Report the total number of ICRC decisions, and the number of ICRC decisions across each of the following themes.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR”. - Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. - In reporting on the number of each type of ICRC decision (as defined below in definitions section) across all themes, the College will already have identified the main themes applicable to the complaint or Registrar’s Investigation at the intake stage of the incoming matter. As such, when a decision is made by a Panel of the ICRC about a formal complaint or report those themes identified at intake would continue to be attributed to the matter at the decision stage. - Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. - Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2022
<u>Theme:</u>	<u>Examples:</u>
Advertising:	Concerns that an advertisement related to a registrant’s practice is in violation of a College’s requirements, which depending on the profession could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, discriminatory.
Billing and Fees:	Concerns regarding a fee, billing or account submitted by, or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, unreasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where a charge does not align with regulator’s guidance on billing arrangements, block fees, payment plans.
Communication:	Concerns regarding a registrant’s communication with a patient, a patient’s relatives and/or a patient’s decision makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.
Competence / Patient Care:	Concerns that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Intent to mislead including Fraud:	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
Professional Conduct & Behaviour:	Concerns against a registrant related to conduct that is unbecoming, disgraceful, dishonorable or unprofessional, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or a breach of confidentiality.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2022
Record Keeping:	Complaints regarding a registrant’s financial and patient records, including retention of records and complying with the necessary privacy legislation to address the collection, access and sharing of personal health information, as appropriate. Allegations could include that the registrant failed to maintain records, include sufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).
Sexual Abuse	Allegations that a registrant may have committed an act of sexual abuse by means of sexual intercourse or other forms of physical sexual relations between the registrant and the patient e.g. entering into a relationship with a patient), touching, of a sexual nature, of the patient by the member/registrant, or behaviour or remarks of a sexual nature by the member/registrant towards the patient.
Harassment / Boundary Violations:	Sharing intimate details of the registrant’s personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.
Unauthorized Practice:	Complaints that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession’s scope of practice.
Other:	Complaints that do not fall into any of the above themes above.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2022
Exclusions	<ul style="list-style-type: none"> • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints in which the Registrar approves the complainant's request to withdraw the complaint. • Complaints that are still under review at end of reporting period.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided to the registrant and complainant by the College within the reporting period. • Matters where a Panel of the ICRC has approved the Registrar's appointment or requested the Registrar to conduct an investigation.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Formal Complaint Registrar's investigation Formal Complaints withdrawn by Registrar at the request of a complainant ICRC Decision Frivolous and vexatious

Table 19: Context Measure – the 90th percentile disposal of a formal complaint in working days in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2022
Description	The time that a College requires to dispose of 9 out of 10 complaints.
Calculation Method	<p>Disposal of complaints:</p> <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each complaint within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 complaints have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All matters brought to a Panel of the ICRC as a result of a Registrar’s Investigation as per s. 75(1)(a) or (b) of the Code.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period. • All decisions that result from a Registrar’s investigation. • All complaints which were resolved as a result of the ADR process where applicable.

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2022
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p>Formal Complaint</p> <p>Registrar’s investigation</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • Complaint <p>Disposal:</p> <ul style="list-style-type: none"> • Complaint <p>ICRC Decision</p> <p>Frivolous and vexatious</p>

Table 20: Context Measure – the 90th percentile disposal of a Registrar’s Investigation in working days in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #11(ii)	90 th percentile disposal of a Registrar’s Investigation in working days in CY 2022
Description	The time that a College requires to dispose of 9 out of 10 Registrar’s investigations.
Calculation Method	Disposal of Registrar’s investigations: <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each Registrar’s investigation within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 Registrar’s investigations have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All formal complaints.
Inclusion	<ul style="list-style-type: none"> • All Registrar’s investigations where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College

Context Measure #11(ii)	90 th percentile disposal of a Registrar’s Investigation in working days in CY 2022
Definitions	<p>Formal Complaint</p> <p>Registrar’s investigation</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • Registrar’s investigation <p>Disposal:</p> <ul style="list-style-type: none"> • Registrar’s investigation <p>ICRC Decision</p> <p>Frivolous and vexatious</p>

Table 21: Context Measure – the 90th percentile disposal of an uncontested discipline hearing in working days in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #12(i)	90 th percentile disposal of an uncontested discipline hearing in working days in CY 2022
Description	The time that a College requires to dispose of 9 out of 10 uncontested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each uncontested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of uncontested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 uncontested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Divisional Court. • All active uncontested Discipline Committee hearings in which the panel has not yet issued its written decision and reasons.
Inclusion	<ul style="list-style-type: none"> • All uncontested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • All uncontested disposal for matters that are active at the contested hearing that suddenly settle and become uncontested.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Time of Receipt Disposal Uncontested Discipline Hearing Contested Discipline Hearing

Table 22: Context Measure – the 90th percentile disposal of a contested discipline hearing in working days in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #12(ii)	90 th percentile disposal of a contested discipline hearing in working days in CY 2022
Description	The time that a College requires to dispose of 9 out of 10 contested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each contested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of contested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 contested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Health Professions Appeal and Review Board or Divisional Court. • All active uncontested Discipline Committee hearings in which the panel has not yet issued its written decision and reasons.
Inclusion	<ul style="list-style-type: none"> • All contested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	Time of Receipt Disposal Uncontested Discipline Hearing Contested Discipline Hearing

Table 23: Context Measure – the distribution of discipline findings by theme in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #13	Distribution of discipline finding by type in CY 2022
Description	The total number of each type of finding made by a Panel of the Discipline Committee for each of the 13 high level findings for both formal complaints and Registrar’s Investigation (as identified under Findings section).
Calculation Method	<p>1. Report the total number of findings made by a Panel of the Discipline Committee across each of the following findings for all formal complaints and Registrar’s investigations.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number under a given finding is between 1 and 5, report in CPMF Reporting Tool as “NR”. - Where no findings have been received for a theme, report in CPMF Reporting Tool as “0”. - Where there are multiple findings for a discipline decision, each finding related to the discipline decision should be included in the count. - Where one of the findings within a decision could be categorized under multiple categories, Colleges are asked to report the finding they deem most appropriate.

Context Measure #13	Distribution of discipline finding by type in CY 2022
<p><u>Findings:</u></p> <p>Sexual abuse:</p> <p>Incompetence:</p> <p>Fail to maintain standard:</p> <p>Improper use of a controlled act:</p> <p>Conduct unbecoming:</p>	<p><u>Description of Findings⁵</u></p> <p>Matters that deal with a registrant engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant’s personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p> <p>Matters where a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.</p> <p>Matters where a registrant’s practice did not meet reasonable expectations placed on the registrant by their College and by the profession to ensure that care is provided in a responsible, safe and ethical manner.</p> <p>Matters that deal with circumstances where a registrant engaged in a controlled act for purposes other than its intended purpose. This can include for example, prescribing, dispensing or selling a drug for an improper purpose.</p> <p>Matters that deal with the conduct on the part of a registrant that occur outside of the practice of the profession that is contrary to the public interest, or which harms their standing of the profession in the eyes of the public.</p>

⁵ Colleges should apply the distribution of findings as listed here. However, Colleges may also add additional categories not listed here and make a note of it.

Context Measure #13	Distribution of discipline finding by type in CY 2022
Dishonorable, disgraceful, unprofessional:	Matters that deal with conduct by a registrant in the course of practising the profession that has not been foreseen by specific definitions of professional misconduct articulated by the College but would be considered by the majority of registrants to be disgraceful, dishonourable or unprofessional conduct. Such behaviour goes beyond legitimate professional discretion, or errors in judgment, and constitutes misconduct as defined by the profession – as opposed to the public.
Offence conviction:	Matters where the registrant has been found guilty of an offence that is relevant to the registrant’s suitability to practise.
Contravene certificate restrictions:	Matters where a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, or practised the profession while under suspension.
Finding in another jurisdiction:	Matters where the governing body of another health profession in Ontario, or the governing body of a health profession in a jurisdiction other than Ontario, has found that the registrant committed an act of professional misconduct that would, in the opinion of a discipline panel, be an act of professional misconduct as defined in the RHPA or an act of professional misconduct as defined in the profession specific regulation.
Breach of orders and undertakings:	Matters where a registrant has contravened, by act or omission, a restriction placed on their practice through an order by a Panel of a committee of the College or undertaking that the registrant entered into with the College.
Falsifying records:	Matters regarding a registrant’s financial and patient records, where the registrant was found to have intentionally falsified a record.

Context Measure #13	Distribution of discipline finding by type in CY 2022
<p>False or misleading document:</p> <p>Contravene relevant Acts:</p>	<p>Matters where a registrant signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.</p> <p>Matters where a registrant contravenes any provision of relevant Canadian legislation if the purpose of the law is to protect or promote public health (broadly defined), or if the contravention is relevant to the registrant’s suitability to practise.</p>
Exclusions	<ul style="list-style-type: none"> All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period.
Inclusion	<ul style="list-style-type: none"> All decisions issued by a Panel of the Discipline Committee communicated to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p>Formal Complaint</p> <p>Registrar’s Investigation</p>

Table 24: Context Measure – the distribution of discipline orders by type in CY 2022

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #14	Distribution of discipline orders by type in CY 2022
Description	The total number of each type of order made by a Panel of the Discipline Committee for each of type of order (as identified below under Orders section).
Calculation Method	<p>1. Report the total number of orders made by a Panel of the Discipline Committee for each type of order for all disciplinary matters relating to formal complaints and Registrar’s investigations.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number under a given order is between 1 and 5, report in CPMF Reporting Tool as “NR”. - Where no orders have been received for a theme, report in CPMF Reporting Tool as “0”.
<p style="text-align: center;"><u>Orders:</u></p> <p>Revocation</p> <p>Suspension</p>	<p style="text-align: center;"><u>Description of Orders</u></p> <p>Occurs where a Panel of the discipline or fitness to practice committee makes an order to “revoke” a certificate of registration which terminates the registrant’s registration with the College and therefore their ability to practice the profession.</p> <p>A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"> • 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

Context Measure #14	Distribution of discipline orders by type in CY 2022
<p>Terms, Conditions and Limitations on a Certificate of Registration</p> <p>Reprimand</p> <p>Undertaking</p>	<ul style="list-style-type: none"> Perform controlled acts restricted to the profession under the <i>Regulated Health Professions Act, 1991</i>. <p>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 College’s website.</p> <p>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.</p> <p>An undertaking is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.</p>
Exclusions	<ul style="list-style-type: none"> All active formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee which have not yet resulted in a decision or order from the Discipline Committee within the reporting period. Allegations referred to discipline that were withdrawn before a hearing is complete.
Inclusion	<ul style="list-style-type: none"> All decisions and orders issued by a Panel of the Discipline Committee within the reporting period.
Reporting period	January 1, 2022 to December 31, 2022
Data source	Local data collection by the College
Definitions	<p>Formal Complaint</p> <p>Registrar’s Investigation</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 8](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#)

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 21](#), [Table 22](#)

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

Return to: [Table 13](#), [Table 14](#), [Table 17](#), [Table 19](#), [Table 20](#), [Table 21](#), [Table 22](#)

Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.

Return to: [Table 10](#), [Table 16](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#)

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 7](#), [Table 8](#), [Table 9](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#), [Table 15](#), [Table 16](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#), [Table 23](#), [Table 24](#)

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 7](#), [Table 8](#), [Table 11](#), [Table 12](#), [Table 13](#), [Table 14](#), [Table 15](#), [Table 17](#), [Table 18](#), [Table 19](#), [Table 20](#)

ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant following a complaint or Registrar's investigation:

1. Takes no action,
2. Proves advice or recommendations,
3. Issues a caution, including oral and written cautions

4. Orders a specified continuing education or remediation program,
5. Agrees to an undertaking,
6. Refers specified allegations to the Discipline Committee,
7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.

Return to: [Table 18](#), [Table 19](#), [Table 20](#)

Inactive or non-practicing registrants: Includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.

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

Inquiry: Within the context of this Evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College.

Return to: [Table 1](#)

Public: Any individual, including media and researchers, who contacts the College.

Return to: [Table 1](#)

Registrar’s investigation:

Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator which must be approved by ICRC. Under s. 75(1)(b) of the RHPA, where the ICRC receives information about a member/registrator 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 7](#), [Table 9](#), [Table 10](#), [Table 18](#), [Table 19](#), [Table 20](#), [Table 23](#), [Table 24](#)

Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).

Return to: [Table 4](#), [Table 5](#), [Table 6](#)

Reports: All mandatory reports received under s. 85.1 – 85.6.4 of the Code, and other reports which are not mandatory, but are filed by persons such as police and colleagues.

Return to: [Table 17](#)

Response: The College sends an individualized response to the inquiry and provides either a resolution or timelines for follow up where necessary.

Return to: [Table 1](#)

Method of Receipt: This refers to the form and manner in which the inquiry is received by the College. It may take the form of a phone call, email, social media or physical correspondence (e.g., letter).

Return to: [Table 1](#)

QA activity and assessment: The different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant's practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).

Return to: [Table 2](#), [Table 3](#)

QI activity and assessment: The different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual's practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.

Return to: [Table 2](#), [Table 3](#)

Time of Receipt: The day a Panel of the ICRC refers a matter to Discipline Committee.

Return to: [Table 21](#), [Table 22](#)

Time of Receipt:

- Complaint: The day the College receives a formal complaint regarding a registrant that contains the information required by the College to initiate an investigation (e.g., in writing or in another acceptable form, etc.).

Return to: [Table 19](#)

- Registrar's investigation: The day the Registrar determines that information received about a registrant will result in a referral to a panel of the ICRC for approval of the Registrar's appointment of an investigator.

Return to: [Table 20](#)

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 21](#), [Table 22](#)

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

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Nursing and Professional Practice Division

Ministry of Health
438 University Avenue, 10th floor
Toronto ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

