



2021/2022 Key Result Area 1: CHO Effectively Delivers its Legislative & Legal Mandate

The College's activities are outlined in the Objects under section 3 of the Health Professions Procedural Code, embedded as Schedule 2 of the Regulated Health Professions Act. The Objects give structure to the College's role to safeguard public protection by ensuring that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession. These programs come in the form of registration, quality assurance, patient relations, inquiries/complaints and reports, fitness-to-practice and disciplines. [CPMF D7 Std 15.1]

KRA 1 - Projects to be completed

1A) To reach for regulatory excellence and fully participate in the MOH College Performance Measurement Framework (CPMF)

Deliverable/Timeframe:

1. Work to improve demonstration and fulfilment of CPMF standards indicated in the 2020 report as partially or not fulfilled. As a result of the 2020 CPMF report the overall focus will be in the areas that CHO has identified as high and moderate risk and impact including: Domain 1 – Governance (see KRA2); Domain 5 – Regulatory Policies (below); Domain 6 – Suitability to Practice (below).

Particular focus under KRA 1 will be placed on:

- a. Domain 6 – Suitability to Practice [Moderate to high risk and impact] includes full rollout of the Quality Assurance Program and increased monitoring of registrant compliance. [Carry forward from 2020/2021] [CPMF Std 11.1a; Std 11.2a; Std 11.3a].
- b. Domain 6 – Suitability to Practice [High risk and impact] includes completion of requirements under Office of the Fairness Commissioner of Ontario Cycle 3 assessment report improvements. [Carry forward from 2019/2020] [CPMF Std 10.3].
 - i. Specific Duty: Practice 6.11 – Assessment of Qualifications – Continue to develop guidelines, policies or other similar documents for those involved in the assessment of qualifications about the potential for bias or risk to impartiality in the assessment process.
 - ii. Specific Duty: Practice 6.12 – Assessment of Qualifications – Implement procedures to conduct a risk assessment or ongoing review process to identify potential bias in assessment methods or procedures; develop and record mitigating strategies to address potential risks in guidelines for assessors and decision-makers; and establish a means to ensure corrective actions are implemented in a timely manner.
 - iii. Specific Duty – Assessment of Qualifications: Practice 6.15 – Develop and implement a formal and structured process to verify that third-parties' assessment practices are transparent, objective, impartial and fair.
 - iv. Specific Duty: Practice 7.1 and 7.2 – Training related to registration processes, assessments and decisions;
 - v. Specific Duty: Practice 7.3 – Training and ensuring guidelines, policies or other similar documents for onboarding and ongoing training of staff and committee members.
 - vi. General Duty – Transparency 1 – Implement a formal and structured process to seek feedback from applicants and members on their experiences with the SECA and registration processes. Incorporate feedback where appropriate in discussions about registration policy and practices.



- vii. General Duty – Objectivity 1 – Develop and implement a work plan to document formal guidelines explaining the decision-making steps and procedures to consistently and accurately apply criteria for the good character and criminal reference check registration requirements.
 - viii. General Duty – Objectivity 2 – Develop formal procedures to inform decision-makers of any changes to registration criteria, policies and procedures to ensure that they are given information that is current and relevant in a timely manner.
 - ix. General Duty – Impartiality 1 – In documents, such as policies, guidelines and codes of conduct, for staff and committee members involved in registration and internal reviews processes: Document characteristics and sources of bias and/or situation that may compromise the impartiality of registration decisions; Provide strategies to manage situations of bias; and Outline conduct to follow for decision-making that is impartial and free of discrimination.
 - x. General Duty – Impartiality 2 – Develop guidelines for making registration policy decisions that include steps to identify and address any internal and/or external factors that may improperly influence decisions.
 - xi. General Duty – Impartiality 3 – Implement control procedures to avoid or minimize bias, to monitor and identify potential sources of bias, and to take corrective actions as needed for impartial decision-making.
 - xii. General Duty – Impartiality 4 – Develop a code of conduct that commits decision-makers to bias- and discrimination-free registration practices.
 - xiii. General Duty – Fairness 1 – Develop and implement procedures for a scheduled review of registration requirements to verify that these requirements remain relevant and necessary to practice in the profession.
 - xiv. General Duty – Fairness 2 – Improving Mechanisms for Monitoring Registration Decisions – Develop an internal audit process that will: identify registration decisions that are in compliance and non-compliance with established registration criteria, policies and procedures; identify the potential causes of non-compliance; and provide guidelines for implementing corrective actions, as needed.
 - xv. General Duty – Fairness 3 – Develop and implement monitoring processes to ensure that decision-makers adhere to established timelines.
 - xvi. General Duty – Fairness 4 – Ensuring Fairness in Special Accommodations – Develop a set of procedures to consider requests for special accommodation from applicants undergoing the pre-assessment and registration processes and possible actions the College may take to accommodate requests. Include reference to these documented procedures in information for applicants and registration materials.
- c. Domain 6 – Suitability to Practice [Moderate to high risk and impact] to fine-tune the complaints process to:
- i. Improve and enhance the complaints process to ensure it is accessible and supportive of complainants and registrants [CPMF Std 12.1a]
 - ii. Create accessible, up-to-date, documented guidance setting out a right touch manner 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). [CPMF Std13.1a]



- d. Domain 5 – Regulatory Policies [Moderate to high risk and impact] to
 - i. Document the College’s process for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate or require revisions. [CPMF – Std 9.1a]
 - ii. Set a schedule for review of all policies, standards of practice, and practice guidelines to commence in 2022/2023. [CPMF – Std 9.1b].
2. Prepare for the 2021 CPMF report submission.

1B) Carryover Objectives from 2020/2021

a. Spousal Treatment / Exemption Regulation

Consistent with practice-norms across all Ontario regulated professions, the CHO will establish a regulation controlling the practice of spousal treatments.

Deliverable/Timeframe:

1. Submit Regulation Submission Application for the MOHLTC.

b. Patient Relations Program

To protect the public and patients, the CHO, through the Patient Relations Committee, will implement the plan approved by the Patient Relations Committee for the College's Patient Relations Program aimed at preventing and dealing with sexual abuse of patients.

Deliverable/Timeframe:

1. Implement the full plan to deliver a Patient Relations Program.

c. Quality Assurance Program (Self-Assessment Process)

To reduce organizational risk, enhance registrant competence and compliance, and improve member service, the CHO will launch the registrant self-assessment requirement of the Quality Assurance Program.

Timeframe/Deliverable:

1. Complete the pilot testing and launch of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements.
2. Complete the rollout of the self-assessment requirement to all registrants.

1C) Participate in the NEW OFC Risk Management Framework

Fully participate in the implementation of the Office of the Fairness Commission of Ontario new risk management framework. OFC will assess and assign CHO a level of risk compliance, which may have attached to it other activities and reporting requirements.

Deliverable/Timeframe:

1. Participate fully in fulfilling all requests from the OFC.





2021/2022 Key Result Area 2: CHO to Practice Good Governance

It is important for the College's Council (which acts as a Board of Directors) to manage its Governance. The CHO creates efficiency in the work they do, and with current resources, they meet their statutory objects and regulatory mandate. With the oversight provided, the legal and ethical standing that they maintain, they uphold the reputation on behalf of the College.

On behalf of the College, the Public and Registrants, the CHO Council practices good governance allowing it to flag potential issue and respond efficiently and appropriately. They make decisions with integrity and transparency through the setting and achieving of goals, training Council and statutory committee members, with monitoring of programs and activities under its legislative and legal mandate. The CHO imparts transparent communication about its performance and the College strives to effectively manage its activities, keep its stakeholders informed and fulfil its mandate. [CPMF D7 Std 15.1]

KRA 2 - Projects to be completed

2A) Work towards regulatory governance excellence through alignment with the College Performance Management Framework (CPMF) best practices. Primary focus will be in the areas that CHO has identified as high and moderate risk including: Domain 1 – Governance; Domain 2 – Resources; Domain 4 – Information Management; Domain 7 – Measurement, reporting and improvement; and other domains as time and resources allow.

Timeframe/Deliverable:

Particular focus under KRA 2 will be placed on:

- a) Domain 2 Resources – Governance Policies [Moderate to high risk and impact] related to succession and contingency planning to ensure the College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate. (CPMF Std 4.1 c)
- b) Domain 7 Measurement, Reporting and Improvement [Moderate risk and impact] – To enhance the College's performance improvement measurements, monitoring and reporting to integrate the use of performance and risk information to assess the College's progress against stated goals and objectives and regulatory requirements. Enhance reporting tools to demonstrate how performance and risk review findings translate into improvement activities. (CPMF Std 15.1 b and 15.2 a)
- c) Domain 1 Governance [Low risk and impact] – The Governance Panel to review and recommend competency profiles for professional Council and all statutory committee members. (CPMF Std 1.1 a/b)
- d) Domain 1 Governance (Low risk and impact) – The Governance Panel to review and recommend a system of ongoing training and evaluation of Council and statutory committee members. (CPMF Std 1.2 c)

Deliverable/Timeframe:

1. Specified governance initiatives a to d.



2B) Carryover Items from 2020/2021

Technology Infrastructure Enhancements to Support Regulatory Functions

To improve administrative efficiency, reduce organizational risk, and enhance member service, the CHO will complete:

- a) Implementation of a new membership database with enhanced data collection for regulatory functions, including registration, complaints, and quality assurance; and
- b) Utilize RUZUKU to support regulatory programs, including quality assurance and jurisprudence, including completing the update and relaunch of the Jurisprudence program, and launch the continuing education component of the Quality Assurance Program.

Timeframe/Deliverable:

1. Implementation of the new membership database.
2. Review and update of Jurisprudence Program and launch of the continuing education component of the Quality Assurance Program.

2C) Financial

The CHO will maintain/grow the cash reserves by X% (to be added at Council meeting).

Deliverable/Timeframe:

1. Preserve cash reserves at 2020 year-end levels.





2021/2022 Key Result Area 3: CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels)

The College strives and to achieve the growth of its membership along with keeping the organization and registrant base strong and viable. In addition to delivering its legislative and legal mandate, it practices good governance. The College endeavors to work with other Colleges and system partners, where appropriate, to help execute its mandate in an effective, efficient and/or coordinated manner to ensure it is responsive to changing public expectations. Embedded in these activities, is the added intent to improve patient access to quality care and advance the College's ability to protect the public. [CPMF D7 Std 15.1]

KRA 3 - Projects to be completed

3A) Membership Levels

The CHO will encourage and attract new registrants and optimize the retention of current registrants.

Deliverable/Timeframe:

1. The CHO will achieve a membership level of 474 by the fiscal year end.

3B) Carryover Items from 2020/2021

- a) **Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario. CONTINUED FROM 2020/2021**
Develop a case for Homeopaths to investigate the addition of a controlled act for homeopathy and authority to perform specific identified authorized acts. This initiative is a long-term solution to improved patient care and access (estimate is 8-10 years), with multiple stages, including an initial viability assessment and a comprehensive formal submission. The intention is to make a submission which requires approval by Council. Followed by regulatory change which requires approval by the Government of Ontario.

Deliverable / Timeframe

1. Determine committee structure for managing regulatory change project and make appropriate recommendations to Council/Executive Committee.
2. Develop and implement a workplan to investigate possibility for regulatory change, gather supporting information, meet with stakeholders, and develop recommendations leading to a formal submission to the Ministry and present to Council for approval.





3C) Strengthen The Triad (Ontario)

As part of a triad of institutions (Regulatory College, Education, Professional) support professional growth and practice excellence in homeopathy in Ontario, the CHO will promote, among the leadership, greater awareness of the unique roles and responsibilities of each partner of the triad. Through an environment of trust, mutual respectful and appropriate collaboration partners will work to identify and coordinate on activities to contribute to the unified growth of the profession, and increase interest in the College and Council membership. CHO will contribute, as possible, within its mandate of public protection.

Deliverable / Timeframe:

1. Develop a proposal to work collaboratively with the triad leadership (regulatory college, educational bodies and professional associations) on a visioning exercise to contribute to the cohesive and coordinated growth of the profession through the important and unique role of each perspective member of the triad.
2. Reach out to our peer stakeholder and invite them to meet and participate in a strategy planning session to advance collaborative initiatives.

