THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Council Briefing Note

TOPIC: Interim Registrar's Report

DATE: May 2018
For Information

ISSUE:

The College's work is guided by its Strategic Plan (Appendix A) which charts the course to our vision: Quality Professionals - Healthy System - Public Trust.

College activities are focused on this framework targeted toward 4 high level priorities (Registration, Physician Competence, Investigations, Discipline & Monitoring and Operations) and 4 strategic initiatives (Quality Management Partnership, Education, Transparency and Data/Analytics).

The CPSO is nearing the end of its current strategic plan, which extends until 2018. 2018 is an interim reporting year as the organization transitions to the new Registrar and begins preparations for a new strategic plan.

This Q1 Registrar's report includes 4 elements:

1. Corporate Report

The 2018 Corporate Plan guides the College's strategic and operational activities. The Corporate Plan is an internal document that supports annual performance objectives for the Registrar and enables monitoring of significant initiatives across all levels of the College. It sets out what the focus will be in 2018, recognizing the importance of the Strategic Plan and other issues that have arisen. Progress towards the 2018 objectives is set out in the Q1 corporate report. (Appendix B)

2. Dashboard

The Q1 Dashboard sets out the status of strategic and operational targets connected to the strategic plan. The dashboard will need to be revised and updated to align with both the existing corporate plan and future strategic plan. (Appendix C)

3. Risk Management Report

The Risk Management Report sets out the current risks facing the organization from either a strategic or operational perspective. It also captures public risk, if it exists. The report also sets out the current proposed response to the risk, including any mitigation strategies. (Appendix D)

4. Registrar's Update

The Registrar's Update includes recent developments of note, as well as reports on stakeholder engagement and finance/operations. (Appendix E)

DECISION FOR COUNCIL: For information only

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Date: May 4, 2018

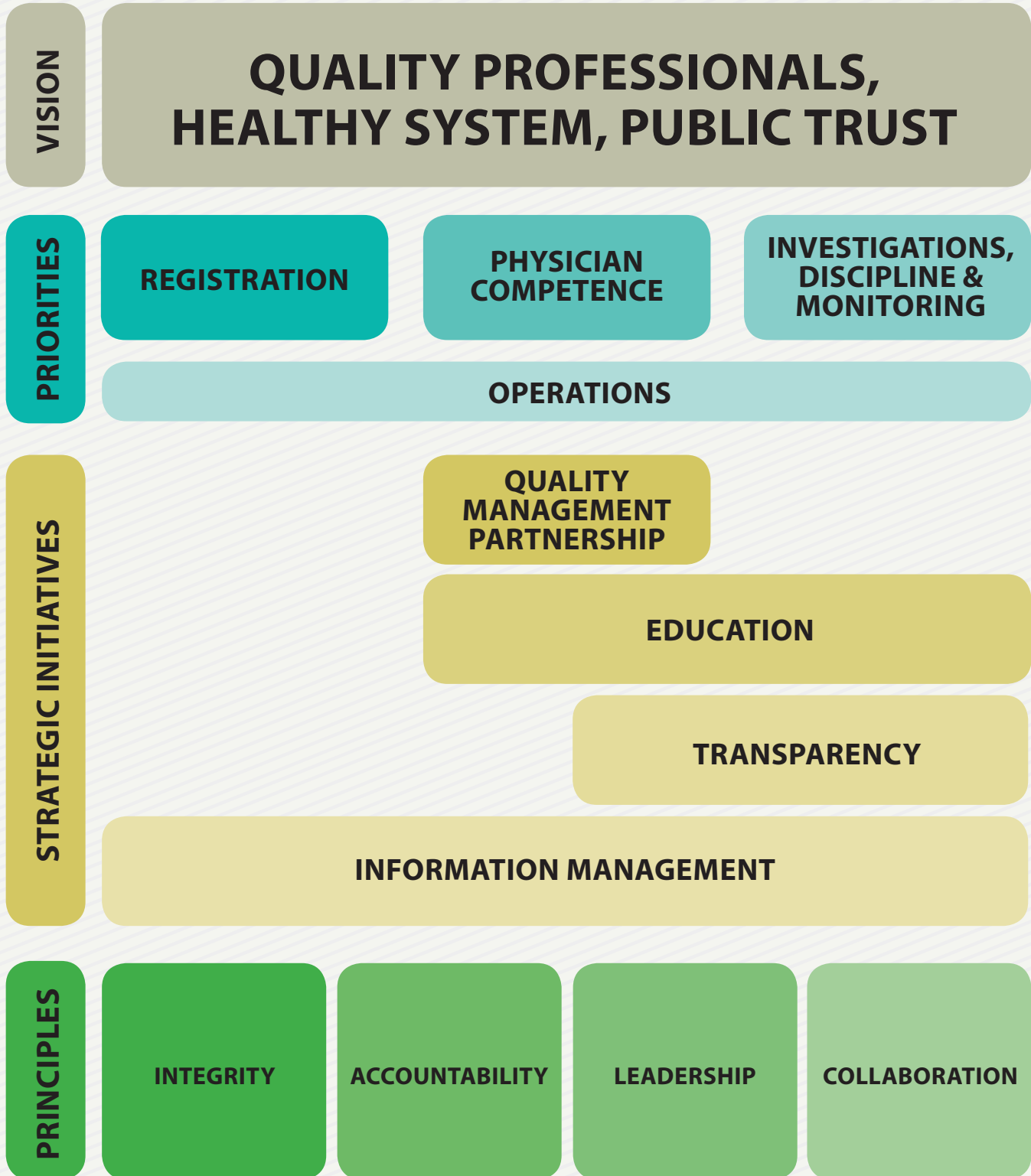**Appendices:**
A: Strategic Framework
B: Corporate Report – Q1
C: Dashboard – Q1
D: Risk Management Report – Q1
E: Registrar's Update

CPSO Strategic Framework 2015-2018

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

VISION

QUALITY PROFESSIONALS, HEALTHY SYSTEM, PUBLIC TRUST

PRIORITIES

REGISTRATION

PHYSICIAN COMPETENCE

INVESTIGATIONS, DISCIPLINE & MONITORING

OPERATIONS

STRATEGIC INITIATIVES

QUALITY MANAGEMENT PARTNERSHIP

EDUCATION

TRANSPARENCY

INFORMATION MANAGEMENT

PRINCIPLES

INTEGRITY

ACCOUNTABILITY

LEADERSHIP

COLLABORATION

2018 Corporate Report Q1 - COUNCIL

Strategic

- Education
- Data & Analytics
- Transparency

Regulatory

- Facilities^R
  - QMP
- Investigations/Hearings/Monitoring
  - Bill 87^R
- Registration
- Assessment (Physician Factors)

Operations

- Corporate Planning
- Financial Integrity
- Workplace Planning
- Workforce Planning^R
- Modernized Business Practices

Risk

- Opioids
- Regulatory Modernization: Governance^R
- Regulatory Modernization: Oversight/Accountability

^{R}**Items include a specific identified risk.**

2018 Corporate Report – Q1

Strategic

Initiative	Objectives	Deliverables – 2018[1]	Status
1. **Education**	To support the CPSO's regulatory priorities so that Ontario physicians are engaged in life-long learning and continuing professional development.	1. Education Strategy Complete and Communicated 2. Begin implementation of Education Strategy a) Education data mapping complete by Q3 2018 b) New member orientation product development c) Remediation framework for opioid cases	Education Strategy communicated – Feb 2018. Implementation: a) Education data compiled Dec 2018 d) New member orientation pilot Dec 2018 e) Remediation framework for opioid cases developed Fall 2018
2. **Data & Analytics**	To implement Data and Analytics Strategy to support evidence-based decisions, College initiatives, operations and business.	1. Create requirements and a framework document for a data and analytic repository; extract and clean routinely collected data for analytics 2. Provide a report to each department regarding its data assets and make suggestions to eliminate redundancies and streamline data collection & integration 3. Develop a data governance framework	Data inventory and recommendations to departments will be complete by fall 2018. Central data repository design and governance framework will be complete by end of 2018. Report re physician demographic trends and projections complete Fall 2018

[1] Unless specified, all deliverables will be completed by the end of 2018.

Initiative	Objectives	Deliverables – 2018[1]	Status
		4. Complete a project to routinely estimate the number and demographic composition of physician members over time	
3. Transparency	1. Improving transparency of process, outcome and member information. 2. Website improvements to FindaDoc and Premises Register	1. Development of reports on effectiveness/outcomes as part of annual reporting for each regulatory process 2. Complete a) accessibility audit (AODA) b) follow-up public site usability review 3. Implementation of improved public reporting relating to Facilities/Bill 160 and completion of outstanding transparency work.	Effectiveness/outcomes will be included in the 2018 annual report. Accessibility audit completed. Website usability review will be done Q2. Improvements to facilities reporting on hold pending development of CHF transparency requirements.

Regulatory

Initiative	Objectives	Deliverables – 2018	Status
1. **Facilities**	Implementation of oversight of community health facilities (CHF)	1. Work with MOH on regulations required to enact our role in CHF legislation (Bill 160 - Strengthening Quality and Accountability for Patients), as well as governance and implementation. 2. Align program and processes with new CHF legislative requirements. **NOTE: This area has an additional identified risk relating to the size/scope of the implementation and current uncertainty re reg development/proclamation**	Schedule 9 – Oversight of Health Facilities and Devices Act has not yet been proclaimed pending development of regulations. Reg developments moving slowly given impending election. Work continues internally to prepare for implementation once regulations in place.
2. **Facilities - Quality Management Partnership (Partnership)**	1. Increase the consistency in the quality of care provided across facilities. 2. Fulfill CPSO mandate to act in the public interest and to developing and maintaining professional	1. Implement Partnership operational processes within CPSO a) Complete 2018 funding agreement 2. Develop a plan to implement and monitor pathology standards 3. Continue work on system consistency a) Revise, consult and implement standards identified by expert	Operational integration is proceeding. Quality work has focused on pathology standards. Future work includes public reporting.

Initiative	Objectives	Deliverables – 2018	Status
	competencies 3. Identification and provision of resources, tools and opportunities to support quality improvement for the Partnership's clinical stakeholders.	advisory panels. b) Work with Practice Assessment & Enhancement (PA&E) on any changes required based on CHF legislation regulations 4. Define public reporting and the roles of HQO, CPSO and CCO 5. Design and implement a strategy to facilitate engagement and promote QI skills and knowledge. 6. Develop evaluation plan for Partnership operational improvements 7. Evaluate annual facility, regional and provincial reports (and physician reports in colonoscopy)	
3. Investigations Hearings and Monitoring	Improve investigative, monitoring and discipline processes	1) Process and Timeline Improvement: a. Regression analysis to assess changes in timelines related to individual investigative actions and overall time of investigation process resulting from changes in technology and staffing	Multiple initiatives in progress relating to improvements in process. Evaluations of impact on timelines will be available at the end of the year. Discussions about risk-based streaming of investigations are ongoing.

Initiative	Objectives	Deliverables – 2018	Status
		b. Modernize and enhance the hearings process (ie. possible use of digital audio recording (DAR). c. Complete analysis of Compliance Monitoring workload sustainability (Note: this relates to Workforce Planning). 2) Risk-based streaming of Investigations: a. Determine ability to identify level of concern and required attention of a new matter based on risk screen tool. b. Decide whether Physician & Public Advisory (PPAS) can take on specific low-risk complaints. If yes, develop plan and implement. 3) Committee resourcing: track availability of panel members/public members and impact on scheduling of Investigations, Complaints and Reports Committee (ICRC) and Discipline panels.	

Initiative	Objectives	Deliverables – 2018	Status
4. Bill 87 – Protecting Patients Act	1. Implementation 2. Improve regulatory processes. Leadership at Federation of Health Regulatory Colleges of Ontario (FHRCO) to ensure success.	1. Influence regulation development (i.e. sexual abuse related regulations, statutory committee related regulations), consistent with Bill 87 submissions. **2.** Secure FHRCO support for CPSO response to regulations **NOTE: This area has an additional identified financial risk relating to increased PRC funding.**	Considerable input into regulation development, which is not yet complete. Chairing FHRCO Bill 87 Working Group. Proclamation of several elements of Bill 87 on May 1.
5. Registration	1. Modernization of Registration Regulation 2. Improve Registration Process	1. Complete an overview analysis of the current state of the registration regulation and risk to College of status quo. A recommendation to be made by June 2018 re whether to do further work and nature of work to be done. 2. Development of future process vision (e.g. moving away from a paper based registration system)	Preliminary work has begun but other matters have had to take priority. Further information to be provided in fall.
6. Assessments (Physician Factors)	To develop evidence-based assessment programs and to develop a broader model for physician assessment, based on	1. Create an overarching model for using data and evidence to support effective assessment programming 2. Phase in use of CPSO full member	Operational model for using data and evidence to inform effective assessment programming in place by summer 2018 A new assessment program for low risk matters proposed and supports in place

Initiative	Objectives	Deliverables – 2018	Status
	risk and support factors	data to identify risks, based on factors analyses for priority cohorts (Factors) 3. Develop a new assessment program for low risk matters based on evidence and create a plan to test its effectiveness 4. Continued roll out of peer re design assessments; evaluation complete and implementation of refinement based on evaluation 5. Use complaints recidivism study results to: a)better understand physicians with 7 or more complaints, b) develop a 'score' (risk profile) that identifies physicians at higher risk of recurrent complaints	to test by end of 2018

Operations

Area	Objective	Deliverables - 2018	Status
1. Corporate Planning	To develop an effective, transparent and sustainable internal planning process and annual Corporate Plans.	1. Establish a Corporate Planning Development Group to support all of the development and implementation work in 2018 2. Complete all deliverables in the terms of reference by December 31, 2018	Group has been established. Work ongoing to develop and integrated planning, budget and reporting structure including key performance indicators.
2. Financial Integrity	1. Responsible management of financial resources in the short and long term 2. Identification of cost savings, efficiencies and potential revenue generating initiatives.	1. Develop the 2019 base budget – before new requests – that is 2% less than the 2018 base budget 2. Implement Council-approved recommendations from the Finance Committee, to modernize the physician compensation model for Council and Committee participation 3. Engage staff in the identification of cost savings and efficiency ideas, and use the Administrative & Purchasing Practice Review Working Group to prioritize ideas, effectively implement, and measure specific cost impact.	2019 budget will be developed with 2% reduction. Group reviewing physician compensation anticipated to report recommendations to Council at end of 2018 and administrative and purchasing practice group is reviewing and modifying practices on an ongoing basis.
3. Workplace Planning	Ensure we have sufficient and appropriate space for CPSO staff	Receive final workplace strategy report from Deloitte and develop implementation plan, that addresses short, medium and long term needs	Strategy expected in June.

Area	Objective	Deliverables - 2018	Status

4. Workforce Planning	Ensure human resource sustainability so that key regulatory functions are supported	Development of a workforce management plan to align resources to key regulatory processes
		  a. Develop cross training, job shadowing and pooling programs to improve capacity across departments/divisions
		  b. Review use of temporary replacement workers
		  c. Develop and provide reports to help managers better understand their short and long term departmental staffing needs.
		
		NOTE: This area has been identified as an additional risk given workload.
			Multiple strategies being considered to address resourcing issues. 2 positions have been trained to provide a staff pooling/support function.
			
			Maintaining appropriate staffing levels is a challenge, with 28 recruitments in the past 90 days (new staff, internal moves and maternity leaves).

5. Modernized Business Practices	Develop and implement a sustainable approach to continuously improve the efficiency and timeliness of regulatory processes	1. Development of Key Performance Indicators (KPIs) for each regulatory process 2. Develop a systematic, transparent approach to review and improvement of key regulatory processes. Work in 2018 will focus on investigations and legal. a) Improve management of investigation and compliance files in an electronic environment and facilitate the disclosure process.	KPIs will be developed by the end of the year. Work to improve I&R and legal processes is ongoing. Further analysis will be provided in the 2019 budget, pursuant to the 2 council motions relating to #3 and #4.

Area	Objective	Deliverables - 2018	Status
		b) LEAN Legal review. 3. 2019 budget will include additional analysis connecting financial reporting and budget requests to quantitative measures of volume and complexity in member-specific committees. 4. Member-specific committee annual reports will include commentary on financial reporting and budget forecasts with respect to Committee activities. 5. Recommend a process for evaluation of the impact of committee decision-making on operations.	

Risk

Initiative	Objectives	Deliverables – 2018	Status
1. Opioids	1. Improve ability to identify and respond to inappropriate opioid prescribing 2. Facilitate safe/appropriate opioid prescribing 3. Protect patient access to care 4. Reduce risk to patients and the public.	1. Prescribing Drugs policy – full review 2. Complete an overarching model for using data and evidence to support effective opioid assessment programming using external and internal data inputs 3. Modify existing assessment process to identify/address prescribing issues 4. Communicate approach, regulatory results and best practices - Includes collaboration on delivery of educational opioid sessions for profession 5. Complete OneID integration to facilitate access to prescribing reports – Q2 2018 6. Narcotics Monitoring System (NMS) evaluation – results & recommendations for application to investigation work and future College programming	An operational model for integrating data and evidence to support effective opioid assessment programming using external and internal data inputs complete by summer 2018 Ongoing work to modify existing investigative and assessment processes. Physicians now able to sign up for OneID via CPSO portal.

Initiative	Objectives	Deliverables – 2018	Status
2. **Regulatory Modernization: Governance**	1. Governance proposals to ensure key regulatory functions are supported: a) Separate DC and Council b) Quorum Changes 2. Position CPSO for future by proposing a streamlined and purpose-driven governance structure.	1. Develop, advocate for and implement strategies to ensure regulatory work supported. For example: a) Appointment of a full complement of qualified public members b) Appoint new pool of public members to defined statutory committees c) New regulations/statutory change 2. With Council direction, develop good governance proposals for the future, potentially including the following: a) Reduction in size of council b) Competency based appointments (possible elimination of elections) c) 50/50 public/member committees d) Separation between council and statutory committees **NOTE: This area has an additional identified financial risk relating to Public Member Payment.**	Full complement of public members in place. Council Governance Review to be discussed at May meeting.

Initiative	Objectives	Deliverables – 2018	Status
3. **Regulatory Modernization: Oversight/ Accountability**	Develop strategy to anticipate and respond to proposals relating to oversight body and other oversight mechanisms	Discussion paper/analysis to incorporate key regulatory research/development and support strategic planning process	To be incorporated into Council Governance review.

Dashboard – 2018 – Q1

Strategic Priority	Objective	Measure/Target	Q1	Q2	Q3	Q4	Comments
Optimize Registration	Meets processing time for Registration Applicants	90% of applicants meet processing time of a) 3 wks b) 4 wks	🟩				Credentials Applications 1065 of 1065 applications is 100% Registration Committee Applications 340 of 344 applications is 98%
Assure/Enhance Physician Competence	Every physician assessed every 10 years (EDEX)	2600 assessments/year **NOTE**: this target has been adjusted to **2475** to redirect resources to peer redesign.	🟥				269 assessments completed = 43% of quarterly target Methadone assessments not initiated until March due to QAC transition IHF assessments delayed due to inability to bring together review panels Staff shortages
	Quality Management Partnership implementation: physicians receive information about quality	% of physicians in each program receiving quality reports 1 colonoscopy 2 mammography 3 pathology					Data not available Reports provided to physicians later in 2018
	Increase input in policy	130 responses/policy	🟥				Two policy consultations undertaken in Q1 2018: Prescribing Drugs – preliminary consultation (77 responses), and Closing a Medical Practice (99 responses). Average number of responses: 88.

Strategic Priority	Objective	Measure/Target	Q1	Q2	Q3	Q4	Comments
	Existing policies[1] current/relevant	80% of policies have been reviewed within 5 years	🟨				Many policy reviews have been deferred to enable the Policy Department to respond to urgent or competing priorities of the College including strategic projects and initiatives.
Optimize Investigations, Discipline and Monitoring	Reduce time for completion of high risk investigations	90% of high risk investigations completed in 243 days. *(old)*	🟩				January 1st – March 31st , 2018: 90% of high risk investigations were completed in an average of 208 days, (48 investigations involving 40 unique physicians).
	Reduce time to mitigate risk for high risk investigations	**New** **90% of high risk investigations had risk mitigated in an average of 150 days.**	🟨				**New** 90% of high risk investigations had risk mitigated in an average of 170 days (48 investigations involving 40 unique physicians).
	Schedule discipline hearings more quickly	Time from referral to hearing date is 1 year	🟩				January 1st – March 31st , 2018: 90% of hearings (9) began on average, 310.6 days (10.2 months) from the NOH date.
	Reduce decision release time	Time from hearing date to decision release date 2 months for uncontested (UC)	🟩				January 1st – March 31st , 2018: 90% of uncontested decisions (9) were released , 40.4 days (1.3 months) from the last hearing date.
		6 months for contested (C)	🟩				January 1st – March 31st , 2018: 90% of contested decisions (4) were released 154.3 days (5.1 months) from the last hearing date.

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[1] Does not include registration policies

Strategic Priority	Objective	Measure/Target	Q1	Q2	Q3	Q4	Comments
Operational Excellence	Improve service level targets	85% live answer (PPAS, A&C)					A&C: 86% (5,795 of 6,732) calls managed live PPAS: 83% (10,378 of 12,484) calls managed live Combined: 85% (16,173 of 19,216) live response rate
	Improve service level targets	10% call abandonment					A&C 621 calls abandoned 10% PPAS 1203 calls abandoned 10% Combined: 10% call abandonment rate
	Media coverage	80-100% positive or neutral					86% positive or neutral articles (total 300) Positive: 109 (36%) Neutral: 151 (50%) Negative: 40 (13%)

LEGEND

	Objective	Measure	Target	On Track	Approaching Target	Attention Required
Optimize Registration	Reduce processing time for Registration Applications	Time from application received by College to (a) first application contact for non-registration committee cases; (b) first applicant contact for registration committee cases	90% of applications meet processing time of (a) 3 weeks (b) 4 weeks	= > 90%	70-89%	<70%
Assure and Enhance Physician Competence	Every physician assessed every 10 years	# of physician assessments in College programs	2600 assessments/year **NOTE**: target has been adjusted to 2475 for Q3 and Q4.	Tracking to >= 2475	Tracking to 2300-2474	Tracking to <2300
	Quality Management Program – implementation	% of physicians in each program receiving quality reports 1 colonoscopy 2 mammography 3 pathology	80% of physicians receiving reports	80%+ receiving reports	50-79%	<50%
	Increase participation in development of policy	Average # of responses/policy	130 responses/policy	>130 responses	100-129 responses	<100 responses
	Existing policies are current & relevant	Policies reviewed and updated regularly	80% of policies reviewed within 5 years	80%+ reviewed within 5 years	60-79%	<60%
Optimize Investigations, Discipline and Monitoring Processes	Reduce time for completion of high risk investigations	# days to complete investigation	90% of High Risk investigations completed in *243 days or less.* **New** *90% High Risk Investigations had risk mitigated in 150 days of less*	90% High Risk investigations done in <=*243d.* *New* *90% Time to mitigate risk in high risk investigations done in <=150 days*	90% High Risk investigations done *244-256 d.* *New* *90% Time to mitigate risk for high risk investigations done 151 to 170 days*	90% High Risk investigations done in *257d+.* *New* *90% Time to mitigate risk for high risk investigations done 171d+*
	Schedule discipline hearings more quickly	Time from referral (notice of hearing) to hearing date	Hearings begin within 1 year	90% began within 365 days (1 yr)	90% began w/i 366-457 days (12-15 mos)	90% began more than 457 days (15 mos)
	Reduce discipline decision release times	Time from hearing date to decision release date	Uncontested (UC): 2 months Contested (C): 6 months	90% released <= 2 mos (UC)	90% released 2-4 mos (UC)	90% released > 4 mos (UC)

	Objective	Measure	Target	On Track	Approaching Target	Attention Required
				<= 6 mos (C)	6-8 mos (C)	> 6 mos (C)
Operational Excellence	Improve service level targets	Live answer for PPAS and A&C	85% live answer	85% or greater	75-85%	Less than 75%
	Improve service level targets	Call abandonment rate	10% call abandonment	10% or less	11-15%	Greater than 15%
	Media coverage	Positive or neutral media coverage	80% positive/neutral media coverage	80-100%	60-80%	<60%