

# HPRO EDI Organizational Self-Assessment and Action Guide

*(Incl. Equity Impact Assessment tools)*

## Contents

<b>Acknowledgements</b> .....	<b>5</b>
<b>Overview of this document</b> .....	<b>6</b>
<b>Introduction and terminology</b> .....	<b>9</b>
<b>ORGANIZATIONAL SELF-ASSESSMENT GRID: OVERVIEW OF CURRENT EDI STATUS AT OUR COLLEGE</b> .....	<b>12</b>
Self-assessment Grid: Overview of Current EDI Status at our College .....	13
<b>SELF-ASSESSMENT DOMAINS AND MARKERS</b> .....	<b>17</b>
<b>DOMAIN 1: GOVERNANCE</b> .....	<b>18</b>
1.1 Public EDI commitment and transparency of actions .....	18
1.2 EDI competence of council and committee members .....	20
<b>DOMAIN 2: RESOURCES</b> .....	<b>21</b>
2.1 EDI competence of staff (including leadership).....	21
2.2 EDI specific funding (in-kind and otherwise, internal and external) .....	23
<b>DOMAIN 3: SYSTEM PARTNERS</b> .....	<b>24</b>
3.1 EDI System Partner Relations .....	24
<b>DOMAIN 4: INFORMATION MANAGEMENT</b> .....	<b>26</b>
4.1 EDI-related data collection and protection from unauthorized disclosure.....	26
<b>DOMAIN 5: REGULATORY POLICIES</b> .....	<b>28</b>
5.1 Policies, standards of practice and practice guidelines .....	28
<b>DOMAIN 6 SUITABILITY TO PRACTICE</b> .....	<b>30</b>
6.1 Registration.....	30
6.2 Quality assurance.....	32
6.3 Complaints, discipline and fitness to practice .....	34
<b>DOMAIN 7 MEASUREMENT, REPORTING AND IMPROVEMENT</b> .....	<b>36</b>
7. 1. Structural and Process Markers for Measurement – selecting, collecting and analyzing EDI and anti-racism indicators .....	36
7. 2. Structural and Process Markers for Reporting – purposeful and inclusive communication of EDI progress.	38
7.3. Structural and Process Markers for Improvement – sustainable organizational practices for making progress on EDI.....	39

<b>GUIDANCE DOCUMENT</b> .....	<b>40</b>
<b>Domain 1: Governance</b> .....	<b>41</b>
<i>Guidance for: Demonstrating commitment to EDI on the Board level (representation, awareness, appointments, etc.)</i> .....	<b>41</b>
<i>Guidance for: Mitigating unconscious bias in decision-making (systemic and personal)</i> .....	<b>42</b>
<b>Domain 2: Resources</b> .....	<b>44</b>
<i>Guidance for: Hiring and retaining diverse staff including with competence to manage EDI initiatives</i> .....	<b>44</b>
<i>Guidance for: “Don’t re-invent the wheel,” and Do Sustain Efforts Past Specific Projects</i> .....	<b>45</b>
<b>Domain 3: System Partners</b> .....	<b>47</b>
<i>Guidance for: Identifying and working with system partners and interprofessional networks</i> .....	<b>47</b>
<b>Domain 4: Information Management</b> .....	<b>48</b>
<i>Guidance for: Mitigating privacy and confidentiality concerns in data collection</i> .....	<b>48</b>
<b>Domains 5 and 6: Regulatory Policies and Suitability to Practice</b> .....	<b>50</b>
<b>1. SCOPING</b> .....	<b>52</b>
<i>Guidance for reflecting on the extent of your assessment approach</i> .....	<b>52</b>
<i>Guidance for building on existing knowledge and activities</i> .....	<b>53</b>
<i>Guidance for reflecting on quality and potential bias of</i> .....	<b>54</b>
<i>existing policies, standards of practice, or guidelines</i> .....	<b>54</b>
<i>Guidance for developing terms of reference with system partners</i> .....	<b>55</b>
<b>2. INFORMATION-GATHERING and ENGAGEMENT</b> .....	<b>57</b>
<i>Guidance on meaningful and safe engagement</i> .....	<b>57</b>
<i>Guidance on types of feedback</i> .....	<b>58</b>
<i>Guidance for applying an intersectional lens</i> .....	<b>59</b>
<i>Guidance for equity in consultations</i> .....	<b>60</b>
<b>3. ANALYSIS</b> .....	<b>62</b>
<i>Guidance for identifying impacts and root causes</i> .....	<b>62</b>
<i>Guidance for describing inequity</i> .....	<b>63</b>
<i>Guidance for developing actions in response to an equity impact assessment</i> .....	<b>65</b>
<i>EXAMPLE Project: EIA of differential pass rates on written licensing assessments (barriers, impact, root causes identified through consultations)</i> .....	<b>67</b>

**4. DEVELOPING AN IMPLEMENTATION PLAN ..... 71**

**Domain 7: Measurement, Reporting and Improvement .....73**

*Guidance for selecting, collecting, and analyzing EDI and anti-racism related indicators ..... 73*

*Guidance for monitoring and evaluation ..... 74*

*Guidance for action plan for organizational change and guidance to implement outcomes from other sections . 75*

**ANNEX 1: Glossary .....77**

## Acknowledgements

HPRO would like to acknowledge the hard work, the dedicated efforts, and the strong collaboration of the many staff from HPRO’s member Colleges who, along with project management by Graybridge Malkam, made this tool possible.

Steering Committee Member	College/Organization, Position
Judith Rigby, Chair	College of Dental Technologists of Ontario (CDTO), Registrar
Deborah Adams	College of Registered Psychotherapists of Ontario (CRPO), Registrar
Brian Fehst	College of Kinesiologists of Ontario (COKO), Manager, Professional Practice
Delia Sinclair Frigault	Ontario College of Pharmacists (OCP), Equity, Diversity & Inclusion Manager
Naakai Garnett	College of Massage Therapists of Ontario (CMTO), Director, Professional Conduct
Zahra Grant	College of Midwives of Ontario (CMO), Council and Quality Assurance Coordinator
Tim Mbugua	College of Occupational Therapists of Ontario (COTO), Policy Analyst
Kevin McCarthy	College of Nurses of Ontario (CNO), Director, Strategy
Brian O’Riordan	College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO), Registrar
Denise McLean, Project Manager	Graybridge Malkam, Senior Consultant
Ruby Dagher, Consultant	Graybridge Malkam, Senior Consultant
Eva Schausberger, Consultant	Graybridge Malkam, Senior Consultant
Patricia Baxter, Consultant	Graybridge Malkam, Advisor, Indigenous

Additionally, the following contributions were critical to the development of this tool:

- The HPRO Board, Management Committee, Communications Committee, and Executive Director provided support, resources, insights and approvals that allowed the deliverables to come to fruition.
- Funding was provided by the Government of Canada’s Community Support, Multiculturalism, and Anti-Racism Initiatives Program (CSMARI), HPRO, and contributions in kind from HPRO Member Colleges.
- Member Colleges actively participated in consultations, reviews and pilots, training sessions, and implementation workshops to help make sure the material will meet the needs of regulators.

## Overview of this document

Research into the effect of exclusion and racism, whether they be systemic or interpersonal, intentional or unintentional, has demonstrated the need to ensure that EDI and anti-racism form an important part of the lens through which any health or other regulatory college undertakes its work, from how it is governed to what policies and processes it develops. As much as it is important to assess the impact of exclusion and racism on those receiving services from practitioners regulated by these colleges, recent studies have also demonstrated the need to combat systemic and interpersonal exclusion and racism within regulatory colleges, between colleges and their members, and among regulated professionals. Doing so requires colleges to assess the level of integration of Equity, Diversity, and Inclusion (EDI) and anti-racism<sup>1</sup> processes and initiatives within the various aspects of their work.

Self-assessments are beneficial when they can provide the health regulatory College (the College) with an understanding of the status of their practices related to EDI and anti-racism, what areas they can further advance in, and how to do so within important areas of interest. However, embarking on EDI and anti-racism self-assessment processes can be daunting. It is also very hard to properly undertake without some form of direction.

The objective of this guide is to assist the College with the continuous process of integrating EDI and anti-racism into their work. Given the importance of ensuring that EDI and anti-racism are integral to any process undertaken by the College, this guide helps the College carry out an EDI and anti-racism self-assessment across all aspects of their work and their functions. It also helps the College on its journey of continual integration and improvement of EDI and anti-racism.

To ensure coherence with the College Performance Measurement Framework (CPMF), this Guide provides an assessment along the following domains:

1. Governance Goals
2. Resource Goals
3. System Partner Goals
4. Information Management Goals
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, Reporting, and Improvement

These domains are meant to cover most of the work that the College undertakes and the manner in which it functions. Consequently, there will be some repetition and overlap between various domains, especially as it relates to certain assessment markers and suggested actions.

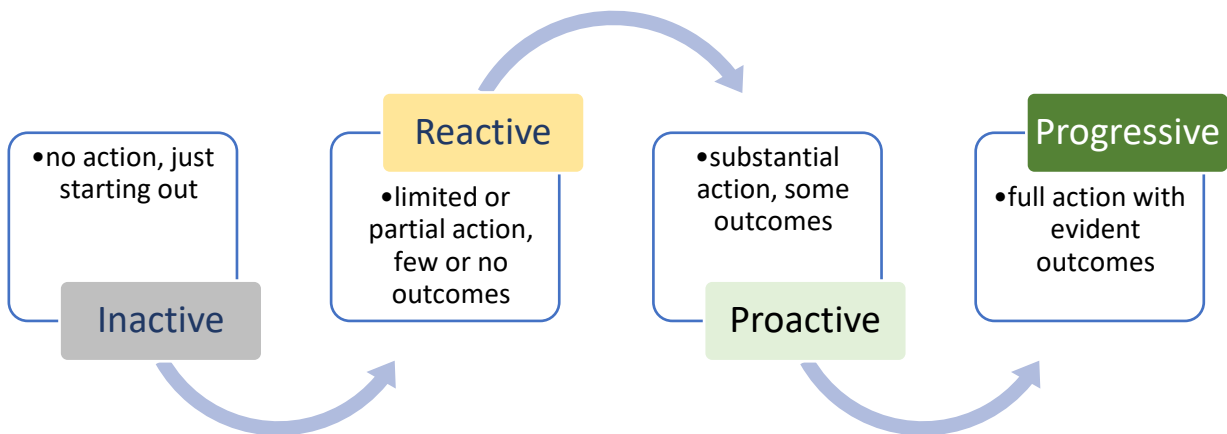
---

<sup>1</sup> Throughout the document, EDI is used to reflect the comprehensive approach to issues related to the barriers and successful practices for achieving equitable outcomes across many different equity-seeking groups. Anti-racism is specifically mentioned to bring attention to the particular challenges in this regard.

Moreover, the guide assists the College in undertaking a regulatory **Health Equity Impact Assessment (HPRO-EIA)** with a focus on applicants to the profession, registrants in the profession, or those leaving their health profession prematurely. The assessment found under **Domains 5 and 6** (Regulatory Policies and Suitability to Practice) is particularly helpful in this regard.

This guide contains three interrelated components:

1. **Self-Assessment Grid:** This grid is a summary matrix that helps Colleges undertake an initial assessment of their strengths and gaps as they relate to EDI and anti-racism. The results are presented along a continuum (inactive, reactive, proactive, progressive) so as to provide the College with an ability to assess its varying levels of achievements related to the various domains. The four levels were informed and inspired by the Global Diversity, Equity, and Inclusion Benchmark. In effect, this grid supports a first high-level “taking stock” and allows the College to describe and come to terms with its current degree of organizational commitment and performance in EDI and anti-racism.



\*Figure to be further assessed for accessibility.

2. **Assessment Markers:** These markers provide a more detailed assessment of the integration of EDI and anti-racism along the above-listed seven domains. The markers are presented in a manner that supports a more comprehensive self-assessment along the same continuum presented in the grid. The colour categorization among the various levels in these domain-specific tables is meant to be understood as a representation of the fluidness of the continuum rather than an abrupt or distinct transition from one level to the other. As such, each level is interconnected with the adjacent levels; movement along these levels is complex and not necessarily linear in all cases. It also means that some of the markers might not continue throughout the four levels. In such cases, these markers are meant to feed into the accomplishment of markers at the higher levels. The College can use these lower-level markers as preparation for the potential achievements of the higher-level markers.
3. **Guidance Document:** This document provides the Colleges with some suggested actions that can be taken related to some specific areas of improvements. The guidance is meant to leverage strengths and remedy gaps in EDI and anti-racism practices at the personal and institutional levels within the College and the profession.

These interrelated components help provide the College with a reflective tool and a means to tell an evidence-based story regarding their work on EDI and anti-racism. Moreover, the suggested story telling approach allows the College to demonstrate advancements over time. It is not a tool that can allow the College to quantitatively report its achievements since the quantification process requires a valuation that would be misleading and that would have to grapple with varying levels of importance and varying number of markers across the continuum.

If the College finds itself in a situation where the self-assessment indicates achievements at differing levels related to different aspects that are being assessed, including within the same domain, it is suggested that the College assess the implications of each achievement. For example, if the self-assessment indicates that College has completed a few suggested markers within each of the four levels of a domain, the College can determine whether the achievements at the reactive or proactive levels are parts of a building process to achieve related markers at the proactive or progressive levels respectively. This approach to assessing achievements integrates the objectives of continuous improvements, of working on EDI and anti-racism through a building block approach, and of approaching work on EDI and anti-racism from a story telling perspective that reflects the inherent endless journey that must be undertaken to effect real change, especially at the institutional level.

### Suggested Usage of this Guide

While all three components can be used individually or in isolation from each other, it is suggested that the assessment process follow the following steps:

1. Begin with the **self-assessment grid** in order to develop high-level takeaways regarding the College's level of integration of EDI and anti-racism into the seven domains. Naturally, the College might find that it has realised differing levels of achievements regarding the different domains (or sub-domains, if applicable).
2. Refer to the **assessment markers** that correspond to the domain (or sub-domain, if applicable) that the College has quickly assessed. As noted earlier, the College can find that within one domain, there are practices that it has undertaken that are in the lower levels of achievement while others are another level. The College can use these markers as guidance on what it can do to improve its integration of EDI and anti-racism in the relevant domain (or sub-domain, if applicable).
3. If the College is interested in achieving certain markers, the College can turn to the **guidance document** for step-by-step guidance on certain domain markers. The guidance document follows the same seven domains that are represented in the self-assessment grid and the assessment markers. The list is not comprehensive of all of the markers, but provides essential steps to achieving certain markers at the progressive level. Note: given the importance of Domains 5 and 6, the interconnection between them, and the link between them and the HPRO-EIA, Domains 5 and 6 have been combined together in the guidance document.

Finally, this guide is to be used and, if necessary, adapted to the realities of the College. It is also to be used on a continuous basis with the interval being decided by the College. This helps the College establish a benchmark and the information needed to show the change (the process of improvement). It is also a guide that will be regularly reviewed and adjusted to allow for the continuous learning and advancements that are inherent to any EDI initiative, process, and understandings.

## Introduction and terminology

### Identity Factors

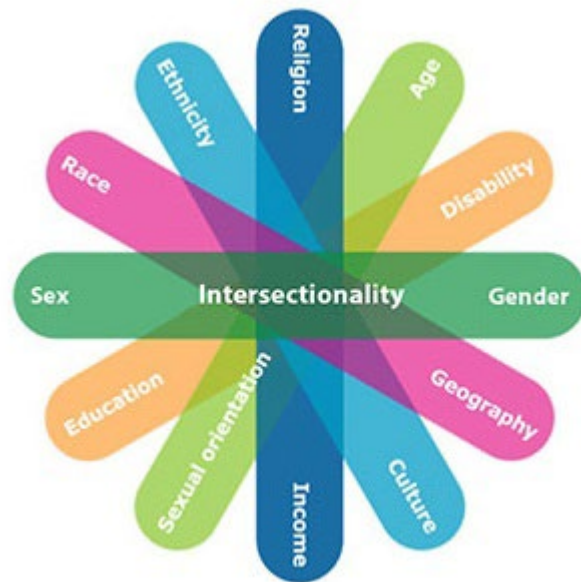
In this document, there are many references to “identity factors” – this is a term that loosely refers to the various ways in which people define themselves, or are defined by others. They can include characteristics such as gender, age, ethnicity, race, (dis)ability, and sexual orientation, as well as aspects such as profession, geographic location, national origin, family status, socioeconomic status, and many others. These identity factors will be more or less important to certain individuals, and will have more or less impact on their lived experience within systems and processes as well as in their interactions with others.

The concept of intersectionality, initially coined by Kimberley Crenshaw after drawing on work done by women from the African continent and from Latin America in the 1960s and 1970s, is used to capture the multitude of interlocking identities, social and personal, that make each person unique in their own way (see figure). These identities can be self-proclaimed or imposed by others within society.

A comprehensive lens of Equity, Diversity and Inclusion (EDI) allows for the recognition of multiple identity factors as well as their intersections.

### EDI, Intersectionality and Anti-racism

The various factors that make up the identity of a person could offer them opportunities of power and privilege<sup>2</sup> as well as challenges and difficulties. The concept of intersectionality and the approaches that are based on it avoid ranking and comparing the intensity of oppression, domination, or hindrance of each factor. However, when assessed through the lens of societal organization, systemic oppression, and power and privilege, race is understood to present an amplified multiplying factor that further limits one’s power, privilege, and social location. We see this in studies that assess the power dynamics within women’s groups, LGBTQ2+ community groups, disability groups,



<sup>2</sup> Privilege in this context refers to power or benefits that are provided to someone without them doing anything to earn it. For example, from a physical perspective, an abled bodied person has privilege given that they can move through physical spaces easily. An abled bodied person did not ‘earn’ this power or advantage. A person in a wheelchair cannot navigate these same spaces with the same ease, will face many hurdles and blockages, and will likely have to fight to be treated equally and to be able to move in the space with the same ease as an abled bodied person.

etc. To this day, race and racism continue to be a predominant influence in societies. They also remain deeply influential in many interpersonal interactions and within institutional and societal systems.

### *Equity-seeking Groups*

Equity-seeking groups are groups of people loosely or officially connected (e.g. civil society groups) who have been denied equity and true equality and are fighting for both. Not all members who share equity-related identity factors with equity-seeking groups are fighting to change systems and structures. Moreover, those that have none to limited levels of privilege should not be the ones who are saddled with the overwhelming responsibility to fight for change. The onus of change is a shared one, but when groups of people are denied equity, the urgency of action for those who have privilege becomes important.

It is also important to recognize that while it is not fair to saddle all members of equity-seeking groups with the responsibility of change, each equity-seeking group has members that are fighting hard for equity. As such, this document uses the terminology '**members of equity-seeking groups**' as a means to:

- Highlight that those who have to fight for equity do so because they are deserving of it,
- Note that members of equity-seeking groups are denied equity,
- Recognize that not everyone who belongs to a group that has to fight for equity wants to, is able to, and should be saddled with the responsibility to do so,
- Recognize that there are actors who belong to groups or represent people who deserve equity who are actively fighting for it through group structures (e.g., civil society groups), and
- Indicate that the reference is about people who belong to these groups that are fighting for equity without implying or placing the onus on these same people and without erasing or minimizing the need for true equality and justice through systemic change.

### *Self-Assessment Domains and Markers*

In the process of conducting equity impact assessments there will be discussion of key measures suitable to describe the current state and to track progress on performance, and facilitate decision making regarding equity and anti-racism across the seven domains of the CPMF.

There are three types of key measures structure, process, and outcome (Donabedian, 1966). Each type serves a purpose, and each has benefits and challenges. Generally speaking, an organization developing key measures to assess, monitor and track progress on equity will move from structural markers as a starting point, to process markers, to outcome indicators as the gold standard.

**Structural measures** refer to “things”, entities, that are established to help lead to a desired outcome (e.g. committees, institutions, and manuals). They set the stage for the work needed to achieve a goal or series of goals. Structural measures are often easily defined and easily measured (frequently, but not always, these measures are yes/no measures). However, they are often considered “necessary but not sufficient” because it is not always possible to establish a clear relationship

between the structural measure and the ultimate desired outcome. Examples of these measures include policies, committees, and resources committed to providing EDI focused practice advice.

**Process measures**, as the name suggests, refer to measures of procedures or processes or the implementation of institutional policies to achieve a goal. They generally target the application of ‘good’ procedures or best practices. Process measures are usually more immediately sensitive to differences in quality or to implementation steps than are structure or outcome measures and they can be easier to interpret. They have been criticized, however, because continuously employing good procedures does not always equate with desired goals. Again – they are necessary but not sufficient to measure the important objectives that organizations, groups, or individuals are trying to achieve. Examples include training and EDI and anti-racism focused data collection.

**Outcome measures** are considered to be the “highest standard” because they most clearly articulate the desired objectives of a policy, program, standard, guideline, or decision (e.g., being sensitive to identity factors of registrants). They are the most concrete of the three types but may be hard to measure. Outcome measures are also sometimes challenging to link directly to adopted processes or policies – especially if other intervening factors may be involved. For example, regulatory anti-racism outcome measures may include levels of trust of regulators by members of equity-seeking groups, differential access to professional development across geographical regions, or increased access to healthcare education among these groups. However, these outcomes might be produced through policies that are unrelated to regulator decisions, such as changes to payment policies for care. The broader and more ambitious the outcome measure, the harder it can be to link to regulatory activity.



## ORGANIZATIONAL SELF-ASSESSMENT GRID: OVERVIEW OF CURRENT EDI STATUS AT OUR COLLEGE

The **Self-Assessment Grid** is a summary matrix to help Colleges do an initial assessment of strengths and gaps on the EDI and anti-racism continuum (inactive, reactive, proactive, and progressive). It supports a first high-level “taking stock”, allowing a College to describe and come to terms with its degree of organizational commitment and current performance in EDI and Anti-racism.

## EDI Organizational Self-Assessment and Action Guide

### Self-assessment Grid: Overview of Current EDI Status at our College

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
	PROPOSED MARKERS	A. INACTIVE	B. REACTIVE	C. PROACTIVE	D. PROGRESSIVE
CPMF DOMAIN AND GOALS  (Note: CPMF standards have been transformed into related goals)	(Colleges can skip proposed markers and add additional markers)  “Which of the following is in place?” yes/no – and to what degree?	No action plan has been developed or implemented  No evidence of improved EDI outcomes	Limited or partial action plan has been developed or implemented  Unknown/unclear connection between actions and outcomes	More comprehensive action plan developed, substantial implementation under way  Clear connection between actions and outcomes	Action plan has been fully implemented; effects may be assessed.  Improved EDI outcomes are apparent
1. GOVERNANCE Goals:  Council and committee members have EDI competence. Decisions are made in a diverse public’s interest. Transparency about actions fosters trust with a diverse public.	Public EDI commitment and transparency of actions	<ul style="list-style-type: none"> <li>There is no public commitment to EDI</li> </ul>	<ul style="list-style-type: none"> <li>There is a public commitment with no goals or action plans</li> </ul>	<ul style="list-style-type: none"> <li>There is a public commitment with high-level goals or action plans</li> <li>The commitment is not consistently integrated in public statements</li> </ul>	<ul style="list-style-type: none"> <li>Progress and achievements are reported</li> <li>Public commitments are integrated, and outcomes frequently shared/communicated</li> </ul>
	EDI competence of council and committee members	<ul style="list-style-type: none"> <li>Council and committee members have insufficient awareness to support the application of EDI concepts</li> <li>There are no efforts to promote diversity of identities and lived experience among council/committee members</li> </ul>	<ul style="list-style-type: none"> <li>Decision-makers (council or committee members) display some EDI awareness or skills with limited effectiveness in applying EDI concepts when making decisions</li> <li>There are limited efforts to promote diversity of identities and lived experience among council/committees</li> </ul>	<ul style="list-style-type: none"> <li>Council/committee membership reliably reflects the diversity of the populations we serve/the public</li> <li>There have been some learning events or resources provided to decision makers</li> </ul>	<ul style="list-style-type: none"> <li>EDI lens is applied consistently by committees, working groups and projects</li> <li>EDI competency is a factor in making council/ committee appointments</li> <li>Council and committee members are driving EDI, providing leadership on</li> </ul>

## EDI Organizational Self-Assessment and Action Guide

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
					related issues, and engaging with training and education opportunities
<b>2. RESOURCE Goals:</b>  Responsible stewardship of financial and human resources dedicated to EDI is demonstrated.	EDI competence of staff	<ul style="list-style-type: none"> <li>Staff have no awareness of how to support EDI</li> <li>There is no effort to promote diversity of identities and lived experience among staff</li> </ul>	<ul style="list-style-type: none"> <li>Staff display some EDI awareness or skills</li> <li>There are limited efforts to promote diversity of identities and lived experience among staff</li> </ul>	<ul style="list-style-type: none"> <li>The college’s staff reliably reflects the diversity of the populations we serve/the public</li> <li>There have been some learning events or resources provided to staff</li> <li>EDI competency is a key consideration in making staff assignments</li> </ul>	<ul style="list-style-type: none"> <li>EDI competency is a factor in hiring staff</li> <li>Staff play an active part in leading EDI initiatives</li> <li>Staff are capable to help train committees and councils on EDI</li> </ul>
	EDI specific internal resourcing and external funding	<ul style="list-style-type: none"> <li>The College has not made EDI specific resourcing or funding commitments</li> </ul>	<ul style="list-style-type: none"> <li>EDI specific resourcing or funding is being explored</li> </ul>	<ul style="list-style-type: none"> <li>EDI specific funding applications have been submitted to non-profit, provincial, or federal funding agencies; and/or</li> <li>EDI specific internal resources have been allocated</li> </ul>	<ul style="list-style-type: none"> <li>EDI is included, resourced and/or funded in key projects; impact has been demonstrated through project evaluation</li> </ul>
<b>3. SYSTEM PARTNER Goals:</b>  There is active engagement with other colleges and system partners regarding EDI. Cooperative and collaborative relationships to progress on EDI are maintained.	EDI system partner relations	<ul style="list-style-type: none"> <li>EDI system partner relations may be perceived as outside of the regulatory mandate</li> </ul>	<ul style="list-style-type: none"> <li>External EDI system partners initiate relations</li> <li>EDI system partner relations are minimal and inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>Equity-seeking groups are consulted</li> <li>Several EDI system partner relations exist, mostly within short-term initiatives</li> </ul>	<ul style="list-style-type: none"> <li>There is a robust set of contacts and a consistent practice of engaging relevant system partners</li> <li>There is ongoing collaboration across groups and health professions</li> </ul>
<b>4. INFORMATION MANAGEMENT</b>	Collection of EDI-related data and protection from unauthorized disclosure	<ul style="list-style-type: none"> <li>There is no equity-related data collected on a consistent basis</li> </ul>	<ul style="list-style-type: none"> <li>Data collection is limited to what is legally required</li> </ul>	<ul style="list-style-type: none"> <li>There are data systems in development, applied occasionally, or with limited focus</li> </ul>	<ul style="list-style-type: none"> <li>There is consistent use of high-quality data to inform EDI initiatives</li> </ul>

## EDI Organizational Self-Assessment and Action Guide

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
There is protection from unauthorized disclosure of EDI data.			<ul style="list-style-type: none"> <li>Other available data that could potentially be used for EDI purposes are not leveraged.</li> </ul>		
<b>5. REGULATORY POLICIES</b>  Policies, standards of practice, and practice guidelines are based on the best available EDI evidence. They reflect current best practices on EDI and are reasonably aligned with changing public expectations on EDI and other College.	Policies, standards of practice and practice guidelines	<ul style="list-style-type: none"> <li>There is no EDI consideration in policies, practice standards and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Limited EDI consideration in policies, current practice standards and guidelines</li> <li>Review of policies, practice standards and guidelines through an EDI-lens is being planned</li> </ul>	<ul style="list-style-type: none"> <li>EDI impact is considered when developing/renewing policies, practice standards and guidelines</li> <li>Research into the best available evidence is incorporated as part of any policy/guidelines/standard review</li> <li>Registrants' questions and enquiries are handled sensitively, and alternative communication channels offered when requested</li> </ul>	<ul style="list-style-type: none"> <li>Policies and practice standards are grounded in best available evidence using an EDI-lens</li> <li>EDI is embedded in each practice standard and guideline</li> <li>EDI impact of the standard or guideline has been evaluated</li> <li>Registrants routinely suggest how to enhance EDI in practice</li> </ul>
<b>6. SUITABILITY TO PRACTICE</b>  Diverse registrants are assessed for competent, safe, and ethical practice with diverse patients/clients and colleagues. Continuing competence is assured. Complaints processes are integrated, accessible and supportive of EDI. Activities are prioritized based on a diverse public's risk and actions to protect.	Registration	<ul style="list-style-type: none"> <li>EDI in registration is limited to what is legally required</li> </ul>	<ul style="list-style-type: none"> <li>There is anecdotal evidence of inequity</li> <li>Limited data may impact insight into potential issues (i.e., bias, differential failure/rejection rates)</li> <li>Assessment of competence may be conflated with language ability</li> </ul>	<ul style="list-style-type: none"> <li>Bridging programs are offered</li> <li>Efforts are underway to increase access to education and credentials</li> <li>Potential bias in assessments is being addressed</li> </ul>	<ul style="list-style-type: none"> <li>Bridging programs increase access</li> <li>Equitable registration streams increase access for populations such as Indigenous practitioners and specialized Internationally Educated Health Professionals (IEHPs)</li> </ul>
	Quality assurance	<ul style="list-style-type: none"> <li>EDI competence is not part of continuing development and quality assurance and is deferred to schools training new graduates</li> <li>Only mandatory areas of focus (e.g., sexual abuse) are being addressed</li> </ul>	<ul style="list-style-type: none"> <li>EDI competence is not a discrete part of continuing development and quality assurance</li> <li>Patients/clients are predominantly viewed from the bio-medical and individualist lenses</li> </ul>	<ul style="list-style-type: none"> <li>Eligible professional development activities include EDI</li> <li>Patients/clients are viewed holistically, and beyond a bio-medical and individualist lens, while protecting privacy and confidentiality</li> <li>Key concepts, (e.g., social determinants of health, recovery orientation, trauma informed care) are being explored</li> </ul>	<ul style="list-style-type: none"> <li>Quality assurance and continuing professional development provide safe spaces where health professionals may reflect and commit to improving their awareness and application of EDI principles in their practice</li> </ul>

## EDI Organizational Self-Assessment and Action Guide

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
	Complaints and discipline	<ul style="list-style-type: none"> <li>The complaint, investigation and tribunal processes have no scope and/or capacity for addressing EDI issues in competence or professional conduct</li> <li>Focus is on the Regulated Health Professions Act's definition of 'incapacitated'</li> <li>Training relating to harassment or discrimination may be recommended if determined relevant as part of discipline and re-licensing</li> </ul>	<ul style="list-style-type: none"> <li>The fitness to practice, complaints, investigation and tribunal processes have limited scope and/or capacity for addressing EDI issues</li> <li>Biases and humility in fitness to practice, complaints, and discipline decision-making are explored if raised during the process</li> </ul>	<ul style="list-style-type: none"> <li>EDI training for tribunal members exists</li> <li>EDI concerns are addressed during complaints, investigations and tribunal processes</li> <li>There is some access and support addressing biases, humility and intersectionality during the complaints and discipline processes</li> </ul>	<ul style="list-style-type: none"> <li>EDI is thoroughly considered during all phases of the complaints, investigation, and tribunal processes</li> <li>EDI is integrated in all phases of the complaints, investigation, and tribunal processes</li> <li>Potential biases are actively identified and managed</li> <li>Humility and intersectionality are explicitly embedded in the fitness to practice, complaints, discipline and tribunal processes</li> </ul>
<p>7. MEASUREMENT, REPORTING, AND IMPROVEMENT</p> <p>College monitors, reports on, and improves its performance.</p>	Accountability, reporting, action planning	<ul style="list-style-type: none"> <li>EDI initiatives are not part of reporting</li> <li>EDI is not defined</li> <li>EDI issues are considered at a surface level when they arise</li> <li>Legal aspects of EDI are met</li> </ul>	<ul style="list-style-type: none"> <li>There is very limited involvement in EDI initiatives</li> <li>EDI may be defined</li> <li>EDI issues are considered at a surface level when they arise</li> <li>Some equity-seeking groups are considered</li> <li>There are limited KPIs, typically output / activity measures</li> </ul>	<ul style="list-style-type: none"> <li>There is a designated individual with accountability for EDI progress and action planning</li> <li>Bias in decision-making is minimized</li> <li>Policies and processes are updated with EDI in mind</li> <li>There is some monitoring and measurement of outcomes in place</li> <li>There is some evidence that policies are having a positive impact</li> </ul>	<ul style="list-style-type: none"> <li>There is a consistent planning and budgeting process for EDI initiatives and progress integrated into business planning</li> <li>Strategic plans incorporate EDI and Key Performance Indicators are tracked</li> <li>Partnerships with EDI system partners are nurtured</li> <li>There is strong evidence of positive outcomes from inclusive policies</li> <li>More patients have access to culturally safer and evidence-informed care</li> </ul>



## SELF-ASSESSMENT DOMAINS AND MARKERS

The **Assessment Markers** are more detailed tables of established good practices that Colleges can use for more comprehensive self-assessment in areas they have identified for early attention. The colour categorization among the various levels in these domain-specific tables is meant to be understood as a representation of a continuum rather than a distinct transition. Each level is interconnected with the adjacent levels; movement along these levels is complex and not necessarily linear in all cases.

## DOMAIN 1: GOVERNANCE

**GOVERNANCE Goals:** Council and committee members have EDI competence. Decisions are made in a diverse public’s interest. Transparency about actions fosters trust with a diverse public.

### 1.1 Public EDI commitment and transparency of actions

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has made no public commitment to EDI.</li> <li><input type="checkbox"/> The College has made no public commitment to anti-racism</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has made a public commitment to EDI (publishing a statement on the College’s website).</li> <li><input type="checkbox"/> The College has made a public commitment to anti-racism (publishing a statement on the College’s website).</li> <li><input type="checkbox"/> The College has undertaken consultation processes with several groups without being guided by EDI and anti-racism benchmarks and best practices.</li> <li><input type="checkbox"/> The College has developed a basic anti-racism vision, mission, or strategy. The vision, mission or strategy is written in a general manner.</li> <li><input type="checkbox"/> The College has developed a basic EDI vision, mission, or strategy. The vision, mission or strategy is written in a general manner.</li> <li><input type="checkbox"/> The College’s commitment to EDI and anti-racism is integrated, albeit somewhat inconsistently, into other public statements, processes, and policies and is linked to long-term EDI and anti-racism objectives, albeit vaguely.</li> </ul>

Proactive

- The College has defined EDI broadly to include some dimensions beyond gender, race, and Indigeneity.
- The College’s commitment to EDI and anti-racism is consistently integrated into other public statements, processes, and policies with limited foresight into how this integration will help or work (in the case of products).
- The College’s public commitment includes high-level goals or action plans that reflect the College’s responsibility as a regulated health profession regulator so that the diverse needs of the communities served are met, but with limited EDI and anti-racism-related details.
- The College has undertaken consultation processes with various equity-seeking groups (e.g. Indigenous, other racialized groups, people disabilities, members of the LGBTQ2+ community) that were guided by EDI and anti-racism benchmarks and best practices.
- The College has qualitative goals for achieving EDI and anti-racism within the College’s mandate that include input from a variety of internal and external system partners.
- The College has quantitative goals for achieving EDI and anti-racism within the College’s mandates that include input from a variety of internal and external system partners.
- The College has examined its organizational policies and procedures to identify opportunities for reducing barriers to equity, diversity, and inclusion.
- Most of the Council members, registrants, and key system partners are aware that EDI and anti-racism are important to the College.
- The College’s commitment to EDI and anti-racism are communicated widely and frequently, and integrated into most of the College’s messaging.

Progressive

- The College has incorporated EDI and anti-racism concepts as part of the organizational culture, and it is considered in the College’s strategic planning.
- The College regularly undertakes consultation processes with several equity-seeking groups that are guided by EDI and anti-racism benchmarks and best practices.
- Competencies that help achieve the College’s EDI and anti-racism goals and strategy are openly demonstrated by most decision-makers within the College (Executive and Management, Council and committee and tribunal members, etc.).
- The College regularly reports its progress and achievements in relation to its stated goals in a number of ways suitable to different audiences.
- The College demonstrates a commitment to lessons learned, adjusts its approach to EDI and anti-racism and its action plan when needed, and integrates updates in its communication channels and in its statements.
- EDI and anti-racism (featuring an intersectional approach) are embedded in the College’s operations as a core value, a source of innovation, and a means to belonging, sustainability and success.
- The College is frequently acknowledged and benchmarked by others (e.g., health regulatory Colleges, community organizations, or associations) for its EDI and anti-racism accomplishments.
- The College is proactive and responsive to EDI and anti-racism challenges faced by society.
- EDI and anti-racism are now ingrained in the College’s work culture.

## 1.2 EDI competence of council and committee members

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members have no or limited understanding of EDI and anti-racism.</li> <li><input type="checkbox"/> The composition of the Council and committees appears to be homogeneous, and is generally unquestioned.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members have had some training on EDI, anti-racism and unconscious bias.</li> <li><input type="checkbox"/> Council and committee members have some knowledge and awareness of EDI and anti-racism focusing on personal interactions, not yet developing College-specific approaches, policies, procedures, and processes.</li> <li><input type="checkbox"/> Council and committee members are open to making EDI and anti-racism-related adjustments within the College while maintaining the existing systems and processes as they are.</li> <li><input type="checkbox"/> Council and committee members issue a commitment to increasing representation of equity-seeking groups (members of the LGBTQ2+ community, Indigenous groups, other racialized groups, disability groups, ethnic/religious groups, etc.)</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members are actively working on enhancing the diversity to better represent the public the College has a mandate to protect (within the constraints that they are under).</li> <li><input type="checkbox"/> Council and committee members have continuous training on EDI and anti-racism as a means to stay up to date and to keep the EDI and anti-racism lens strong and effective.</li> <li><input type="checkbox"/> Council and committee members use their EDI and anti-racism competencies while making decisions.</li> <li><input type="checkbox"/> Council and committee members are supporters, and several are champions of EDI and anti-racism.</li> <li><input type="checkbox"/> Council and committee members are open and willing to make EDI and anti-racism-related adjustments within the College (flexibility and the willingness to implement recommended changes).</li> <li><input type="checkbox"/> Council and committee members use EDI and anti-racism tools to make some changes to their approaches, projects, working groups, etc., although the changes may be inconsistent.</li> </ul>
<b>Progressive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members use EDI and anti-racism tools to make consistent and long-term changes to their approaches, projects, working groups, etc.</li> <li><input type="checkbox"/> Council and committee members draw on their EDI and anti-racism resources to make committee and council assignments.</li> <li><input type="checkbox"/> Council and committee members understand the need to and demonstrate support for undertaking EDI and anti-racism assessments within their College.</li> <li><input type="checkbox"/> Council and committee members are champions of EDI and anti-racism and take consistent action to achieve EDI and anti-racism objectives.</li> </ul>

## DOMAIN 2: RESOURCES

**RESOURCE Goals:** Responsible stewardship of financial and human resources dedicated to EDI is demonstrated.

### 2.1 EDI competence of staff (including leadership)

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff have no to very limited awareness of the importance of EDI and how to support it.</li> <li><input type="checkbox"/> Staff have no to very limited awareness of the importance of anti-racism and how to support it.</li> <li><input type="checkbox"/> Diversity among staff members is either non-existent or limited along very few identity factors (e.g., men and women).</li> <li><input type="checkbox"/> Staff are unwilling or do not feel able to take the initiative to inform themselves of EDI.</li> <li><input type="checkbox"/> Staff are unwilling or do not feel able to take the initiative to inform themselves of anti-racism.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff can identify some aspects of EDI, even if there is not a clear understanding of the implications and complexity of EDI.</li> <li><input type="checkbox"/> Staff can identify some aspects of anti-racism, even if there isn't a clear understanding of the implications and complexity of anti-racism.</li> <li><input type="checkbox"/> Staff assess or implement basic EDI measures (e.g., adjust language references, have one level of equity-markers (e.g., women and men))</li> <li><input type="checkbox"/> Staff assess or implement basic anti-racism measures (e.g., add language on diversity and send out reminders on the College's stand on racism)</li> <li><input type="checkbox"/> Staff have some knowledge and awareness of EDI and anti-racism focusing on personal interactions, not yet developing College-specific approaches, policies, procedures, and processes.</li> <li><input type="checkbox"/> The diversity of staff members is very limited and cuts across one or two identity factors.</li> <li><input type="checkbox"/> The willingness and ability of the staff to engage, intentionally and consistently, with diversified voices outside those officially staffed by the College is limited, or at best is done in a performative manner (for cases where staff diversity is limited).</li> </ul>

Proactive

- Staff have access to EDI and anti-racism resources to help guide them.
- The diversity of staff members more closely reflects the diversity of the public they are mandated to protect.
- Staff have a solid understanding of EDI and the steps that need to be taken to increase EDI.
- Staff have a solid understanding of racism and the steps that need to be taken to fight against the various forms of racism and to become anti-racist.
- Staff members are assigned to varying tasks based on EDI competencies and an equity lens.

Progressive

- Staff are actively and consistently implementing changes to help improve EDI, using an intersectional approach and beyond just responding to a specific situation.
- Staff are actively and consistently implementing changes to help decrease racism (against Indigenous and other-racialized groups), beyond responding to a specific situation.
- Staff hiring processes incorporate an equity lens.
- Staff's performance is assessed through an equity and intersectional lens.
- Staff members have the knowledge and expertise to provide some training to committee and council members on EDI.
- Staff have the knowledge and expertise to engage appropriate experts to train committees and council members on EDI (in cases where external expertise may be required).
- Staff undertakes continuous learning and training on EDI.

## **2.2 EDI specific funding (in-kind and otherwise, internal and external)**

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has not made EDI specific resourcing commitments.</li> <li><input type="checkbox"/> The College has not made anti-racism specific resourcing commitments.</li> <li><input type="checkbox"/> The College has not identified any in-kind or budgetary commitments that it can make to EDI.</li> <li><input type="checkbox"/> The College has not identified any in-kind or budgetary commitments that it can make to anti-racism.</li> <li><input type="checkbox"/> The College draws on freely available resources and does not commit to ensuring in-kind or monetary support for the necessary EDI and anti-racism initiatives/changes.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has completed the assessment of the availability of the in-kind and monetary resources that it can and will dedicate to EDI and anti-racism.</li> <li><input type="checkbox"/> The College has identified external funding or in-kind potentials that can help it advance on its EDI and anti-racism journey.</li> <li><input type="checkbox"/> The College has assessed the level/quality of its human and financial capacity to implement EDI- and anti-racism-related changes.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has secured in-kind or financial funding internally for EDI- and anti-racism-related changes.</li> <li><input type="checkbox"/> The College has specifically allocated in-kind or financial funding internally solely for EDI- and anti-racism-related changes.</li> <li><input type="checkbox"/> The College has submitted applications for external funding to support its EDI and anti-racism initiatives.</li> <li><input type="checkbox"/> The College has secured external funding to support its EDI and anti-racism initiatives (including combining resources with other regulatory Colleges).</li> </ul>
Progressive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has implemented key EDI-related projects, with clearly identified resourcing/funding.</li> <li><input type="checkbox"/> The College has developed an EDI and anti-racism-specific funding mechanism that protects the funds (in-kind and otherwise) from their diversion to other purposes.</li> <li><input type="checkbox"/> The College continuously assesses its budget to maintain the continued funding (in-kind and otherwise) for EDI and anti-racism initiatives that integrate intersectional approaches.</li> </ul>

## DOMAIN 3: SYSTEM PARTNERS

**SYSTEM PARTNER Goals:** There is active engagement with other colleges and system partners regarding EDI. Cooperative and collaborative relationships to progress on EDI are maintained.

### 3.1 EDI System Partner Relations

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> No initiative or effort is undertaken to reach out to other Colleges and partners within the health system regarding the sharing of information on EDI and anti-racism.</li> <li><input type="checkbox"/> No initiative or effort is undertaken to reach out to other colleges and partners within the health system regarding collaborative activity on EDI and anti-racism.</li> <li><input type="checkbox"/> The College considers the work on EDI and anti-racism as a College-based work and as not connected to the rest of the system/process.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is limited engagement about EDI practices with other Colleges within the health system in Ontario.</li> <li><input type="checkbox"/> There is limited engagement with other Colleges about EDI practices within the health system across Canada.</li> <li><input type="checkbox"/> There is limited engagement with other system partners working on EDI and anti-racism within the health sector in Ontario.</li> <li><input type="checkbox"/> There is limited engagement with other system partners working on EDI and anti-racism within the health sector across Canada.</li> <li><input type="checkbox"/> Contacts with other system partners are initiated by external system partners and the sharing of information is limited and guarded.</li> <li><input type="checkbox"/> Contact with other system partners (other Colleges and civil society groups) on issues related to EDI and anti-racism is occasional and inconsistent.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Various equity groups have been consulted, but consultation is not ongoing or consistent outside of specific initiatives.</li> <li><input type="checkbox"/> Collaboration with other system partners on issues related to EDI and anti-racism is completed as part of an initiative and is not ongoing or consistent following the end of a project or an initiative.</li> <li><input type="checkbox"/> There is an updated list of actors to consult, but the consultation process remains selective (always choosing selected groups for consultation rather than undertaking consultations with a wide range of groups).</li> </ul>

Progressive

- The College has established and consistently implements an ongoing plan for consistent and meaningful consultation with various equity groups (e.g., Indigenous, other racialized groups, gender-based groups, LGBTQ2+ groups, disability groups, religious groups, etc.).
- The College has established and consistently implements an ongoing plan for consultation with other Colleges and actors in the health sector in Ontario.
- The College has established and consistently implements an ongoing plan for consultation with other Colleges and actors in the health sector across Canada.
- The College has expanded its reach to outside entities through upstream (universities, educational institutions, certifiers, etc.), downstream (civil society organizations, community groups, advocates, etc.), and horizontal (other Colleges, professional associations) consultations.
- The College regularly reviews and improves its collaborations efforts on EDI and anti-racism (using an intersectional lens).

## DOMAIN 4: INFORMATION MANAGEMENT

**INFORMATION MANAGEMENT Goals:** There is protection from unauthorized disclosure of EDI data.

### 4.1 EDI-related data collection and protection from unauthorized disclosure

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s practices for EDI-related data collection and protection are informal.</li> <li><input type="checkbox"/> There has not been collection of any EDI-related data from individuals.</li> <li><input type="checkbox"/> EDI data collection has been very limited.</li> <li><input type="checkbox"/> College staff, council and committee members show little or no awareness of issues related to the management of EDI-related information.</li> <li><input type="checkbox"/> The College’s formal practices governing data collection and protection make no reference to particular considerations for EDI-related information.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI data collection is undertaken for only a very limited number of individual characteristics, generally to respond to specific pressures.</li> <li><input type="checkbox"/> EDI data collection is undertaken within particular initiatives but not on an ongoing basis.</li> <li><input type="checkbox"/> There are processes in place to manage any unauthorized disclosure of individuals’ EDI information.</li> <li><input type="checkbox"/> Clear and ongoing communication efforts are in place to minimize individuals’ hesitation to self-identify EDI data.</li> <li><input type="checkbox"/> College staff, council and committee members receive training and ongoing support to manage EDI-related information.</li> <li><input type="checkbox"/> There are policies and practices in place to prevent clearly inappropriate (e.g., racist, misogynist, biased) information being shared in the College’s social media and public documents.</li> <li><input type="checkbox"/> The College’s data analysis and reporting practices explicitly address the risk of individual identities being discoverable due to small group sizes.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s data collection methods are regularly reviewed to reflect EDI terminology and definitions that are currently recommended by experts and system partners.</li> <li><input type="checkbox"/> The College undertakes regular strategic reviews of its need for EDI-related data and its processes for collecting, securing, analyzing, and reporting it.</li> <li><input type="checkbox"/> Self-identification of a range of EDI-related characteristics (e.g., race, gender, age, disability, etc.) and their intersections is in place with registrants.</li> <li><input type="checkbox"/> Self-identification of a range of EDI-related characteristics and intersections (e.g., race, gender, age, disability, etc.) is in place with individuals other than registrants (e.g., applicants, complainants).</li> <li><input type="checkbox"/> The College’s data analysis and reporting practices recognize the potential for causing harm, including groups’ discomfort or stigma resulting from reporting of EDI-related data.</li> </ul>

Progressive

- The College regularly consults with representatives of equity-seeking groups to review and adjust its information management practices.
- The College has a robust set of practices for analyzing, interpreting and making decisions on EDI-related data.
- There are policies and practices in place to enhance the equity-promoting impact of information being shared in the College's social media and public documents.

## DOMAIN 5: REGULATORY POLICIES

**REGULATORY POLICIES Goals:** The development, review and implementation of policies, standards of practice, and practice guidelines are based on the best available EDI evidence. They reflect current best practices on EDI and are reasonably aligned with changing public expectations on EDI and other College objectives.

### 5.1 Policies, standards of practice and practice guidelines

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> College staff responsible for professional practice and policies have little experience with practice-related and policy-related issues understood through an EDI lens.</li> <li><input type="checkbox"/> EDI is not a factor in identifying potential new policy or practice standard areas.</li> <li><input type="checkbox"/> The development process for practice standards does not involve an EDI lens.</li> <li><input type="checkbox"/> The College develops policies using a standard approach without considering inclusion and equity.</li> <li><input type="checkbox"/> No input from equity-seeking groups is sought when policies, practice standards, and guidelines are reviewed.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College applies an EDI lens when reviewing individual policies, practice standards, and guidelines where adverse effects have been raised by external system partners.</li> <li><input type="checkbox"/> The College has issued a statement/policy on EDI including how it relates to practice issues.</li> <li><input type="checkbox"/> The College involves some equity-seeking groups in new policy and practice standards development process.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> College staff responsible for professional practice and/or policies has demonstrated awareness of unconscious bias, intersectionality and other EDI dynamics and systemic challenges for equity-seeking groups (e.g., racialized, Indigenous, gender non-conforming, people with disabilities, etc.).</li> <li><input type="checkbox"/> The College engages with equity-seeking groups and individuals, as well as relevant system partners and knowledgeable experts to identify underlying themes and considerations within practice issues and the implementation of policies.</li> <li><input type="checkbox"/> The College has integrated an EDI lens into its policy and practice standard development, review, and launch process.</li> <li><input type="checkbox"/> The College has a formal process for tracking and analysing how practice issues may be caused or affected by discriminatory or biased behaviours. The College consistently acts on findings, e.g., publishing practice advice, revising policies</li> </ul>

Progressive

- The College invests resources to provide practice advice to registrants with an equity and intersectional lens.
- The College invests in-kind resources working with system partners in raising awareness and addressing common root causes that negatively affect some registrants (and their patients / clients).
- The College consistently takes into account intersectionality and the social determinants of health when developing or reviewing policies, practice standards, and guidelines.
- The College is promoting self-identification, and tracking and analysing multiple identity factors (e.g., Indigenous people, other racialized groups, gender, sexual orientation, disability, etc.) for participants involved in the development and review of policies, practice standards, and guidelines.

## DOMAIN 6 SUITABILITY TO PRACTICE

**SUITABILITY TO PRACTICE Goals:** Registrants are assessed for competent, safe and ethical practice with patients/clients and colleagues. Continuing competence is assured. Complaints processes are integrated, accessible and supportive of EDI. Activities are prioritized based on a diverse public’s risk and actions to protect.

### 6.1 Registration

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s registration committee is not representative of the diversity of applicants or registrants.</li> <li><input type="checkbox"/> The registration process only includes legally required EDI references/questions.</li> <li><input type="checkbox"/> The College does not track identity factors for applicants or registrants.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College is tracking success rates on licensing assessments for domestic and international applicants.</li> <li><input type="checkbox"/> The College communicates its registration policies and procedures.</li> <li><input type="checkbox"/> The College is asking applicants and registrants to self-identify along one or two identity factors.</li> <li><input type="checkbox"/> The College integrates limited EDI identity factors in its formal decisions related to registration practices.</li> <li><input type="checkbox"/> The College has an appeal process.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has a registration committee that is broadly representative of the diversity of applicants or registrants.</li> <li><input type="checkbox"/> The College is implementing strategies to promote self-identification of applicants and registrants (along multiple identity factors).</li> <li><input type="checkbox"/> The College is tracking and reporting success rates on licensing assessments along multiple identity factors or categories.</li> <li><input type="checkbox"/> The College is supporting efforts by educational institutions to ensure a diversified pool of candidates qualified in competency and experience.</li> <li><input type="checkbox"/> The College engages diverse registrants who self-identify using multiple identity factors to validate assessment tools and identify unintended bias.</li> <li><input type="checkbox"/> The College tracks and reports its appeal data broken down along multiple identity factors.</li> <li><input type="checkbox"/> The College collects, uses and protects applicants’ and registrants’ identity data following all required legislative, regulatory and industry standards.</li> </ul>

Progressive

- The College invests resources to work with other system partners to increase registrant diversity along several intersectional factors.
- The College invests resources working with system partners in raising awareness and addressing common root causes that have a disproportionate negative impact on the assessments of diverse registrants' physical or mental capacity to practice.
- The College consistently acts upon the findings of differential success rates on licensing assessment for those who self-identify using multiple intersectional identity factors.
- The College engages diverse registrants who self-identify using multiple identity factors to develop inclusive communication materials and preparatory resources, as well as feedback processes, in order to support the success of diverse groups of applicants.
- The College invests resources to identify unintended biases in registration policies, requirements, and assessment tools as part of its defined processes for developing and updating them.
- The College takes action to minimize the impact of unconscious bias and institutional, structural, and systemic inequity and racism on the successful registration outcomes for seeking applicants who are members of equity-seeking groups.

## 6.2 Quality assurance

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s quality assurance committee is not representative of the diversity of registrants.</li> <li><input type="checkbox"/> The College does not track identity factors related to the quality assurance process, e.g., identity of peer assessors, identity of registrants selected for peer assessments.</li> <li><input type="checkbox"/> The College only addresses mandatory areas of focus (e.g., sexual abuse).</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has explicitly considered the potential impacts of the diversity of peer assessors and QA committee members.</li> <li><input type="checkbox"/> The College asks peer assessors to self-identify using one or two identity factors.</li> <li><input type="checkbox"/> The College asks registrants selected for peer assessments to self-identify on one or two identity factors.</li> <li><input type="checkbox"/> The College includes a reference to equity considerations in its communications about its quality assurance policies and procedures.</li> <li><input type="checkbox"/> The College assesses EDI competency as a ‘nice to have’ and not as an integral part of continuing development and quality assurance.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College is implementing strategies to promote diversity of peer assessors, including self-identification of multiple identity factors.</li> <li><input type="checkbox"/> The College is tracking and analysing multiple identity factors for registrants selected for peer assessment.</li> <li><input type="checkbox"/> The College is tracking and analysing the decisions on remediation directives broken down by multiple identity factors.</li> <li><input type="checkbox"/> The College is tracking and analysing improvement on re-assessment broken down by multiple identity factors.</li> <li><input type="checkbox"/> The College has a representative quality assurance committee.</li> <li><input type="checkbox"/> The College has intentional practices for reaching out and engaging diverse registrants to act as peer assessors.</li> <li><input type="checkbox"/> The College seeks feedback from diverse peer assessors about its peer assessment process and tools.</li> <li><input type="checkbox"/> The College collects, uses and protects peer assessors and registrants’ identity data following all required legislative, regulatory and industry standards.</li> </ul>

Progressive

- The College consistently reports and acts upon the findings of differential rates of selection for peer assessment, remediation directives, and/or improvement upon reassessment by considering multiple identity factors, and intersectional identity breakdowns (numbers permitting).
- The College invests resources to identify unintended biases in its quality assurance program as part of its defined processes for development and updating it.
- The College invests in-kind resources working with system partners in ensuring that remediation 'training' or other supports are inclusive and meeting the needs of diverse registrants.
- The College provides its registrants with the support/safe space to reflect on and commit to improving their awareness and understanding of EDI and anti-racism.

## 6.3 Complaints, discipline and fitness to practice

Inactive

- The College’s Inquiries, Complaints and Report committee (ICRC) is not representative of those involved in complaints, investigations and discipline proceedings (e.g., complainant, registrant, witnesses).
- The College’s Fitness to Practice committee is not representative of those being assessed for Fitness to Practice.
- The College’s Discipline committee is not representative of those involved in hearings (e.g., patient / client, registrant).
- The College’s Patient/Client Relations committee has little or no representation of members of equity-seeking groups (e.g., Indigenous, other racialized groups, member of the LGBTQ2+ community, those with disabilities, etc.).
- The College does not track identity factors related to Patient/Client Relations program participants.
- The College does not track identity factors related to Fitness to Practice allegations.
- The College does not track identity factors for those involved in complaints, investigations and discipline.
- The College’s complaint, investigation, and tribunal processes have no scope and capacity for addressing EDI and anti-racism issues.
- The College’s commitment to harassment and discrimination training is limited.

Reactive

- The College makes some reference to EDI considerations in its communications about its Patient/Client relations programming.
- The College asks those involved in complaints, investigation, and tribunal processes to self-identify along one or two identity factors.
- The College asks those applying to the victim compensation fund to self-identify along one or two identity factors.
- The College communicates its complaints and discipline policies and procedures.
- The College’s complaint, investigation, and tribunal processes have limited capacity to protect from bias and address EDI and racism issues.
- The College explicitly considers EDI and anti-racism issues in the development of its Patient/Client Relations programming.

Proactive

- The College is implementing strategies to promote self-identification of complainants, health professionals and witnesses along several identity factors.
- The College is tracking and analysing multiple identity factors for all involved in the complaints, investigation, and tribunal processes, including the members of the tribunal.
- The College has representative professional conduct, complaints and discipline committees (ICRC, etc.).
- Members of the ICRC, Discipline and Fitness to Practice committees (and others involved in complaints and discipline proceedings) have had training or access to learning resources about how unconscious bias, racism, cultural differences, gender bias, and other factors can affect the dynamics of the complaints and discipline process.
- The College seeks feedback from diverse complainants and registrants about its complaints, patient/client relations, discipline, and fitness to practice processes.
- The College provides support for addressing biases, humility, and intersectionality during complaints and discipline processes.
- The College’s communications regarding its complaints, patient/client relations, discipline and fitness to practice processes are accessible and inclusive for a diverse population of registrants and the public, for example in various languages and formats, and with consideration of cultural norms, accessibility, and inclusion.
- The professional conduct committees have demonstrated awareness of unconscious bias and other EDI dynamics and systemic challenges for equity-seeking groups, including racialized, Indigenous, gender non-conforming, people with disabilities, cross-cultural differences, etc.

Progressive

- The College consistently reports and acts upon the findings of differential rates of complainants, and of health professionals subject to the complaint, by considering the potential impact of intersectional identity factors.
- Members of the ICRC committee (and others involved in complaints, discipline and fitness to practice proceedings) are knowledgeable and actively consider how unconscious bias, racism, cultural differences, trauma-informed practice, gender bias, and other factors might be affecting the dynamics of the complaints and discipline process.
- The College invests resources to identify unintended biases in its complaints, investigations and discipline process as part of its development and update processes.
- The College invests resources to apply an equity and intersectionality lens to its patient / client relations activities.
- The College invests in-kind resources working with system partners in identifying, raising awareness, and addressing root causes for common complaints.
- The College consistently applies EDI and anti-racism principles to its Professional Conduct portfolio.
- The College consistently reports and acts upon the findings of differential rates of those involved in professional conduct proceedings, using multiple and intersectional identity factors.

## DOMAIN 7 MEASUREMENT, REPORTING AND IMPROVEMENT

**MEASUREMENT, REPORTING AND IMPROVEMENT Goals** College monitors, reports on, and improves its performance.

### **7. 1. Structural and Process Markers for Measurement – selecting, collecting and analyzing EDI and anti-racism indicators**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> There are no identified EDI-related measurements collected on a regular basis.</li> <li><input type="checkbox"/> There are significant concerns on the part of College staff, leaders, or system partners about the appropriateness of collecting EDI-related data to inform performance metrics.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined at a general level.</li> <li><input type="checkbox"/> There are limited KPIs, typically output / activity measures.</li> <li><input type="checkbox"/> There are occasional reviews of selected policies and practices, measuring against best practice EDI benchmarks, to assess strengths and opportunities for improvement.</li> <li><input type="checkbox"/> The College communicates why the selected indicators are important and how they are measured.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined in a comprehensive manner incorporating multiple identity factors – e.g., including anti-racism, gender, Indigeneity, disability, etc.</li> <li><input type="checkbox"/> Measurement methods are designed to be inclusive (in language, cultural norms, accessibility, etc.).</li> <li><input type="checkbox"/> There is some monitoring and measurement of EDI-related outcomes.</li> <li><input type="checkbox"/> There is movement toward integrating the College’s EDI-related process and outcome measurements into a logic model showing how activities and results are linked.</li> <li><input type="checkbox"/> Both internal and system-level data are utilized to identify EDI progress.</li> <li><input type="checkbox"/> KPIs and EDI-related indicators are to some extent compared to other relevant indicators such as: comparable regulatory Colleges; population / patient health outcomes; diversity within ‘feeder’ educational programs; etc.</li> <li><input type="checkbox"/> Relevant system partners and equity-seeking groups are consulted about data collection purposes and methods.</li> <li><input type="checkbox"/> There is some evidence that EDI and anti-racism policies and practices may be accomplishing their stated goals.</li> </ul>

Progressive

- EDI has been defined in a comprehensive manner incorporating multiple and intersecting identity factors.
- Strategic plans incorporate EDI and related Key Performance Indicators (KPIs).
- There is strong evidence that EDI and anti-racism policies and practices are accomplishing their stated goals.
- Meaningful EDI-related outcomes across the CPMF domains are measured and monitored including quantitative and qualitative metrics such as (illustrative examples):
  - Percentage of registrants (survey) who perceive the College as open to addressing EDI issues; disaggregated by multiple identity factors.
  - Documented perception of system partners (focus groups) who perceive that the College is a safe place to bring concerns.
  - Percentage of Board / Committee members who (1) feel confident they understand EDI implications of their work; (2) believe the College has fully embraced EDI procedures in actual practice.
  - Geographic distribution of registrants, such as in urban / rural / remote / Indigenous communities; this can be based on their self-identification.
  - Percent of complaints received by College where EDI issues are identified as part of the complaint.
  - Percent of complaints dismissed or no further action taken, disaggregated by identity factors and/or intersections, compared to all dismissed complaints.
  - Percent of surveyed patients / clients reporting being treated fairly in the previous 6 months; disaggregated by identity factors and/or intersections.
- EDI-related metrics are used to inform the College's consultations with system partners who are seeking to identify and mitigate barriers or identify under-served groups or communities.

## **7. 2. Structural and Process Markers for Reporting – purposeful and inclusive communication of EDI progress**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> EDI initiatives are not part of organizational reporting.</li> <li><input type="checkbox"/> EDI reporting is focused on demonstrating compliance with requirements such as legislated requirements and Ontario Fairness Commissioner (OFC) standards.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI reporting is limited to meeting the requirements of the Ontario Fairness Commissioner (OFC).</li> <li><input type="checkbox"/> EDI reporting is consistent with the College’s definition(s) of EDI, including aspects such as anti-racism, gender, Indigeneity, disability, etc.</li> <li><input type="checkbox"/> Reporting focuses on a few EDI initiatives.</li> <li><input type="checkbox"/> There are limited performance indicators (KPIs) related to EDI or anti-racism, and typically limited to output / activity measures.</li> <li><input type="checkbox"/> Reporting identifies some equity-seeking groups who may be affected by College activities.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is some reporting of EDI-related outcomes.</li> <li><input type="checkbox"/> There is some reporting of evidence that equity-focused policies and practices are accomplishing the stated goals.</li> <li><input type="checkbox"/> The methods, vehicles, content and timing of EDI and anti-racism reporting activities are intentionally designed to be meaningful and accessible to multiple, diverse audiences.</li> <li><input type="checkbox"/> Reporting and review of relevant indicators takes place at multiple levels of the organization (operational, strategic).</li> </ul>
<b>Progressive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI-related issues are reflected in other organizational reporting such as risk reviews.</li> <li><input type="checkbox"/> EDI-related Key Performance Indicators (KPIs) are tracked and integrated into ongoing reporting methods (briefings, balanced scorecards, dashboards, etc.).</li> <li><input type="checkbox"/> There is reporting of strong evidence of positive outcomes that EDI and anti-racism policies and practices are accomplishing the stated goals.</li> <li><input type="checkbox"/> Relevant system partners and equity-seeking groups are advised of detailed EDI-related outcomes (measurement results) and engaged in validating and interpreting the findings.</li> <li><input type="checkbox"/> Approaches for creating and delivering College performance reporting are explicitly designed to educate, engage and influence system partners, as part of the College’s broad commitment to making progress on EDI and anti-racism.</li> </ul>

## **7.3. Structural and Process Markers for Improvement – sustainable organizational practices for making progress on EDI**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> EDI issues that arise are generally not addressed in a robust manner.</li> <li><input type="checkbox"/> The sole or primary performance standard is the avoidance of legal risk.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined at a general level.</li> <li><input type="checkbox"/> Involvement in EDI initiatives is limited and/or compartmentalized without systemic linkages.</li> <li><input type="checkbox"/> KPIs are generally limited to output / activity measures, without a clear linkage to desired improvement in outcomes.</li> <li><input type="checkbox"/> EDI issues are considered at a surface level when they arise; they are resolved as exceptions or discrete events, not as potential indicators of systemic considerations.</li> <li><input type="checkbox"/> Some equity-seeking groups are named as system partners in improvement efforts.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is a clear definition / vision of EDI that compares current state to ideal future across multiple dimensions.</li> <li><input type="checkbox"/> Policies and processes are updated with explicit considerations of EDI aspects.</li> <li><input type="checkbox"/> There is some monitoring and measurement of EDI-related outcomes.</li> <li><input type="checkbox"/> There is a designated individual with accountability for EDI progress and action planning.</li> <li><input type="checkbox"/> There is a formal process for using KPI data to identify areas for improvement.</li> <li><input type="checkbox"/> Representatives of some equity-seeking groups are consulted for their input into selected improvement initiatives.</li> <li><input type="checkbox"/> There is some demonstration to system partners that changes to policies and practices are having a positive impact.</li> </ul>
<b>Progressive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is a consistent planning and budgeting process for EDI initiatives and progress integrated into business planning.</li> <li><input type="checkbox"/> The strategic plan incorporates EDI and related Key Performance Indicators (KPIs) are tracked and integrated into decision making and future planning.</li> <li><input type="checkbox"/> Potential bias in decision-making about improvement priorities and budgeting is minimized through explicitly designed processes and supporting resources and learning investments.</li> <li><input type="checkbox"/> Partnerships with EDI system partners are nurtured as strategic partners in identifying, scoping and prioritizing improvement initiatives.</li> <li><input type="checkbox"/> There is strong evidence of positive outcomes from changes introduced to have more inclusive policies and practices.</li> <li><input type="checkbox"/> There is ongoing and transparent communication of high-level KPI results and how the findings have translated into ongoing improvement activities.</li> </ul>



## GUIDANCE DOCUMENT

The **Guidance Document** section provides the Colleges with some suggested actions that can be taken to leverage strengths and remedy gaps in EDI and anti-racism practices at the personal and institutional levels within the College and the profession.

Colleges will find it helpful to first complete a self-assessment using the Markers in the previous section. It is not necessary to complete an assessment in all areas. If there are areas of concern, previously identified priorities, or concurrent initiatives that can be leveraged for other actions, those can be appropriate areas for focus.

## **Domain 1: Governance**

**Guidance for: Demonstrating commitment to EDI on the Board level (representation, awareness, appointments, etc.)**

The governance aspect of EDI and anti-racism requires that EDI and anti-racism become integrated into the ethos of the College. At the heart of it, EDI and anti-racism should become an integral part of the processes that guide the governance of the College. However, this cannot come to fruition without a commitment to EDI and anti-racism. Cementing such a commitment to EDI and anti-racism requires (a) the establishment of processes to ensure genuine commitment to EDI and anti-racism and (b) the building of EDI competency among Council and Committee members (*see 1.2 below*).

It is important to undertake a review process that leads to transparent and genuine commitments to EDI. At a minimum, the College should undertake a review of whether its policies and procedures make genuine and transparent commitments to EDI and anti-racism. This can take place concurrently with actions that are taken to improve the EDI- and anti-racism-related competency of Council and Committee members.

### **1. Undertake a Review Process of College Policies and Procedures**

An important part of achieving EDI and eliminating racism is to revise policies and procedures that dictate the College's work. This is important for three main reasons: (1) to ensure that the policies and procedures are written in a manner that does not discriminate and are inclusive of voices that have been historically excluded, (2) to establish a discrimination and racism free environment at the interpersonal level, promoting an inclusive and diverse environment, and (3) to ensure that aspects of institutional and systemic discrimination and racism are eliminated.

Undertake a review of the existing documents, policies and procedures through an EDI and anti-racism lens:

- a. Begin by reviewing the policies and procedures that are considered the most important for the functioning of the College, assigning an EDI and anti-racism expert (within the College or from the private sector) to review important materials,
- b. Expand the analysis to the rest of the policy and procedure suite,
- c. Engage with system partners to develop a better understanding of the challenges and impact of the current policies and procedures on equity-seeking groups, and
- d. Identify areas of concern from an EDI and anti-racism perspective and steps that can be taken to remedy the identified concerns.

## 2. Make Public Commitments to EDI and Anti-Racism and Relevant Updates

Public commitments to EDI and anti-racism are not only a way to demonstrate the seriousness of the process, but it is also a way to be held accountable by the public and by the members, to demonstrate a commitment to make the environment more welcoming for equity-seeking groups, and to attract more applicants / registrants from equity-seeking groups.

- Make commitments to EDI and anti-racism and publish them in a manner that is accessible and transparent:
  - a. Consult with EDI and an anti-racism experts/point person to help write a strong EDI and anti-racism statement that mentions actions, notes targets, and establishes timelines and follow-up procedures for the achievement of the targets,
  - b. Make the link between the statements and the actual changes that the College has committed to or will commit to, and
  - c. Ensure that the information is continuously updated and made public and demonstrate successes and issues that need continued attention.

### Guidance for: Mitigating unconscious bias in decision-making (systemic and personal)

The mitigation of unconscious bias requires several steps. First, consultations need to be undertaken to better understand and document the impact on equity-seeking groups. Second, learning should be undertaken to better understand the impact of discrimination and racism at the individual and systemic levels and to learn EDI and anti-racism tools. Third, systems, tools, and procedures need to be put in place to mitigate its impact.

To achieve the level of competency that can contribute to sustainable commitment to EDI and anti-racism, the following are three very important steps that need to be taken:

#### 1. Undertaking Consultations

Understanding one's own competency requires an ability to assess one's own knowledge and understanding of the subject matter at hand. To do so, it is important that there be an effort to engage with system partners that can help better understand the experiences of equity-seeking groups and help improve policies, systems, tools, and procedures. These system partners can include:

- a. Professional organizations
- b. Relevant networks that are sources of applicants for registration (e.g., students and faculty members, newcomers to Canada)
- c. Other Colleges and regulatory bodies
- d. Representatives of equity-seeking groups
- e. Experts/researchers working on EDI and anti-racism

## 2. Undertake Learning

An important part of the EDI and the anti-racism process is increasing one's awareness of issues related to EDI and racism. No one person can understand the experiences of everyone else and no one can be fully aware of how they contribute (directly or indirectly, consciously or unconsciously) to the factors that have a negative impact on equity-seeking groups. Therefore, EDI and anti-racism training, when properly done, can help develop a better understanding of the experiences of members of equity-seeking groups and the changes that are necessary to eliminate discrimination and racism.

The training related to EDI and anti-racism can include:

- a. An initial introductory facilitated training
- b. Continuous learning trainings
- c. A self-reflection and a self-assessment from the point of view of EDI and anti-racism
- d. Continuous learning opportunities to continue updating one's own knowledge (e.g., self-paced reading) with established methods or checks that evaluate and ensure learning goals or objectives are met.

## 3. Integrating Unconscious Bias Checks into Processes, Procedures, and Policies

The work on EDI and anti-racism should occur at the personal, interpersonal, and systemic levels if the objective is to genuinely increase diversity and, more importantly, inclusivity. Therefore, in addition to working on enhancing one's own understanding of unconscious bias and how it manifests into challenging situations for equity-seeking groups, it is important to assess how biases impact decision-making and the design of policies and approaches. This can be done by adding checks throughout the decision-making processes to help limit the impact of biases.

These can include:

- a. Using an EDI and anti-racism reference document that provides questions to help surface unconscious and systemic biases and limit their impacts in decision-making
- b. Consulting with system partners (like those listed earlier) to help provide an EDI- and anti-racism-based assessment of the decision that is to be made
- c. Reflecting on the impact of the decision on equity-seeking groups in the profession
- d. Establishing and following formal practices that include EDI and anti-racism considerations (e.g., EDI and anti-racism codes of conduct for council and committee members)

## **Domain 2: Resources**

### **Guidance for: Hiring and retaining diverse staff including with competence to manage EDI initiatives**

Places of work and membership often suffer from the following conundrum: there is the intention and drive to hire and include a more diverse group, but the lack of diversity turns away members of the very communities that are under-represented. It is thus important that this objective be completed as part of an overall approach to increasing diversity and inclusion among staff and in the profession in general.

#### **1. Fostering Diversity Among New Hires**

Hiring with an EDI lens allows the College to assess candidates based on their ability and potential, rather than mostly on experience. Moreover, hiring with an EDI lens allows for a more inclusive hiring process that is accessible to different equity-seeking groups. To do so, it is important to

- a. Write job ads in a manner that is accessible for people with disabilities and for certain groups who have language barriers or other barriers that can limit them from knowing about the job ads or feeling that they are sufficiently qualified
- b. Distribute the job ads as widely as possible, with special attention paid to targeting equity-seeking communities
- c. Consult with EDI and anti-racism system partners in the development of EDI-informed candidate assessment criteria that do not penalize members of equity-seeking groups who may have faced barriers in gaining directly comparable experience or having educational credentials from “preferred” institutions
- d. If possible, include members of equity-seeking groups in the hiring process when interviewing someone from an equity-seeking group

#### **2. Ensuring Equitable Assessment Practices of Candidates and Staff**

Given the systemic and institutional racism and discrimination that equity-seeking groups face, it is important to re-assess how candidates are evaluated and the specific skills and abilities that are critical for performance. Doing so will help ensure an assessment of the candidate’s abilities rather than the results of a system where discrimination and racism impact the success of candidates. This will likely require the hiring committee to

- a. Develop more inclusive assessment criteria that allow for candidates to demonstrate capacity and ability and not only previous very similar experience; look for transferable skills
- b. Have some knowledge of the impact of discrimination and racism on achievement and thus what could be missing from the CV
- c. Re-write parts of the Codes of Conduct as it relates to hiring and/or hiring policies in the College; similarly, review implications for other processes that affect current staff (e.g., performance reviews, advancement processes, etc.)

- d. Consult with system partners on the process of assessment of staff belonging to equity-seeking groups to help eliminate the influence of bias
- e. Reassess candidate and staff complaint mechanisms to ensure that they are free of bias and to include an equity, anti-discriminatory, and anti-racism-based assessment of the complaints
- f. Include an assessment of EDI- and anti-racism-related awareness and skills that are related to the job in question

### 3. Ensure Continued EDI and Anti-racism Training

- a. Include EDI and anti-racism training as part of the competency assessment of staff
- b. Make EDI and anti-racism training mandatory for staff
- c. Include evaluation measures to assess knowledge gained and skills applied from training

#### **Guidance for: “Don’t re-invent the wheel,” and Do Sustain Efforts Past Specific Projects**

Work on EDI and anti-racism is being undertaken in many professions, both beyond and within fields relevant to healthcare. Within the health professions, these efforts are also being undertaken by various Colleges. There are many lessons that can be learned from the experiences of various Colleges and other entities within the health sector and outside of it. Collaboration across Colleges is essential in being able to learn from one another and using the resources available to build on previous work and continue to improve and innovate.

As such, it is important that the Colleges

#### 1. Build and Maintain a Network related to EDI and Anti-racism

- a. Communicate and collaborate with each other on EDI and anti-racism
- b. Review reports of successes and challenges related to work on EDI and anti-racism in the health sector (and other sectors if helpful)
- c. Engage system partners who have experience in working on and working with other health professionals
- d. Build a network of EDI and anti-racism committees/groups that develop avenues for sharing information (successes, failures, and discoveries) among each other

#### 2. Ensure Continued Allocation of Resources to EDI and Anti-racism

- a. Continuously assess financial and in-kind College contributions to EDI and anti-racism initiatives
- b. Include and maintain a commitment to EDI and anti-racism in the budget

- c. Look for other sources of funding and in-kind contributions (external and otherwise) to support continued work on EDI and anti-racism, including government funding
- d. Ensure that an identified staff or committee member is tasked with ensuring sustainability of EDI and anti-racism initiatives by keeping abreast of funding opportunities and capacity needs
- e. Collaborate with other Colleges on joint EDI and anti-racism activities as a means to learn from each other and pool available resources
- f. Protect the commitments (financial and otherwise) made to existing EDI and anti-racism initiatives
- g. Ensure that committee members and other system partners working on EDI initiatives are adequately compensated for their time and effort

### **Domain 3: System Partners**

#### **Guidance for: Identifying and working with system partners and interprofessional networks**

EDI and anti-racism by its nature is inclusive of many factors that make up the identity of a person (some proclaimed by the person and some imposed on them by the rest of the society). As such, when working towards EDI and anti-racism, it is imperative to be inclusive of the voices that are heard, of the representation that is pursued, and of the spaces that can be accessed. This, in turn, requires reaching out to and collaborating with a diverse set of partners, system partners and networks. It also requires the establishment of a system that is inviting for others who are looking to join future collaborative efforts and that is capable of finding and accommodating the participation of others. The quality and type of networking and collaborative system that a College has put in place has a direct bearing on whose voices are heard and who contributes to certain policies and initiatives.

Therefore, it is important that the College:

- a. Complete an environmental scan to identify potential partners, system partners, and networks
- b. Reach out to the partners, system partners, and networks that the College wants to engage
- c. Establish a process that allows for a consistent and continued engagement with these partners, system partners, and networks
- d. Set up an evergreen list of partners, system partners, and networks that can be and is continuously updated and rotated to minimize mental and emotional burnout, stress and fatigue
- e. Ensure that the collaborative space is inclusive and safe for various equity-seeking groups to engage in
- f. Formalize the collaborative process and ensure that adequate time and resources are allocated to it.
- g. Formalize a process that is meant to integrate some of the findings of these collaborations into the work of the College

## **Domain 4: Information Management**

### **Guidance for: Mitigating privacy and confidentiality concerns in data collection**

Within the CPMF Domain 4, this section is focused on mitigating privacy and confidentiality concerns as it relates to EDI and anti-racism data collection within the College. Often, people who face discrimination and racism are reluctant to provide personal data for fear of its misuse and/or its use in a manner that further discriminates against them. Therefore, the proper use and management of personal data not only helps prevent any negative unintended outcomes, but it also helps build trust in the process, which in turn creates further willingness to participate in data collection processes.

Trusted data collection processes also help in achieving the objectives in Domain 3, system partner consultations in general, since it provides some key data that can help identify system partners and help guide discussions. Effective EDI and anti-racism data gathering is also fundamental to conducting an Equity Impact Assessment (EIA) and making progress under Domains 6 and 7. Colleges can track the extent of the trust in their data collection efforts by monitoring the self-identification rates of those from whom data is requested – i.e., how many do not respond at all, how many indicate that they prefer to not self-identify, unusually low representation rates in particular identity groups, and so on.

### **Mitigating privacy and confidentiality concerns in data collection**

Colleges are expected to take reasonable steps to secure personal information throughout its life cycle; for example, during transmission, storage and disposal (transportation, handling and destruction or transfer to an archive). Taking these steps is necessary, but not sufficient, for fully addressing privacy and confidentiality concerns that may be raised by registrants and system partners.

#### **1. Managing Security of Information**

- a. Develop and publish data security policies and procedures
- b. Implement and continuously assess the performance of these policies and procedures, with transparent reporting processes accessible to system partner groups
- c. Develop and implement a reporting mechanism in case of a breach in privacy
- d. Develop a strategy to securely store private information. It is best practice to ensure an appropriate separation of self-identification EDI data from other administrative information on registrants, candidates, complainants, etc.

#### **2. Mitigating Concerns of Individuals and Groups**

- a. Increase transparency around the purpose of the EDI and anti-racism data gathering and the methodologies that will be used. Consult with representatives of equity-seeking populations to ensure that the methodologies are culturally appropriate, and that terminology is up-to-date and reflective of groups' own usage.

- b. Ensure that participants in the data collection process are aware of how their information is being secured and managed. The communication should be intentionally inclusive of people with disabilities and those from various cultural backgrounds.
- c. Provide participants with the ability to update or withdraw their identity data. An individual's self-identification data can change – e.g., they may acquire a disability; change their gender identity; or become aware of a heritage characteristic that was previously unknown to them (e.g., Indigenous background, ethnic or racial heritage, etc.). Some individuals' comfort level with self-identification may change over time. State that there is no expectation that previous data will be amended. Explain in reporting that the data and results that are reported are “point in time”.
- d. Ensure continuous consultation and communication with system partners and participants. Designate an individual who will be a consistent contact and who will receive and address concerns in a timely manner.
- e. Draw on the following: CIHI Data Standards, 2022 and the Government of Ontario systemic racism data standards to ensure the continued respect of existing data standards<sup>3</sup>

### 3. Demonstrating outcomes of data collection

- a. Develop a policy on sharing the results of studies and reviews, articulating when and how demographic data will be reported and the extent to which results will be disaggregated by identity factors.
- b. Ensure that all information is de-identified and the identity of the participants remain anonymous
- c. Develop protocols regarding sample sizes to be used when reporting, especially to ensure the protection of identifiable factors that can become an issue in small sample sizes. Particularly when reporting on racialized identity and other under-represented groups, numbers can be small and the risk of revealing personal identities is increased.

---

<sup>3</sup> With a particular focus on race-based and Indigenous identity collection, there is other useful reference information available to guide the data collection efforts, such as

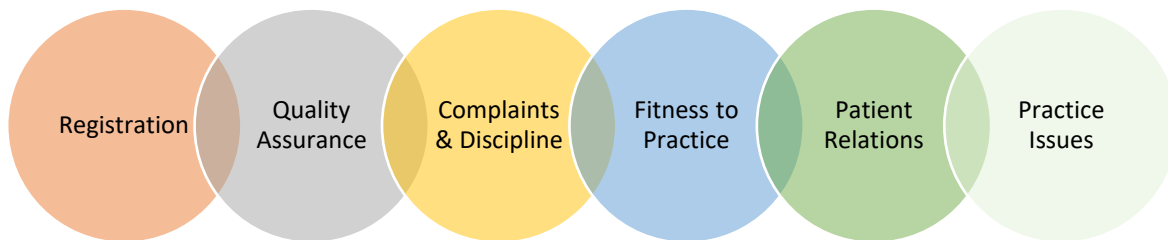
- the Canadian Institute for Health Information <https://www.cihi.ca/en/race-based-and-indigenous-identity-data> and
- the Anti-Racism Directorate of Ontario <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/collection-personal-information#section-5>

## **Domains 5 and 6: Regulatory Policies and Suitability to Practice**

The **HPRO Equity Impact Assessment (HPRO-EIA)** establishes processes for identifying and monitoring equity impacts and outcomes of policies, programs, and standards on applicants to and registrants in regulated health professions. The processes are largely situated in the CPMF domains 5 and 6.

In the context of HPRO, an Equity Impact Assessment is a systematic, evidence-based process developed to assess a regulatory policy, suitability to practice program, or standard to identify unforeseen and unintended adverse effects on equity (i.e., racial and other identity factors) and to modify it so that it does not result in negative impacts or a worsening of existing disparities.

The tools apply an EDI, anti-racism and anti-oppression lens and are intended to be used in conjunction with the EDI Self-Assessment Guide and Resources, supporting a more in-depth review of adverse impacts to foster change for more inclusive and equitable regulatory activities. Figure 1 shows the six statutory functions of a health regulatory College which have potentially adverse effects on domestic and international applicants, and registrants who are/identify as a member of a racialized, marginalized, or equity-seeking community.



While all CPMF domains have some relevance for an Equity Impact Assessment (EIA), this section of the guidance document presents the methodology within the context of domains 5-6. This set of tools can be used for any scope of equity impact assessment related to any policy, process, practice standard or guideline.

Conducting equity impact assessments is integral to organizational change and to convey a clear message that health regulatory Colleges contribute to equity, anti-racism, anti-oppression, diversity and inclusion. Activities and outcomes can inform health regulatory Colleges’ annual reporting in response to the CPMF’s central question “how well are Colleges executing their mandate which is to act in the public interest”?

This section contains markers, guides and resources to support health profession regulators of all sizes to identify and eliminate systemic inequity and racism and advance equity in professional regulation.

The HPRO-EIA will equip users to:

- Recognize the nature and scope of racial and other equity issue(s) as they relate to policies, programs, and standards
- Assess how the implementation of regulatory statutory functions may differently impact regulated health practitioners and those seeking to become licensed whether Indigenous, racialized, or belonging to other equity-seeking groups
- Identify and understand the “root causes” of inequities, to support the development of effective actions to address adverse impacts
- Anticipate and address adverse impacts of implementation of regulatory statutory functions on people who are Indigenous, racialized or who belong to other equity-seeking groups
- Implement monitoring and evaluation systems to determine and track progress in advancing equity in programs, policies and standards
- Report and communicate findings.

*HPRO-EIA* consists of four sequential phases of information gathering, analysis and engagement/consultation that should be carried out in respect of assessing a policy, program or standard.

1. Scoping
2. Information Gathering
3. Analysis
4. Action

## 1. SCOPING

As a health regulatory College completes the Self-Assessment Grid, some areas related to the CPMF domains 5 and 6 will have been identified as a priority and approved for further action by its governing body. To begin the assessment, explore the context and describe what is being assessed; this could include a policy, program, standard, guideline, or decision (e.g., standards on language requirements or therapeutic relationships, or policies on appeals, committee representation, or qualification recognition.) The following guidance informs your assessment scope and the co-creation of terms of reference with system partners.

### Guidance for reflecting on the extent of your assessment approach

Many factors will affect a health regulatory College's ability to perform equity impact assessments. Determining your approach will require agreement among decision-makers. It is advisable to document the factors that were considered in this decision. The list below outlines many of the criteria that will help you determine whether a light touch or more robust assessment approach would be more appropriate. (Please note: While each approach requires the same steps, the central difference relates to the extent and scope of information gathering and engagement with key communities.)

Public sentiment:

1. Are your system partners, partners, registrants/applicants and clients/patients generally satisfied?
2. Is the policy's, program's or standard's area of focus a priority in the profession, department, or jurisdiction?
3. Are there highly charged concerns among partners and system partners and communities?

Budgets, resources, and time:

1. Are your resources and time very limited?
2. Is new investment allocated to refresh or expand the policy, program or standard?
3. Do you have support for the investment of significant resources? Is there an opportunity to partner and leverage available in-kind or financial resources?

Indication of adverse effects:

1. Are there credible and evidence-based indications that adverse effects are unlikely?
2. Do historical data or results from comparable professions indicate potential for adverse impacts on people who are Indigenous, racialized, or who belong to other equity-seeking groups?
3. Are there existing indications of impact and adverse effects based on race and other identity factors?

## Availability of disaggregated data:

1. Is there significant recent/relevant research and consultation information available (disaggregated) on groups affected, barriers and promising actions?
2. Is there limited amount of information available – e.g., areas of uncertainty regarding populations affected or actions that may be effective?
3. Is there no disaggregated data available?

## Other reasons for choosing a more robust assessment approach:

- Is the policy, program, standard, guideline, or decision slated for a revision or update, and/or unlikely to be thoroughly assessed again in the near future?
- Are the changes likely going to require significant investment, for which a thorough review is warranted?
- Are there important strategic linkages to identified priorities of the profession, the health sector, and system partners?
- Are there legal, government, or funder requirements for EDI information that must be met?

## Guidance for building on existing knowledge and activities

As a general guideline, and as your circumstances permit, the more research and engagement/consultation you can conduct, the more valid and reliable the evidence you will have upon which to base your key decision points. As more organizations are engaging in this type of research, explore ways that build on existing knowledge and activities, which brings efficiencies to your approach:

### In research:

Mining readily available information and experience in your team or College, or in comparable professions, such as:

- background research or needs assessments already conducted on potentially affected groups
- possible barriers indicated through data/records on participation in related programs
- successful actions that have addressed inequities in similar policy, program or standards

Should disaggregated data be lacking in the public domain, instead of gathering it through your research, consider requesting a custom data order – e.g., through [Statistics Canada](https://www150.statcan.gc.ca/n1/pub/2466827/2018001/article/00001-eng.htm).

Should gaps in the research emerge, consider continuing to an engagement/ consultation phase, scaling up activities as a way to address the gaps.

## In engagement/consultations:

Leveraging current knowledge and working experience in your team or College, or in comparable professions, such as:

- effective outreach methods or barriers to participation in previous engagements
- contacts with potentially affected networks, communities and subject matter experts\*
- existing data collection methodologies and instruments that can be adapted

Focusing on quality over quantity by, for example:

- using a single (or limited number of) methods to address several topics – e.g., ask questions on both impacts and potential actions in the same interview/survey, etc.
- focusing topics/questions on areas with the largest potential to meet your target needs and outcomes for the assessment
- using methods that are most accessible to your applicant / registrant population, your target partners and system partners, and communities and networks

Investigate the option of partnering with community organizations or other health regulatory Colleges to include a segment on your project in an existing engagement/consultation they have planned.

\*Draw on existing frameworks for community consultations such the *Community Engagement Framework developed by the Centre for Addiction and Mental Health*<sup>4</sup> through a literature review of best practice with a focus on the Canadian health care context. It discusses engagement levels, informs engagement planning and initiatives, and identifies further resources, checklists and links to practical tools and templates.

### **Guidance for reflecting on quality and potential bias of existing policies, standards of practice, or guidelines**

Often there is an assumption that policies or practice standards are neutral and apply to everyone equally. Incorporating an equity approach into research will help to understand and expose racial and other types of inequities and will ensure that the research process itself does not perpetuate them. Use the following questions for reflection:

---

<sup>4</sup> Centre for Addiction and Mental Health <https://camh.ca/-/media/files/camhcommunityengagementframework-pdf.pdf>

- What kinds of disaggregated data would be important in understanding the different ways that Internationally educated, Indigenous, Black, other racialized people and those belonging to other equity-seeking groups of applicants and registrants experience this policy or standard?
- How diverse is the information available: are there a number of sources and a mix of quantitative and qualitative data?
- How old is the data? Is it based on dated stereotypes or assumptions? Does it identify or consider racial and other identity differences in its methodology?
- What are the gaps in information on this policy or standard?
- Could there be unconventional data sources such as Elder knowledge, and oral information passed down from generations? Might there be anecdotal evidence that point to additional research questions?
- How might assumptions, attitudes and norms – own, the College’s, the profession’s, and those of the institutions and society – limit the range of options being considered and proposed?

## Guidance for developing terms of reference with system partners

A Terms of Reference (TOR) is the concept for the *HPRO-EIA*. Some elements of a TOR will involve describing:

- Objectives and outcomes (including key groups affected)
- Responsibilities and involvement of decision-makers, steering and working groups
- Engagement and consultation approach, and compensation of participants<sup>5</sup> )
- Accountability, resourcing, evaluation and reporting

A TOR is a living document and will likely be updated as you begin to plan, prepare, and manage the implementation. Every HPRO-EIA will be different, and TORs can be tailored to the specific requirements or equity problem being considered for the policy, program or standard, as well as the resources available for the assessment.

In developing a TOR, consider who is around the table from the start and where there might be important gaps. A key component of the assessment process is establishing relationships with the individuals and communities of interest who are most affected. The process itself can impact people and groups – this should be reflected in the TOR. (For more information and a useful conceptualization about different levels of consultation and engagement, see the IAP2 public participation spectrum<sup>6</sup>.)

---

<sup>5</sup> Wellesley Institute. Compensating Research Participants: A Survey of Current Practices in Toronto. <https://www.wellesleyinstitute.com/wp-content/uploads/2018/07/Fair-compensation-Report-.pdf>

<sup>6</sup> See, for example, the IAP2 spectrum for public participation. [https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20\(1\).pdf](https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20(1).pdf)

Consider both, internal groups, such as board, staff, and volunteers, as well as external partners and system partners like current and potential registrants, clients or patients, educators, partners, funders, and communities. Involve others such as staff and community members with lived experiences, and especially those who experience the issue in question.

Ensure that equity-seeking groups who are most adversely affected by systemic racism and oppression are informed and authentically engaged. To ensure diverse perspectives are heard, individuals and groups or communities of interest should be engaged in a manner that recognizes and respects cultural identities, histories, and ways of knowing and doing and does not challenge, deny, diminish, or disempower individuals and communities. Avoid tokenism, or using the same people for all of the EDI work, as EDI work can be mentally, emotionally and physically cumbersome and tiring for members of equity-seeking groups.

Undertaking an HPRO-EIA requires that those leading the assessment recognize and acknowledge the connection between the College and the broader context and community in which the policy, program or standard exists.

Partners, system partners and communities of interest can be involved in several ways, including:

- sitting on an external committee to share their views
- contributing to the information collection process
- helping identify indicators to measure success
- helping share the assessment results and engaging in ongoing monitoring

An effective and inclusive approach to engaging partners and system partners, considers:

- Why is this important for the organization? Why is it important to populations such as [...]?
- Who might the process harm?
- Are there accepted practices and norms (such as the First Nations OCAP Principles for ownership, control, access and possession of information) that should be reflected or that might shape expectations about an appropriate process?
- Are there any barriers to engagement that could deter some partners and system partners? Who was involved in this issue in the past? Who has not been involved but perhaps should have been?

## 2. INFORMATION-GATHERING and ENGAGEMENT

Health regulatory Colleges regularly gather quantitative and qualitative data for a variety of purposes. Domain 4 addresses the management of personal information, focusing on aspects like security, privacy, confidentiality and reporting. This section hones in on the manner information is gathered and research subjects are engaged, to identify and inform solutions to address barriers.

### Guidance on meaningful and safe engagement

For a successful EIA, partners, and system partners from different racial/ethnic and equity-seeking groups— especially those most adversely affected—must be meaningfully involved and authentically represented, by:

1. Developing a plan for engagement in collaboration with key partners and system partners.
2. Using communications and outreach methods that incorporate inclusive language, are aligned with community values, and clarify the benefits of taking part and their expected role.
3. Designing methods of engagement that promote cultural safety, respect confidentiality, and include equitable measures.
4. Utilizing trauma-informed approaches when engaging with members of equity-seeking groups.
5. Ensuring that there are adequate measures in place during engagement processes to mitigate the risk of potential exposure to triggering content or adverse impact or experiences for members of equity-seeking groups. For example, consider having a counsellor or social worker from an equity seeking group present during public engagement discussions.
6. Ensuring the consideration of an individual or community's views on how they wish to be engaged/ consulted.
7. Recognizing and respecting the community or organization's protocols on research and information collection.
8. Ensure information collected is only used for the intended purpose.
9. Ensure you receive consent or permission for participation, documentation and aggregated reporting.

Depending on the group or individual you plan to consult, as well as their geography, there are several information-gathering methods you could use.

Method	When to use
Social media and advertising	To share information about the College’s Equity Impact Assessment on a particular topic and opportunities to contribute – may be useful to create awareness about EIA activities.
Surveys	For gathering quantitative information and individual perspectives and experiences – may be useful when capacity, timing and budget are constrained and potential groups for consultation are large in number.
Individual interviews	For in-depth discussions and solution-finding with a small set of selected individuals – may be useful to build relationships or gather expert views
Focus groups	For in-depth discussions and solution-finding with a larger set of selected individuals. Ensure appropriate session design and skilled facilitation to support a safe environment.

### Guidance on types of feedback

Engage and consult with applicants and registrants, separately or in mixed groups, to explore, gain a deeper understanding, and validate your findings. When developing questions, it is helpful to consider the type of feedback to be collected and whether it describes needs and experiences, identifies barriers and impact, or pinpoints root causes. While personal needs or root causes may not always be within the mandate of the health regulatory College, collaboration with system partners who are most impacted, is important to inform the co-creation of possible actions that address adverse impacts and success measures.

Consult on:	Examples may include:
Professional and personal needs	skills-commensurate employment; psychological safety; work in chosen field; provide for loved ones
Experiences in getting licensed and practising	anecdotes and stories about wait times, misinformation, failing assessments, lack of respect for values, etc.
Barriers to registration, etc.	lack of available gap training; focus on clinical knowledge and skills in education; lack of tools to combat -isms;
Positive or negative impact	more likely/less likely to pass assessments; be at the receiving end of a complaint
Root causes of impact or barriers	lack of access to post-secondary education; lack of sponsors lack of role models; values conflicts; discrimination in K-12;

Actions to address adverse effects	Implementation of policies; increasing awareness; recognition of work experience; flexible assessments; mentoring and bridging; limited licensing; gap assessments and training; online access
Success measures	Identity factors of applicants/registrants: named in complaints; passing licensing; involved in exam development. Patients applying to the victim compensation fund.

**Guidance for applying an intersectional lens**

In the Introduction and Terminology section we have introduced the concept of identity factors and intersectionality. An awareness of how race intersects with other forms of systemic inequities is integral to conducting an Equity Impact Assessment. It is critical to fulsome identification and monitoring of racial and other equity impacts and outcomes of policies and programs on racialized and marginalized communities and sub-groups within those communities.

In exploring the impact of race, there is a tendency to talk about it as separate and distinct from impacts of other inequities. We often forget that people may be subject to many different types of inequities which work together to limit opportunities and hinder advancement.

Integrating an intersectional<sup>7</sup> lens into an EIA means moving beyond simply looking at race or gender or other identity factors in isolation. It encourages us to look at the experiences of a group more holistically and offers a better understanding of the cumulative impact of multiple forms of inequities, i.e., race, gender identity, class, sexual orientation, ability, religion etc. It recognizes that various inequities overlap, combine, and intersect to produce specific experiences of inequality. It explains why all inequality is not created equal. For example, the inequities experienced by Indigenous and Black students in the postsecondary educational system, may be best analyzed and understood from a lens that considers not only race, but also socio-economic status, community of residence, education, and family status.

An intersectional lens reveals the complex historical, social, and political contexts which lead to persistent and growing inequities for Indigenous, Black, other racialized people, and members of other equity-seeking identity groups. It recognizes unique individual experiences resulting from the confluence of different types of identity and exposes the diversity within groups at risk of being treated as a homogenous mass.

An intersectional lens supports the consideration of a variety of socio-political forces and understand how privilege, power, oppression, and exclusion operate in interlocking ways to shape the lives of individuals i.e., how gender identity intersects with race, how sexual orientation intersects with age, how disability intersects with national background, and how the interaction of these inequities

<sup>7</sup> Intersectionality – term was coined over 30 years ago by Kimberlé Crenshaw, a law professor who is Black

exacerbates each other. *“It is simply about how certain aspects of who you are will increase your access to the good things or your exposure to the bad things in life”<sup>8</sup>.*

It considers the ways in which people’s lives are shaped by their multiple and overlapping identities and social locations, which together can create additional barriers, opportunities, and/or power imbalances<sup>9</sup>.

### Guidance for equity in consultations<sup>10</sup>

When the voices of all affected population groups can be heard, and when the consultation method is culturally and contextually robust, the validity and quality of the findings – and eventual mitigation solutions – increases.

- Include a variety of perspectives, in terms of identify factors, geographic location, professional practice experience, and familiarity with the policy, standard, or guideline.
- Be clear about what you expect from the individual or group and what you are planning to give back.
- Be transparent how you protect participants’ confidentiality and anonymity throughout the information collection, analysis and reporting activities. Confirm any limitations around confidentiality and anonymity. And, collect only what is necessary to your context.
- Provide participants or system partners with a brief overview of what information is being collected, why these questions are being asked, the participant's right to choose not to disclose uncomfortable information, the participant's right to ask questions, how the information and data will be used to benefit the health-regulatory system and protect the public.
- Use inclusive language and customize messaging to describe why each group or community you want to hear from should engage in the consultation process.
- Engage community and professional network leaders in outreach and disseminating invitations to participate.
- Co-create an ethical space for dialogue and promote cultural safety and recognition of the cultural identities, histories, knowledge and perspectives within identity groups.
- Use mixed methods (interviews, focus groups, narrative, longform surveys) in conjunction with quantitative administrative data to better understand the lived experience of members of equity-seeking groups, administrative data could include information related to age, gender, sex, race, ethnicity, social economic status, income, housing, (dis)ability/accessibility as well as other new/emerging social determinants of health

---

<sup>8</sup> Understanding Intersectionality | Carpenter Smith ..., <https://www.carpentersmith.com/business-coach/understanding-intersectionality/>.

<sup>9</sup> <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary>

<sup>10</sup> Adapted from [https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit\\_5.27.20.pdf](https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit_5.27.20.pdf)  
<https://drive.google.com/file/d/1OEJmWNYjlyDjQWt24p24GF6HPs3N7tdZ/view>

- Proactively solicit feedback on data collection practices during engagement planning.
- Avoid over-burdening certain groups and individuals, and consider compensating participants for their time (similar to committee member per diems).
- Develop authentic records and avoid paraphrasing interview and focus group responses in the data gathering stage.
- Work with interviewers and facilitators that have experience collaborating with the communities they are engaging with.

## 3. ANALYSIS

Once you have gained a preliminary understanding of potential disparities between identity groups, the next step is to analyze the potential and actual impacts – both positive and negative – on particular groups or more likely on individuals/groups with various relevant identity factors. In cases, where the information gathered is not as fulsome as hoped for, or sample sizes required for statistical significance are not attainable, data can still be useful and should be presented accordingly.

### Guidance for identifying impacts and root causes

The information gathered may point to positive and adverse impacts. *Positive* impacts include meeting the equity intents of the policy, program or standard, or an increase in equity for racialized or members of other equity-seeking groups (e.g., increased number of competent [...] become licensed).

*Adverse* impacts include a diminishing of opportunities and benefits, a limiting of access, or over- or underrepresentation (e.g., registration, complaints, disciplinary action).

Review and analyze the evidence gathered, considering...

1. Is the policy, program or standard, or guideline meeting the needs of various or targeted communities of interest?
2. Keeping in mind the related regulatory context and intent of the policy, program, standard, guideline, or decision:
  - a. What are the *positive* impacts/outcomes for [a given population]? How does that differ from other populations [such as ...]?
  - b. What are the *adverse* impacts/outcomes for [a given population] and how does that differ from other populations [such as ...]?
  - c. Are these impacts/outcomes in line or in contradiction with related research and evidence?
3. Is there parity in impacts and outcomes across populations?
  - a. Do some groups benefit more?
  - b. Are others limited more?
4. Consider the intersections in these groups – e.g., do impacts differ based on intersecting identity factors such as country of education, immigration status, gender identity, ethnic origin, religion, language, race, Indigenous heritage, disability, age, family status, socio-economic status, etc.? Are the sample sizes sufficient for drawing meaningful conclusions?
5. Have any adjustments/other possible options been identified to address adverse impacts?
6. What assumptions underlie these differential impacts? What are their effects?
7. Have we gone beyond mainstream literature/evidence sources by including research from community organizations? (This may help to gain valuable insights and perspectives not considered in peer-reviewed or mainstream research.)

Inequities based on race or other identity factors can typically be attributed to a number of factors. Complex issues are best understood by looking at how these factors may be interrelated and going beyond the surface factors, or symptoms, to identify and address the “root cause”. When a social problem is observed, we often are tempted to move too quickly to develop solutions.

For example, a health regulatory College receiving numerous patients’ complaints about the English language proficiency of its internationally trained registrants, may consider increasing the language benchmark requirements of its registrants. Root cause analysis (RCA) aims to uncover instances in which chosen solutions could be addressing a misunderstood problem and may therefore be ineffective. It does this by guiding partners and system partners in asking why they might be observing the outcomes they do, or in other words: what is the story behind the information?

In the above example, RCA could lead a health regulatory College to find that racism, lack of communicative competence and other causes are at play. A health regulatory College may take action to strengthen its entry to practice competency profile and assessment by accounting for applicants’ diversity by including communicative competence in patient encounters. It may also involve bridging/continuing professional development programs regarding unconscious bias, cultural differences, allyship, and dealing with racism in the practice environment.

RCA is a method of problem-solving and system evaluation which can be used to guide assessment of a policy, program or standard’s equity impacts. While it can be particularly helpful in the exploration of racial equity, it is a widely used technique outside of this context. The purpose of RCA is to *define, analyze, and solve* an equity problem by tracing it back to its systemic root cause/source and evaluate how to prevent or mitigate root causes of inequities. Collaboration with partners and system partners and communities will help to validate evidence and findings to date and may help to inform the identification of root causes. Key to an effective analysis is approaching it with an open mind, avoiding making assumptions, and probing as far as needed to determine what the mitigating solution would be. In some cases, root causes may be outside of the regulatory health College’s mandate, which may make follow-up action more complex and require collaboration with other system partners.

## Guidance for describing inequity

[Racial disproportionality and disparity indices](#) are widely used to compare the outcomes of populations or groups in sectors such as child welfare, youth and adult justice, education, and health. Data-driven results that meet requirements for statistically significant data sets on racial disparities or disproportionalities are scarce, but can underscore the need for a race focused impact assessment, such as the HPRO-EIA, to help identify the root causes and mitigate racial inequities. The same analytical model can be applied to a range of identity groups, such as persons with disabilities, Indigenous peoples, internationally trained professionals, etc. Collaboration with quantitative researchers is recommended.

Racial disparity is *unequal outcomes* in a comparison of one racial group to another racial group. Racial disproportionality is the *over-representation or under-representation* of a racial group in a particular

program or system, compared with their representation in the general population. For more information, please refer to [Standard 29 of the Anti-Racism Data Standards \(ARDS\)](#).

## Calculating Racial Disproportionality Index

The disproportionality index is calculated using this equation:

$$\text{Disproportionality}_{\text{GroupA}} = \frac{\left( \frac{\# \text{GroupA\_ProgramPop}}{\# \text{Total\_ProgramPop}} \right)}{\left( \frac{\# \text{GroupA\_BenchmarkPop}}{\# \text{Total\_BenchmarkPop}} \right)}$$

Where:

### #GroupA\_ProgramPop

Is the number of individuals of Group A in a program population

### #Total\_ProgramPop

Is the total number of all individuals in the program population

### #GroupA\_BenchmarkPop

Is the total number of individuals of Group A in a benchmark population (or eligible population)

### #Total\_BenchmarkPop

Is the total number of all individuals in a benchmark population (or eligible population)

The racial disparity index (also known as a risk ratio or relative risk index) is calculated as follows:

$$\text{a. Disparity}_{\text{GroupA/B}} = \frac{\text{Disproportionality}_{\text{GroupA}}}{\text{Disproportionality}_{\text{GroupB}}}$$

While still largely unavailable, anecdotal, or limited by small data sets, disproportionality indicators are beginning to form. Some examples include:

- Race: there are fewer Black students in health programs requiring Bachelor’s and Master’s degrees, more Black students in health programs requiring certificate or diploma qualifications.
- Race: An Ontario-wide survey conducted by RNAO revealed that 88.3% of Black nurses *‘believe to have experienced racism and/or discrimination’*.<sup>11</sup>
- Country of Education: Canadian Alliance for PT Regulators shares on its website the pass rates for its licensing exam -- 44% of Nigerian educated, 70% of UK educated, 83% of Australian educated PTs pass on the first attempt, compared to 95% of Canadian educated PTs.

To contribute to building up the data necessary to produce these indices:

- Disaggregate data beyond the level of major racial groups (e.g., Racialized or Indigenous) to also reflect sub-groups (e.g., Latin American, Black Canadian, Inuit, etc.)
- Disaggregate data and analyze intersectional experiences (e.g., looking at race by gender identity or by years of experience).

Markers in domain 7.1 provide some concrete examples of other disparity indicators, for example:

- Percent of complaints dismissed or no further action taken, disaggregated by identity factors and/or intersections, compared to all dismissed complaints.
- Percent of surveyed patients / clients reporting being treated fairly in the previous 6 months; disaggregated by identity factors and/or intersections, compared to all surveyed patients / clients.

### Guidance for developing actions in response to an equity impact assessment

Systemic racism and inequity can take root and be perpetuated through inaction. To determine the best approach to developing actions to address adverse impacts, review your findings to date and consider:

- Who have you consulted to date? Who haven’t you heard from?
- Which groups could you focus on in this step to gain more representative viewpoints towards identifying actions to address adverse impacts that will result in improved outcomes for all populations?
- Who will make the final decision on actions to be implemented? How will you engage these partners and system partners?
- What other actions that are outside of your mandate would support addressing adverse impacts? And who could implement those actions?

---

<sup>11</sup> [https://rnao.ca/sites/default/files/2022-02/Black Nurses Task Force report .pdf](https://rnao.ca/sites/default/files/2022-02/Black_Nurses_Task_Force_report_.pdf)

Based on your answers to these questions, update your Terms of Reference as needed.

The assurance of an evidence-based process increases the probability of designing a successful action to address adverse impacts. It also builds confidence in the process as inclusive and transparent.

The recommended method to identify actions to address adverse impacts is through

- best practices research about the impacts and root causes identified,
- consultations with subject matter experts, and
- insights from system partners of the most affected groups.

Through this research and engagement/consultation, explore:

- What are the options to eliminate or address the identified adverse impacts and advance racial equity?
- What would these conditions look like if we achieved them? What measures can we use to quantify these conditions?
- What aspects of the policy, program or standard(s) can we tailor to reflect the needs of different groups of people?
- Who might have their benefits diminished from the action? How can we further adjust the options to address any new inequities that might arise?

Finally, it is time to decide on actions to implement.

To prepare for this activity, refer to the Terms of Reference:

1. Bring together the key decision-makers identified, being sure to include multiple viewpoints to ensure equitable decision-making (could include colleagues, experts, and representatives of communities of interest, as appropriate).
2. Select the criteria to be used to assess and rank the shortlisted options, focusing on those that would be useful for your internal partners and system partners to make an informed decision.

**EXAMPLE Project: EIA of differential pass rates on written licensing assessments (barriers, impact, root causes identified through consultations)**

**Example: Results of the root cause analysis**

- Internationally educated candidates lack strategies to complete multiple-choice assessments because this type of testing is little known outside of Commonwealth countries.
- Language testing lacks occupation-specific assessment and creates a false sense of language proficiency for candidates and assessors.
- Written licensing assessments using Canadian terminology and focusing on knowledge recall, put many Canadian candidates at an advantage.
- Gap assessments and bridging and gap training are less accessible to mature candidates, who have to support themselves and families.
- Internationally trained candidates with many years of work experience are judged against an entry to practice benchmark. (Would experienced Canadian practitioners pass entry to practice assessments?)
- Little to no experience of the Canadian health care system (even as patient), means internationally trained candidates lack context.
- Financial cost of writing entry to practice assessments or licensing exams is an enormous burden for many internationally trained workers and barrier to their employment within the Canadian workforce

**Example: Groups adversely impacted identified through consultations**

Internationally educated from: (Note: countries with comparable practice environments and education to Canada are considered only =regulated, autonomous practitioners who assess, diagnose, treat)	Western Europe: UK-educated (positive impact) Dutch Educated (negative impact) Eastern Europe: Polish Educated (negative impact) Southern Europe: n/a Northern Europe: n/a	Northern Africa, Eastern Africa, Western Africa: Nigerian-educated (negative impact) etc.	East and Southeast Asia: e.g., n/a
	South America:	North America:	Australia (positive impact)
Racialized communities	Black immigrants	East Asian immigrants	
Work experience	Mature practitioners		
Languages	ESL speakers		
Socio-economic	Candidates who have to work multiple jobs		

Example: Identify options to address adverse impacts by

1. Conducting best practice research of addressing barriers, impact and root causes above.
2. Consulting with experts in occupational language assessment.
3. Consulting with experts in clinical competency assessment of new and mature practitioners.
4. Benchmarking with similar professions.
5. Consulting with internationally educated generally and mature practitioners in particular to co-create supports and solutions.
6. Creating job shadowing opportunities where internationally trained workers can gain experience under supervision of a licensed professional.

Potential options identified through 1-6.

- Conduct additional research into the differential pass rates as required, also looking beyond specific occupation.
- Offer multiple assessment methods, including those internationally educated applicants are familiar with.
- Separate language benchmarks for all forms of communication (written, spoken, listening, etc.).
- Assess communicative competence (rather than generic language proficiency only).
- Focus on application of knowledge in scenarios, and higher order thinking in written assessments.
- Offer competency gap assessments for all internationally and Canadian educated applicants.
- Provide targeted gap training in modular and highly accessible formats so those supporting families can continue to hold jobs.
- Provide opportunities to observe, assist in real practice environments to provide Canadian context.
- Consider creating temporary license that allows internationally trained workers to work (under supervision), while studying to write their licensing exams
- Develop mutual recognition agreements for internationally trained applicants from countries/school with high success rates.

Assessment grid of options based on organizational capacity and alignment with the strategic plan

Options (don't recommend=N; recommend=R; short-term=ST; medium-term=MT; long-term=LT)	N	R-ST	R-MT	R-LT

Assessment grid for each option

Criteria	What it covers	Assessment	Notes
Effectiveness	<p>Does it address the goal/objectives for the HPRO-EIA assessment (refer to the Terms of Reference)?</p> <p>Does it address immediate impacts?</p>		
Longer-term equity	<p>Thinking beyond this policy, program or standard, will the anticipated benefits:</p> <ul style="list-style-type: none"> <li>• advance equity for groups most affected?</li> <li>• address the differential effects or impacts on diverse groups of people, including the interaction of any Racialized identity with other identity factors – e.g., geography, gender identity, etc.?</li> <li>• avoid most risks of negative impacts or a worsening of disparities for another group?</li> <li>• have a meaningful impact on one or more of the root causes?</li> </ul>		
System partner support	<ul style="list-style-type: none"> <li>• Was it proposed by system partners?</li> <li>• Will most system partners support it?</li> <li>• Will there be negative reaction to be addressed?</li> <li>• Is it culturally relevant?</li> <li>• Will capacity support, accommodations, and resources be provided, if needed?</li> </ul>		
Strategic feasibility	<p>Is it consistent with regulatory requirements, bylaws, strategic plan?</p>		

Criteria	What it covers	Assessment	Notes
Administrative feasibility	<ul style="list-style-type: none"> <li>• What administrative enablers would be needed; timing considerations; fiscal requirements; legal or jurisdictional considerations?</li> <li>• Is it compatible with existing norms and procedures?</li> <li>• How easy will implementation be?</li> <li>• Can it be implemented in phases?</li> </ul>		
Efficiency	Is it efficient in terms of costs vs. anticipated benefits?		
Sustain-ability	Will it sustain through changing conditions?		
Robustness	Will it help us to identify and quickly address risks?		

Once you have documented and assessed all options, rank them in order:

1. 2. 3. Etc....
---------------------------

## 4. DEVELOPING AN IMPLEMENTATION PLAN

As outlined above, the first step is to identify actions to address or eliminate adverse impacts and root causes and increase equity for adversely affected groups. The next step is to develop a plan to help ensure that proposed measures to address adverse impacts and/or the new or amended policy, program or standards are implemented appropriately. Consider:

- **FEASIBILITY:** Is the plan feasible, and does it have mechanisms to evaluate successful implementation and monitoring?
- **SUSTAINABILITY:** How will the actions be implemented in a sustainable manner?
- **ACCOUNTABILITY:** Are there provisions to ensure public reporting and accountability to system partners and communities?

Work with internal partners and system partners, specialists (e.g., analysts, IT staff, trainers, communications and legal) and decision-makers, those who will operationalize the actions, and key affected communities, as appropriate to determine a feasible plan.

Three components of “change” should be incorporated in developing the plan:

1. actual changes to the policy, program or standard
2. change management to support adoption
3. facilitation of resulting changes in the broader environment.

Changing the policy, program or standard:

- What do we need to do to make the agreed upon updates to the policy, program or standard (formal approvals; make changes to policy/budget/program directives/standards, etc.)?
- Do we need to update or draft new practice guidelines? Develop forms? Adjust information systems? Train service providers? Who needs to adopt the new practices?
- Who should be made aware of the actions/measures to address adverse impacts and updates to the policy, program or standard – e.g., system partners consulted throughout the HPRO-EIA process, internal and external system partners involved in implementation, and the wider public potentially affected by the policy, program or standard?
- Are there opportunities for communities or networks to be involved in implementing the changes that might affect their members?
- How will we build the EDI and anti-racism equity capacities of those operationalizing/delivering the policy, program or standard to support a successful implementation?

Communication and report dissemination:

- What key messages will be used to help advance EDI and anti-racism and build broad support for the selected option(s)?

- How can we maintain clear and transparent communication with communities of interest as the new/revised policy, program or standard is implemented?
- Who should receive the report on the results of the HPRO-EIA?
- Is there an external or independent body or committee that ensures accountability and transparency, and therefore needs to see the report? Are there other Colleges who would benefit from seeing the report?
- Should different versions with varying levels of detail be developed – e.g., more detailed for internal audiences, executive summary and recommendations for system partners and communities, infographics for the general public (considering any legal obligations)?
- How can we be inclusive in dissemination – e.g., translation, accessible and plain language versions, etc.

#### Accountability, monitoring and evaluation:

- What measures will be put in place to ensure appropriate monitoring and measuring of the implementation and effectiveness of the actions/revised policy, program or standard?
- How will accountability (processes, policies, and leadership) for effective implementation be ensured? Are mechanisms in place to ensure successful application of the new practices?

#### Risk management and broader impacts:

- What are some possible barriers/risks to implementation (e.g., acceptance of changes)? How could we address these – e.g., through communication messaging? What contingency plans could we put in place to manage these?
- Does the implementation of the action(s) to address adverse impacts require changes to other organizational systems, administration, or policies and procedures?

#### Timeframes, budget and resources

- What are the timeframes for implementation? For monitoring and evaluation?
- Are there provisions to ensure ongoing system partner participation in monitoring, evaluation, and ongoing data collection?
- Is there a meaningful and adequate investment of resources and staff to ensure:
  - Effective implementation according to the plan
  - Continuing monitoring for early identification of unanticipated impacts, whether positive or negative
  - Appropriate two-way communication between the College and interested individuals and groups

## **Domain 7: Measurement, Reporting and Improvement**

### **Guidance for selecting, collecting, and analyzing EDI and anti-racism related indicators**

It is impossible to measure progress along any lines without the use of data. More importantly, the gathering of data can only be beneficial if it is done with the use of appropriate indicators that will measure what is needed. The quality of the indicators and the manner in which the data is gathered are both vital for the quality of the analysis and the ability of any College to implement the most appropriate policies, procedures and tools.

Many of these issues have been addressed in earlier sections. There is some repetition here to provide context.

The focus in Domain 7 is on the College's practices for using measurement to improve its practices on an ongoing and a strategic basis. Colleges that are advancing well in Domain 7 will be integrating EDI and anti-racism indicators into their strategic and operational planning processes.

The measurement process needs to be done in a manner that

- a. Builds, and builds upon, an understanding among key decision-makers (Board / Council, committees, staff, etc.) of the importance of EDI and anti-racism and the appropriateness of the indicators. Dedicated Board or committee discussions during planning sessions will likely be required.
- b. Reflects the three types of key measures: structure, process, and outcome (see the description in the Introduction and Terminology section, specifically Self-Assessment Domains and Markers)
- c. Uses key performance indicators (KPI) that have been deemed to be the most appropriate and the most beneficial. There should be clear alignment between EDI or anti-racism KPIs and other metrics used by the College to assess and manage its performance.
- d. Avoids the collection of indicators that are not meaningful or do not provide much help in the process. Collecting, interpreting, and acting on data requires an investment of effort; it is appropriate to be judicious in selecting the indicators.
- e. Begins small and grows with increasing complexity of information
- f. Engages with system partners to:
  - o Select and define the appropriate indicators
  - o Gain support for collecting the data and to gain their commitment to engaging their networks, members, etc.

- Frame important analysis questions and validate / extend / interpret / communicate findings

Structure and process indicators are particularly important at early stages to demonstrate commitment, successful implementation and progressive impact of actions. They allow for communication of during a potentially lengthy period of time prior to having evidence of positive outcomes. The communication must clearly demonstrate the linkage between the actions taken (structural and process markers) and the anticipated outcomes.

## Guidance for monitoring and evaluation

As noted in the other domains, knowing the success or failure of a policy, procedure, or process is what allows for continued learning. This learning can lead to positive changes due to learning from successes and/or further improvements due to failures. It can also help identify unintended positive and negative consequences that were not part of the initial desired outcomes.

It is important that the College

- a. Take accountability for following up and using this information for decision-making.
- b. Integrate this data into other organizational monitoring / evaluation / accountability processes.
- c. Recognize that some indicators can show a decline but nonetheless there is progress and can be actual improvement in the core issue. For example, perspectives on the fairness of registration or assessment processes can show a decline over time, if people from under-represented groups become more willing to self-identify, or more comfortable to participate and declare their concerns. Similarly, many organizations find that the prevalence of reported harassment increases after training sessions that discuss the issue.
- d. Report both positive and negative findings – for transparency, credibility, impetus for change, and more informed decision-making.
- e. Establish realistic expectations for timeframes for monitoring. Early monitoring helps to flag implementation issues that require corrective action. However, it can also raise expectations or an implicit demand for ‘quick wins’ and early results that may not be centrally important or sustainable.

A full view of monitoring and evaluation includes a focus on outcome measures. Many of these issues have been discussed under Domain 6, including the use of indices that indicate disproportionality and disparity to help assess the differing outcomes between various groups. When constructed at an appropriate level of analysis (i.e., sufficiently granular and process-based), they also help understand the more specific contributing factors that create hurdles for members of equity-seeking groups. Similarly, gathering data that is disaggregated along several intersectional factors can help improve understanding

of hurdles and inequalities that many people face. For example, this type of data can help identify the inequities that Indigenous groups face in general, but also the differing levels and types of challenges that Indigenous groups face if they are on or off reserves, in rural or in urban areas.

## Guidance for action plan for organizational change and guidance to implement outcomes from other sections

Planning for organizational change helps ensure that the commitment for change is real and actionable. It also helps support achievements in all of the other domains, including the demonstration of commitments, the achievement of regulatory governance EDI objectives, etc. Systemic change also requires that change be undertaken in all domains and aspects of the College.

Ensuring that change occurs requires an overall framework, summarized in the following set of actions, some of which are further outlined in earlier sections.

1. Build awareness of discrimination and racism at Board, staff, and practitioner levels through the provision of mandatory and non-mandatory training that is focused on conscious and unconscious bias and on systemic oppression and discrimination
2. Officially recognize the presence and effects of discrimination and racism by
  - a. Issuing public statements with goals and action plans
  - b. Issuing frequent public statements describing progress and results
  - c. Applying resources to assessing EDI and racism
  - d. Achieving an agreement at the Board level for this commitment
  - e. Undertaking a self-assessment of EDI- and racism-related issues in Colleges
3. Show commitment to a more diverse and inclusive space by
  - a. Making official commitments to increasing representation and establishing objectives and timelines
  - b. Publishing EDI and anti-racism values
  - c. Appointing EDI champions (staff members with EDI as their primary responsibility) who have power to advocate and influence decision-making
  - d. Assessing EDI and racism-related factors in appointments and assignments
  - e. Undertaking Board meetings on a regular basis with a specific objective to assess advancements on EDI and anti-racism initiatives
  - f. Consistent and constant check-ins with EDI champions
4. Provide institutional support and capacity by
  - a. Providing EDI and anti-racism champions with resources (EDI-specific funding)
  - b. Promoting EDI and anti-racism champions and their services as safe spaces for members of equity-seeking groups
  - c. Translating EDI and anti-racism values into action plans that promote anti-oppressive practices
  - d. Undertaking activities that promote EDI and anti-racism learning and values

- e. Establishing EDI and anti-racism competency assessment in hiring processes
  - f. Establishing EDI and anti-racism standards for dealing with complaints (between practitioner and those receiving services and between member and staff of the College/other members)
  - g. Ensuring that EDI and anti-racism standards guide the process
  - h. Embedding EDI and anti-racism impact assessment into the assessment and decision-making processes
  - i. Embedding EDI and anti-racism into policy work planning, prioritization of areas of work, guidelines, and standards
  - j. Developing systems for EDI and racism-related data gathering and analysis
  - k. Reviewing accessibility of information on websites and in procedures/documents
  - l. Providing support to members of equity-seeking groups to increase equitability
5. Measure, monitor, and evaluate by
    - a. Gathering data on members of equity-seeking groups through surveys, reports, and other mechanisms
    - b. Gathering data on achievements of EDI and anti-racism objectives
    - c. Assessing achievements and unintended consequences of policies, standards, guidelines, and procedures with an EDI lens
    - d. Publishing findings
  6. Make necessary changes by
    - a. Committing to responding to recommendations
    - b. Indicating the commitment and a timeline to achieve it
    - c. Adjusting approaches, decisions, policies and programs accordingly
  7. Maintain some levels of flexibility by
    - a. Maintaining clauses that allow for future (short term and longer-term) adjustments
    - b. Ensuring a continuous learning and assessment process that aims to assess along multiple intersectional factors
  8. Expand reach to outside entities (enhance system partner mapping and engagement) by consulting
    - a. Upstream: university, educational institutions, certifiers, etc.
    - b. Downstream: civil society organizations, community groups, advocates, etc.
    - c. Horizontally: other regulators within Ontario

## ANNEX 1: Glossary

<b>Anti-Racism</b>	Anti-racism is a process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.
<b>Diversity</b>	Diversity captures the psychological, physical, and social differences that occur among any and all individuals. People differ by attributes such as age, race, education, mental or physical ability, learning styles, gender, sex, sexual orientation, immigration status, religion, socioeconomic status, family status, and others. A diverse group, community, or organization is one in which a variety of social and cultural characteristics exist.
<b>Equity</b>	<p>The term ‘equity’ acknowledges that different populations face different barriers to success and actively puts strategies in place to mitigate or eliminate these barriers. Social or historical factors can cause sameness of treatment to be inconsistent with equitable treatment—for instance, in cases where legacies of social inequality or systems oppression have placed groups in dominant or subordinate statuses relative to one another.</p> <p>Under such circumstances, access to services, supports, and opportunities and attaining economic, political, and social fairness cannot be achieved by treating individuals in exactly the same way. Equity honours and accommodates the specific needs of individuals/ groups.</p> <p>The term “equity-deserving” implies that the person in question or the identity group to which this person belongs is deserving of being treated in a just manner where their identity factor(s) do not hinder their circumstances, access to services, supports, and opportunities and attainment of economic, political, and social equality.</p> <p>The term “equity-denied” implies that the person in question or the identity group to which this person belongs is being denied their full human rights and their ability to attain economic, political, and social equality.</p> <p>The term “equity-seeking” usually refers to groups of equity deserving people who are actively working, directly or indirectly, consciously or unconsciously on attaining economic, political, and social fairness.</p>
<b>Ethnic Origins</b>	<p>Ethnicity refers to a person’s ethnic or cultural origins.</p> <p>Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.</p>
<b>Indigenous Identities</b>	<p>Indigenous people identify as being descended from the Original Peoples of what is currently known as Canada.</p> <p>In this context, Indigenous peoples include people who may identify as:</p> <ul style="list-style-type: none"> <li>• First Nations (status and non-status)</li> <li>• Métis</li> <li>• Inuit</li> </ul>
<b>Gender</b>	Gender refers to the socially constructed ideas and characteristics of women, men and non-binary individuals – such as norms, roles, behaviours, and relationships of and between groups. Terms such as genderqueer, gender-nonconforming and others are used to reflect some of the diversity of gender identities in the population.
<b>LGBT2SQ+</b>	One of a number of acronyms used to encompass a wide spectrum of gender and sexuality. People who ascribe to this umbrella grouping may identify as Lesbian, Gay,

	Bisexual, Pansexual, Trans, Gender Independent, Queer, Two Spirit, and Questioning. The plus sign acknowledges the many sexual and gender minority people don't see themselves in the umbrella acronym and prefer other identity terms.
<b>Inclusion</b>	Inclusion is used to describe an Environment in which all people are respected equitably and have access to the same opportunities. Requires the identification and removal of barriers (e.g., physical, procedural, visible, invisible, intentional, unintentional) that inhibit participation and contribution.
<b>Intersectionality</b>	People have multiple and diverse identity factors (beyond gender) that intersect, work together, or feed off of each other to shape their perspectives, ideologies and experiences. This perspective can provide a more comprehensive view of people's experiences in society as well as the systemic impacts that are interconnected and cannot be examined separately from one another (e.g., racism, sexism, homophobia, ableism, etc.).
<b>Race</b>	Race is a term used to classify people into groups based principally on physical traits (phenotypes) such as skin colour.
<b>Racialized</b>	Often used to stand in for "visible minority," this more fluid term acknowledges that race is a social construction that can change over time and place. It can be applied to people who have racial meanings attributed to them as a group in ways that negatively impact their social, political, and economic life, e.g., Black, Asian, Arab, and Roma.
<b>Racism</b>	Racism consists of ideas, beliefs or practices that establish, maintain or perpetuate the superiority or dominance of one racial group over another.
<b>Sexual Orientation</b>	A person's identity in relation to the gender or genders to which they are sexually/romantically attracted; the fact of being heterosexual, homosexual, etc.
<b>Systemic Racism</b>	Systemic racism occurs when institutions or systems create or maintain racial inequity often as a result of hidden institutional biases in policies, practices, and procedures that privilege some groups and disadvantage others.
<b>Unconscious Bias</b>	Everyone has unconscious assumptions, beliefs, attitudes and stereotypes that their brains have developed about different groups. They can be positive, negative, or neutral. These learned mental short-cuts affect how we perceive and respond to people, preventing us from clearly seeing fairly and accurately the information or the person in front of us. Unconscious biases can be triggered within a fraction of a second, affecting decision-making in ways of which we are generally unaware.

**Health Profession Regulators of Ontario (HPRO)**

Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0

email: [bakenny@regulatedhealthprofessions.on.ca](mailto:bakenny@regulatedhealthprofessions.on.ca)

Phone: 416-986-0576