



COUNCIL AGENDA

DATE: Thursday, March 28, 2019 **FROM:** 9:00 a.m. – 3:00 p.m. (*Officer Elections from 3:00 – 4:00 p.m.*)

Page 1 of 2

Agenda Item		Objective	Attachment
1.0	President's Remarks		
	1.1	Remembering Past President – Dr. Winston Isaac	
	1.2	Traditional Land Acknowledgement	
	1.3	Legal Status of Council	
2.0	Call to Order		
3.0	Declaration of Conflict of Interest		
4.0	Approval of Agenda	Decision	✓
5.0	Draft Minutes		
	5.1	Draft Council Minutes of January 31, 2019	Decision ✓
6.0	Registrar's Report		
	6.1	Registrar's Written Report	Information ✓
	6.2 Presentation: Operational Status Report for Q3 2018-2019 (15 min) by Elinor Larney, Registrar		
	6.3	Priority Performance Report	Decision ✓
	6.4	Risk Management Report	Decision ✓
	6.5	Communications Update – Presentation	Information
7.0	Finance		
	7.1	January(Q3) 2019 Financial Report	Decision ✓
	7.2	Annual Investment Report	Information ✓
8.0	Governance		
	8.1 Board Education 1) Presentation: Fiduciary Duties by Julie Maciura, Legal Counsel (10 AM) 2) Presentation: Overview of Registration, Quality Assurance, Patient Relations and Inquiries Complaints and Reports Committees by Staff Team		
	8.2	College Governance	Decision ✓
	8.3	Non-Council Appointments - ICRC	Decision ✓
	8.4	Policy Review – Registrar Replacement Policy GP18	Decision ✓
9.0	Business		
	9.1	Guidelines for Private Practice	Decision ✓

Agenda Item		Objective	Attachment
9.2	Professional Liability Insurance Update Presentation: <i>Update on Improved Insurance Compliance</i> ” by Aoife Coghlan and Brandi Park	Information	✓
9.3	Quality Assurance Presentation: <i>An Innovative, Risk-based Approach to Quality Assurance</i> by Seema Sindwani	Information	
9.4	Elections Update – District 1 (Central East)	Information	✓
10.0	Environmental Scan		
11.0	Committee/Task Force Reports		
11.1	Executive	Information	✓
	11.1.1 Practice Issues Subcommittee	Information	✓
11.2	Registration	Information	✓
11.3	Inquiries, Complaints & Reports	Information	✓
11.4	Discipline	Information	✓
11.5	Fitness to Practise	Information	✓
11.6	Quality Assurance	Information	✓
11.7	Patient Relations	Information	✓
11.8	Nominations Committee	Information	✓
12.0	Other Business		
12.1	Council Meeting Evaluation	Complete & Submit	✓
13.0	Next Meetings		
	Council Meeting: Tuesday, June 25, 2019, 9AM – 3:30PM, at the College		
14.0	Adjournment		



DRAFT COUNCIL MINUTES

DATE: Thursday, January 31, 2019 FROM: 9:00 a.m. – 3:30 p.m.

Page 1 of 6

PRESENT:

Julie Entwistle, *Chair*
Donna Barker
Julie Chiba Branson
Jeannine Girard-Pearlman
Jennifer Henderson
Patrick Hurteau
Kurisummoottil S. Joseph
Heather McFarlane
Annette McKinnon
Stephanie Schurr
Teri Shackleton
Serena Shastri-Estrada
Peter Shenfield

REGRETS:

Mary Egan
Winston Isaac

GUESTS:

Ernie Lauzon, former Public Member (1.0) *via telephone*
Anne Coghlan, College of Nurses of Ontario (7.0)
Kevin McCarthy, College of Nurses of Ontario (7.0)
Allison Henry, Ministry of Health and Long-Term Care (8.0)
Thomas Custers, Ministry of Health and Long-Term Care (8.0)

OBSERVERS:

Christie Brenchley, Ontario Society of Occupational Therapists (1.0-8.0)
Sarah Kibaalya, Ministry of Health and Long-Term Care (7.0-15.0)

ALSO PRESENT:

Elinor Larney, Registrar
Heather Binkle, Deputy Registrar
Sandra Carter, Practice Resource Liaison (1.0-8.0)
Tim Mbugua, Policy Advisor (7.0-8.0, 9.4, 10.1, 11.0)
Anne MacPhee, Interim Director of Finance & Corporate Services
Brandi Park, Sr. Manager, Registration & Information Systems
Yvonne Leung, Communications Coordinator
Andjelina Stanier, Executive Assistant, *Scribe*

1.0 Call to Order

Chair Julie Entwistle welcomed everyone and called the meeting to order at 9:00 a.m. Former public member, Ernie Lauzon, joined the meeting via telephone. Jennifer Henderson spoke of Ernie's contributions to the work of the College during his six years on Council. On behalf of Council, she thanked him for his hard work and dedication and presented him with an award of appreciation.

2.0 Declaration of Conflict of Interest

The Chair asked if members had a conflict of interest to declare. Chair Julie Entwistle and Jennifer Henderson both declared a conflict with item 9.6. It was further noted that there exists an inherent conflict of interest for all professional Council members related to one part of item 9.3, *Honoraria – Guidelines for Elected Council and Non-Council Members*. The Chair stated that as a matter of acceptable rules of procedure, when Council as a whole has a conflict, the matter, once so declared, may proceed for discussion, with consideration given to the conflict.

3.0 Approval of Agenda

The Chair asked if there were any additions or other changes to the agenda. None were reported.

MOVED BY: Teri Shackleton

SECONDED BY: Kurisummoottil S. Joseph

***THAT** the agenda be approved as presented.*

CARRIED

4.0 Approval of Minutes

4.1 Draft Council Minutes of October 25, 2018

The Chair asked if there were any edits to the draft Council minutes of October 25, 2018. The following correction was reported:

Item 6.3, #2: Delete as Chair

MOVED BY: Kurisummoottil S. Joseph

SECONDED BY: Jennifer Henderson

***THAT** the draft Council minutes of October 25, 2018 be approved as amended.*

CARRIED

5.0 Registrar's Report

5.1 Registrar's Written Report

Council reviewed the written report and the Registrar responded to questions.

5.2 Registrar's Presentation

The Registrar reported on the specific areas of focus for Q2 (September 1, 2018 – November 30, 2018) related to the 2018-2019 Strategic Plan.

5.3 Communications Update

This item was deferred to the March Council meeting.

5.4 Priority Performance Report

Council reviewed and discussed performance data for Q2 of the 2018-2019 fiscal year, related to the College's progress toward meeting objectives as outlined in the 2017-2020 Strategic Plan.

MOVED BY: Jeannine Girard-Pearlman

SECONDED BY: Serena Shastri-Estrada

***THAT** Council receives the Priority Performance Report for the second quarter of 2018-2019.*

CARRIED

5.5 Risk Management Report

Council reviewed the report and noted the level of risk remained unchanged from the previous quarter, except for the possibility of Council not being properly constituted as of June 2019. A contingency plan is in place.

MOVED BY: Jennifer Henderson

SECONDED BY: Patrick Hurteau

***THAT** Council receives the Risk Management Report.*

CARRIED

6.0 Finance

6.1 November (Q2) 2018 Financial Report

Anne MacPhee presented the financial report and responded to questions. The Chair thanked Anne for her excellent work during the interim period that she has been with the College and wished her well in her future endeavours.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Peter Shenfield

THAT Council receives the November 2018 Financial Report, Statement of Financial Position and Statement of Operations, as presented.

CARRIED

7.0 Presentation

Anne Coghlan, Executive Director, and Kevin McCarthy, Director of Strategy, both from the College of Nurses of Ontario, presented on “*Vision 2020: Modernizing the College of Nurses of Ontario’s Governance*”.

8.0 Presentation

Allison Henry, Director, Health Workforce Regulatory Oversight, and Thomas Custers, Manager, Regulatory Oversight and Performance Unit, both of the Ministry of Health and Long-Term Care, presented on “*College Performance Measurement Framework*”.

9.0 Governance

9.1 Appointment of Nominations Standing Committee

Every year, a Nominations Committee is appointed by Council to oversee the officer election process which takes place at the March Council meeting. The committee is comprised of two Council members who are either retiring from Council or who do not wish to stand for a position. While it is ideal to appoint one public and one professional member, the bylaws do allow for the appointment of two public or two professional members.

MOVED BY: Stephanie Schurr
SECONDED BY: Julie Chiba Branson

THAT Council approves the appointment of Serena Shastri-Estrada and Annette McKinnon to the Nominations Committee.

CARRIED

9.2 Council Policy Review

Three Council policies were brought forward as part of the regular rotation of policies for review by Council.

MOVED BY: Jennifer Henderson
SECONDED BY: Kurisummoottil S. Joseph

THAT Council approves the revisions as presented, to the following Policies:

*GP12 Conflict of Interest
GP16 Council's Annual Planning Cycle
CRL5 Monitoring Registrar Performance*

CARRIED

9.3 Council Guidelines Review

Four Council guidelines were brought forward as part of the regular rotation of guidelines for review by Council. Council members were reminded of the earlier stated conflict of interest for Council as a whole, pertaining to "Honoraria – Guidelines for Elected Council and Non-Council Members". The Chair reminded Council that when such a conflict exists, once so noted, discussion and decision may proceed, keeping in mind the inherent conflict of interest and addressing issues related to this as they arise.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Heather McFarlane

THAT Council approves the revisions as presented to the:

*Allowable Expenses – Guidelines for Elected Council and Non-Council Members
Establishing and Maintaining Reserve Funds, Guidelines for Council Members
Honoraria – Guidelines for Elected Council and Non-Council Members, and the
Education Session Costs, Guidelines for Public and Professional Members.*

CARRIED

9.4 Rules of Order Review

Council reviewed the recommended changes to the Rules of Order, which add a section on abstention and some additional suggestions for managing conflict of interest.

MOVED BY: Jennifer Henderson
SECONDED BY: Donna Barker

THAT Council amends the Rules of Order to address the silencing of personal technology devices, as well as adding a section that addresses how an abstention and conflict of interest is managed in Council meetings.

MOTION AMENDED – CARRIED

9.5 Appointment of Non-Council Member – Quality Assurance Committee

Council reviewed the Quality Assurance Committee's recommendation to fill a vacancy for a non-Council position on the committee.

MOVED BY: Stephanie Schurr
SECONDED BY: Jennifer Henderson

THAT Council approves the appointment of Elizabeth Bell as a professional, non-Council member of the Quality Assurance Committee for a three-year term, commencing on April 1, 2019.

CARRIED

9.6 Appointment of Non-Council Member – Practice Issues Subcommittee

Chair Julie Entwistle and Jennifer Henderson declared a conflict of interest with this item. Julie Entwistle passed the Chair to Jeannine Girard-Pearlman and, Julie Entwistle and Jennifer Henderson both left the room. Council reviewed the Practice Issues Subcommittee's recommendation to fill a vacancy for a non-Council position on the committee.

MOVED BY: Heather McFarlane
SECONDED BY: Peter Shenfield

THAT Council approves the appointment of Frances Eller as a non-Council committee member to the Practice Issues Subcommittee, for a three-year term, beginning on February 1, 2019.

CARRIED

Julie Entwistle and Jennifer Henderson returned to the meeting following item 9.6, and Julie Entwistle resumed as Chair.

10.0 New Business

10.1 Traditional Land Acknowledgement

In response to the call to action by the Truth and Reconciliation Commission of Canada, one step towards reconciliation with the indigenous community in general, but also as part of the public the College protects, involves making a statement recognizing the traditional land on which we meet prior to the start of Council meetings. Council expressed support, and further encouraged the College to look for other methods of acknowledgement, and to include the word "respect" in any statement.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Kurisummoottil S. Joseph

THAT Council considers acknowledging the traditional land we meet on before the commencement of Council meetings and to investigate other forms of acknowledgement and respect of the indigenous community.

MOTION AMENDED: CARRIED

11.0 Roundtable – Governance Discussion

Council members each shared their opinions and perspectives on the information presented today by the College of Nurses of Ontario as well as the Ministry of Health and Long-Term Care. Council suggestions will be taken back to Executive to determine next steps.

MOVED BY: Jennifer Henderson
SECONDED BY: Heather McFarlane

THAT Council reviews the suggested priorities and possible actions developed from the discussions held in October 2018 and identify their priorities.

CARRIED

12.0 Committee Reports

12.1 Executive – Report by Winston Isaac, Chair

12.1.1 Practice Issues Subcommittee – Report by Julie Entwistle, Chair

12.2 Registration – Report by Donna Barker, Chair

12.3 Inquiries, Complaints & Reports – Report by Kurisummoottil S. Joseph, Chair

12.4 Discipline – Report by Donna Barker, Chair

12.5 Fitness to Practise – Report by Jennifer Henderson, Chair

12.6 Quality Assurance – Report by Mary Egan, Chair

12.7 Patient Relations – Report by Jeannine Girard-Pearlman, Chair

13.0 Other Business

13.1 Annual Council Evaluation

Members were asked to complete and submit their Annual Council Evaluation form and encouraged everyone to provide recommendations for future improvements.

13.2 Annual Council Member Self-Evaluation

Member were asked to complete and submit their self-evaluation form.

13.3 Council Meeting Evaluation

Members were asked to complete and submit their meeting evaluation form and encouraged everyone to provide recommendations for future improvements.

14.0 Next Meetings

Council Meeting: Thursday, March 28, 2019 at the College, 9:00 a.m. – 4:00 p.m.

Council Meeting: Tuesday, June 25, 2019 at the College, 9:00 a.m. – 3:30 p.m.

15.0 Adjournment

There being no further business, the meeting was adjourned at 3:08 p.m.

MOVED BY: Jeannine Girard-Pearlman

SECONDED BY: Kurisummoottil S. Joseph

THAT the meeting be adjourned.

CARRIED



REGISTRAR'S REPORT

Council Meeting of March 28, 2019

Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance which outline when policies are generally reviewed, there are no specific policy groupings meant to come to Council in March. However, the Policy related to Registrar Replacement is on the agenda for review as it is three years old and up for review.

Governance Process Policies

Policies of this category that guided decisions during this period:

- GP17 – Elections and Appointments for Professional Members has guided the election process in District 1 for the 2019 Election.
- GP3 – Governing Style – and GP14 - Three new Council members will have received orientation to their roles on Council.
- GP10h - The Quality Assurance Committee is bringing forward the updated Terms of Reference for the Quality Assurance Subcommittee. This is for Council information only.
- GP11 – Cost of Governance – Council is investing in its performance by engaging legal council to provide training to Council on its fiduciary duties at its meeting today.
- GP15 – Commitment to Strategic Planning - Executive and the Registrar have commenced planning for a strategic planning exercise to be carried out in October 2019. This will culminate into new Ends Policies that will take effect, June 2020.

Registrar Limitation Policies

I am pleased to inform Council that I am not in contravention of any of the Registrar Limitation policies. Policies that guided decision making during this period:

- RL7 - Investments – The investment report is on the agenda for Council review.
- RL 10 – Compensation Administration has guided the start of an external salary review of market conditions to review the current salary structure and range for all staff.

For Your Information:

Ends priority #1: Confidence in Occupational Therapy Regulation.

REGISTRATION PROGRAM

The Registration Program staff have been busy preparing for the launch of annual renewal. This year it will open on March 29 and close, midnight May 31.

INVESTIGATIONS AND RESOLUTIONS PROGRAM

The temporary case manager that has been in place since mid-December to assist with the volume of work and allow some needed program development work to occur has been made permanent. Those on the Investigations, Complaints and Report Committee, will notice the large number of files that have been able to be processed. The College is pleased to be able to move all these cases through the system.

COMMUNICATIONS PROGRAM

The Communications Program will provide an update of their activities, in person, at the Council meeting.

Ends Priority #2: Quality Practice by Occupational Therapists

QUALITY ASSURANCE PROGRAM

- The Quality Assurance Program has been very busy developing the soon to launch PREP module. This year's topic is Critical Thinking and Professional Judgement through an OT Lens. The release date is anticipated to be June 2019.
- The staff are also working on the development of the new risk-based processes for the Quality Assurance Program. Please be sure to review the Quality Assurance committee report for more detailed information.

PRACTICE RESOURCE PROGRAM

- The Practice Resource Service evaluated usefulness of the monthly practice cases by asking OTs for feedback. The survey summary will be published in an upcoming e-newsletter.
- Outreach speaking engagements in Q3 included:
 - University of Toronto: Record Keeping (Toronto and Mississauga Campuses)
 - Markham Stouffville Hospital: Record Keeping (tweeted by organization)
- Collaboration with Stakeholders:
 - OSOT Psychotherapy Working Group – Joint collaboration for a webinar on Psychotherapy and e-therapy, delivered March 19, 2019
 - Federation of Health Regulatory Colleges of Ontario (FHRCO) Practice Advisors' Group

Ends Priority #3: System Impact Through Collaboration

Ministry of Health & Long-Term Care (MOHLTC)

- Psychotherapy: The draft regulation was submitted to the MOHLTC in late 2018. There has been no movement on this regulation since the January report.
- Heather Binkle, Deputy Registrar, continues to work as part of a MOHLTC working group on the project to define key performance indicators for regulatory colleges. Thomas Custers, who presented on this work at our January 2019 Council meeting is the Ministry lead.
- Bill 74 – The College has reviewed the announcement of this bill and details of this bill can be found in your FYI package.

Office of the Fairness Commissioner (OFC)

- As part of its goal to move toward a risk-based framework for assessing regulatory bodies' compliance with fairness principles, the OFC has initiated two projects:
 - Updating the OFC Compliance Standards
 - Designing a risk-informed framework for monitoring, assessing and enforcing compliance.
- I have been participating on the second project, as part of a working group, as a key stakeholder.

- The College has submitted its annual report to the OFC for 2019. The report is available on our website.

Federation of Health Regulatory Colleges of Ontario (FHRCO)

- I currently represent the Federation at the stakeholder meetings with the Fairness Commissioner, Mr. Grant Jameson.
- The Federation continues to work on exploring priorities and collaboration. Collaborating on ideas related to regulatory governance has been identified a priority and a working group has been formed.
- I am serving as the Vice President of FHRCO until the end of April 2019.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- ACOTRO had their board meeting in February 2019 at the College office in Toronto.
- ACOTRO and the College, continue plan for a funding announcement from Employment and Social Development Canada (ESDC) for the CORECOM project. This project is to develop one set of competencies for use across Canada by the regulatory organizations for OTs, the Canadian Association of Occupational Therapists (CAOT) for use in the national exam, and the Association of Canadian Occupational Therapy University Programs (ACOTUP) for use in OT education. I continue to Chair this tripartite steering group for the time being.
- ACOTRO continues to work through the projects identified as priorities for the current strategic year. These are ACOTRO governance, Human Resources materials for ACOTRO SEAS staff, monitoring processes related to the National Certification Exam and Accreditation, participating in discussions related to the use of occupational therapist assistants, and College processes that could support the recommendations of the Truth and Reconciliation Agreement (TRC). One possible activity identified for the TRC was to explore the possibility of tracking the number of OTs in each province that identify as indigenous (on a voluntary basis) to identify any need to encourage indigenous people to enter the profession.

Ontario Society of Occupational Therapists (OSOT) – Auto Sector Working Group

The College received a written follow up in early 2019 from the OSOT Auto Sector Working Group. This request and the College response are included in your FYI package. Ongoing, open communication is positive and helpful to clarify the role and activities of the College in protecting the public.

Ends Priority #4: Effective Financial, Organizational and Governance Practices

Governance Discussions

The College of Physicians and Surgeons of Ontario (CPSO) has released their governance review and recommendations to the MOHLTC. Their report is included in your FYI package. Executive has not had a chance to contemplate this information yet. The College is in the process of seeking some resources to assist us in reviewing our governance practices in light of all of the information we have gleaned from the College of Nurses Vision 2020 plan, the new information from the CPSO and our discussions last October 2018.

2018/19 Operational Planning

- The fourth quarter of the second year of the strategic plan is underway. A status of operational projects for this year will be presented at the meeting.
- The College needs to start thinking about our next strategic planning cycle. The process that we have followed over the past few cycles has been to use the October education day for strategic planning which culminates in a new Ends Policy. This strategic plan will be in effect starting June 2020 and ending May 2023, anticipating a 3-year cycle. Executive has the responsibility to plan the strategic planning process and will be discussing this over the next few months.

- The College is now over half-way through our 10-year lease. We are currently reviewing our options to ensure we can meet future anticipated staffing needs. We are anticipating a small renovation to open up more space.

Staffing Update

- Adrita Shah Noor who joined the College as a temporary case manager for the Investigations and Resolutions Program has accepted this role on a permanent basis. We are pleased to have her.
- Our new Director of Corporate Services, Nabila Mohammed who officially started on February 11, 2019, will join us for her first meeting.
- The College has completed a review of its resources for Quality Assurance and Practice and determined that additional resources are required for both programs. Therefore, a decision was made to hire one additional staff to join the team in Practice. Sonia Mistry who has been split between both programs will devote all her time to the Quality Assurance Program once the new OT has been hired for the Practice Program.
- The College will be recruiting a full-time assistant for the Deputy Registrar and the Practice Program. This person will also assist the Executive Office.

See you at the meeting!

Elinor



COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Executive Committee
Subject: Priority Performance Report – Q3 (December 1, 2018 – February 28, 2019)

Page 1 of 1

Recommendation

THAT Council receives the Priority Performance Report for the third quarter of 2018-2019.

Background

Council is presented with quarterly data in alignment with the 2017-2020 strategic directions outlined in the Ends policies. The data reflects performance for the third quarter (Q3) of the fiscal year, December 1, 2018 - February 28, 2019.

Discussion

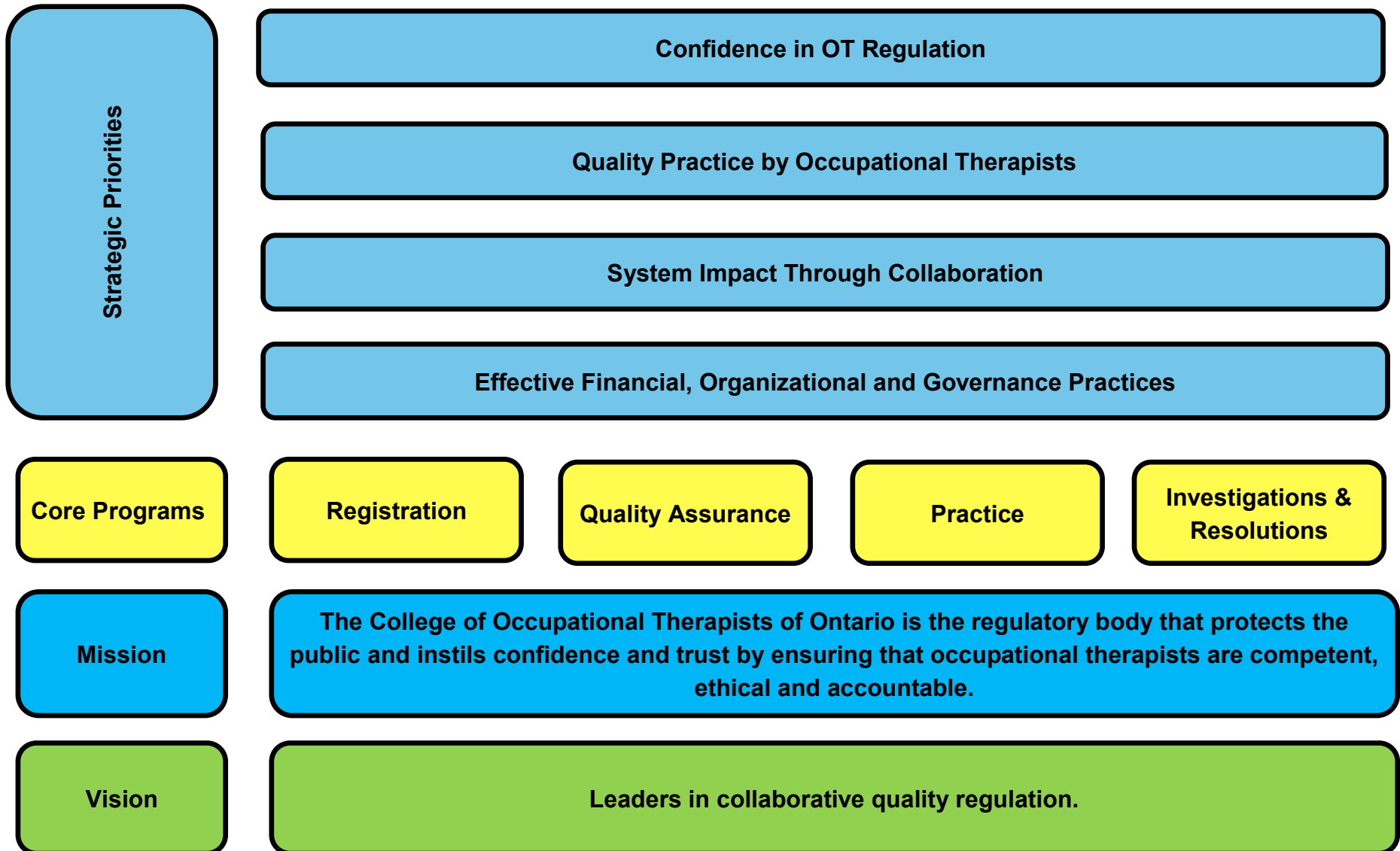
Council is invited to ask questions and provide comment on the Priority Performance Report.

Attachment

1. Strategic Priority Performance Report – Q3 (December 1, 2018 – February 28, 2019)



Strategic Framework 2020





Priority Performance Report 2018-2019

Q3 December 1, 2018 - February 28, 2019

Strategic Priority	Objective	Indicators	Targets	Outcomes					FY17-18 Q3	Comments
				Q1	Q2	Q3	Q4	YTD		
Registrant Demographics	Registrant Demographics	Total number of active registrants	N/A	5939	6135	6257		N/A	6108	At February 28, 2019
		% of registrants in clinical practice	N/A	75%	75%	72%		N/A	72%	At February 28, 2019
		% of registrants in mixed practice	N/A	14%	14%	13%		N/A	13%	At February 28, 2019
		% of registrants in non-clinical practice	N/A	8%	8%	8%		N/A	8%	At February 28, 2019
		% self-employed registrants	N/A	26%	25%	24%		N/A	24%	At February 28, 2019
Confidence in OT Regulation	The public trusts occupational therapy regulation.	Total # of general information queries	N/A	357	595	330		1,282	350	239 calls to zero line and 91 emails to info@coto.org
		% general information queries from members of the public	N/A	50%	41%	64%		52%	41%	210/330 queries were received from non-registrants, applicants and individuals who did not verify their status.
		Total # of Practice Resource Service queries	N/A	333	350	317		1,000	313	317 Total Practice Calls for Q3 2018-2019
		% queries to the Practice Resource Service from members of the public	N/A	15%	15%	18%		16%	19%	56/317 queries from non-registrants for Q3 2018-2019
		Average # of visits to the public register/month	N/A	7,647	8,011	8,059		7,906	6,373	24,177 is the total number of visits to the public register over Q3 2018-2019, average is 8059 per month
		Average # of unique visits to the public register/month	N/A	5,125	3,597	3,364		4,029	5,756	10,091 is the total number of unique visits to the public register over Q2 2018-2019, average is 3364 per month
		Total # of coto.org website visits	N/A	26,635	33,695	31,935		92,265	25,953	Defined as total number of website sessions.
		Average # of website users/month	N/A	5,125	8,696	7,230		7,017	5,452	Defined as visits to the website.
	The College's input to government priorities and legislative initiatives is valued.	Total # of Consultation Submissions	N/A	1	1	0		2	2	No government submissions were responded to this quarter.
	Stakeholders understand the role of the College and its value.	# Education/Outreach Sessions Offered	N/A	1	10	2		13	0	Education and outreach sessions provided to academic programs and health care organizations

Strategic Priority	Objective	Indicators	Targets	Outcomes					FY17-18 Q3	Comments
				Q1	Q2	Q3	Q4	YTD		
Confidence in OT Regulation	College decision-making processes are open, transparent, and accountable.	# of Registration Committee decisions appealed to HPARB	N/A	0	1	0		1	0	
		% of Registration Committee decisions upheld by HPARB	100%	N/A	100%	N/A		100%	N/A	
		# of applications reviewed by Registration Committee	N/A	0	4	5		9	0	
		Registration Statutory timelines are met	100%	N/A	100%	100%		N/A	N/A	
		# of ICRC Decisions appealed to HPARB	N/A	0	0	0		0	3	None appealed during Q3
		% of ICRC Decisions upheld by HPARB	100%	N/A	0%	N/A		N/A	100%	No HPARB decisions returned during Q3
		# of complaints received	N/A	7	9	8		24	6	
		# of Registrar's investigations initiated	N/A	7	5	4		16	4	Includes mandatory reports
		ICRC 14 day acknowledgement notification timeline met	100%	100%	100%	100%		100%	100%	
		ICRC 150 day delay notifications sent to registrants and complainants by required date.	100%	100%	100%	100%		100%	60%	
			90-99%							
			<90%							
		Percentage of Registrants with incomplete SA and PREP for 2018.	N/A	0.5%	<0.5%	<0.1%		<0.1%	N/A	
		Percentage of Registrants compliant with annual QA requirements after QAC review	N/A	31.0%	N/A	75%		N/A	N/A	8 Registrants were referred to QAC for non-compliance with their 2018 SA and / or 2018 PREP, 6 of the 8 are now considered compliant
		Percentage of Registrants considered non-compliant with annual QA requirements after QAC review	N/A	69.0%	N/A	25%		N/A	N/A	8 Registrants were referred to QAC for non-compliance with their 2018 SA and / or 2018 PREP, 1 of the 8 is considered non-compliant and 1 of the 8 has until April 30 2019 to complete and will subsequently be considered compliant.
		# of Step 2 OTs issued a SCERP by QAC	N/A	0	0	0		0	0	4 Step 2 cases brought forward to QAC this quarter. Zero cases resulted in a SCERP
		QA statutory timelines are met	100%	100%	100%	100%		100%	N/A	

Strategic Priority	Objective	Indicators	Targets	Outcomes					FY17-18 Q3	Comments
				Q1	Q2	Q3	Q4	YTD		
Quality Practice by Occupational Therapists	Occupational Therapists are accountable for quality, safety, and ethics in practice – OTs are competent.	Registrant compliance with completion of mandatory QA requirements (Self-Assessment, PD Plan, PREP)	100%	N/A	99%	99%		99%	99%	Compliance reported on in this quarter is for 2018 SA and PREP as due date is October 31. PD Plan not reported on this quarter
			90-99%							
			<90%							
		% registrant compliance with updating liability insurance information within 30 days of the scheduled expiry date.	100%	100%	99%	100%		99.6%	97.0%	At February 28 2019
			90-99%							
			<90							
		# of OTs issued education and/or remediation by the ICRC with required follow-up (SCERP, caution, undertaking).	N/A	2	*4	0		2	4	*Correction made to Q2 from 1 to 4
	Occupational Therapists are accountable for quality, safety and ethics in practice – OTs understand and apply professional standards and ethical reasoning .	% of queries to the Practice Resource Service from OTs	N/A	85%	85%	82%		84%	81%	261/317 queries received from OTs
		% of general information queries from OTs	N/A	50%	60%	36%		49%	51%	120/330
		Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)	N/A	2,021	3,999	2,648		8,668	3,820	2064 views for Standards for Practice and 586 views for A-Z resources
		# of new and returning applicant “Practising Without Authority” cases (per quarter)	0	1	1	2		4	0	
			0-1							
			2							
			>3							
	The College engages OTs to advance quality, ethical practice.	% Practice Resources circulated for stakeholder feedback (standards, guidelines)	100%	100%	100%	100%		100%	100%	One resource circulated for consultation in Q3
		Response rates to College Consultations	N/A	pending	*1.5%	*1%		N/A	4%	Consultation on the Revised Standards for Infection Prevention and Control. Please note this consultation opened on November 16, 2018 (96 responses) and closed on January 8, 2019 (62 responses). Total rate of response for this consultation is 2.5%. *Correction made to display numbers as percentages
		Open Rate on College enewsletter	70%	70%	76%	71%		72%	59%	
			>55%							
			40-54%							
	The College engages OTs to advance quality, ethical practice.	Click through rate on College enewsletter	TBD	23%	30%	25%		26%	25%	
		# of Views of relevant YouTube Videos	N/A	671	2315	676		3662	751	Total views of all College YouTube videos.
	Professional standards reflect evolving practice.	% of practice standards that are current and comply with the Framework for College publications.	90-100%	74%	77%	77%		76%	71%	23 Current Documents - 3 Exceed 5 years/1 Exceeds 4 years/1 exceeds 3 years
			70-89%							
			<69%							

Strategic Priority	Objective	Indicators	Targets	Outcomes					FY17-18 Q3	Comments
				Q1	Q2	Q3	Q4	YTD		
System Impact Through Collaboration	The College is recognized as a regulatory leader.	# of Presentations delivered to external stakeholders	N/A	0	4	3		4	0	Presentations provided to Uof T, Markham Stouffville Hospital, Corrections Canada
	The public contributes to College decision-making.	# of key issues brought to the attention of the public and feedback sought – public input to key decisions.	N/A	1	0	0		1	0	
	Collaboration with stakeholders supports the College’s effectiveness and influence as a regulator.	% of College management team actively collaborating with external stakeholders on shared initiatives.	90-100%	100%	100%	100%		100%	100%	
			70-89%							
			<70%							
		# of formal interactions with system partners	N/A	0	1	0		1	2	
	Collaboration promotes systems alignment to support quality practice by occupational therapists.	# of queries received from employers (general information and practice)	N/A	10	14	14		38	24	10 queries to general line and 4 queries to practice line
		# of mandatory reports received from employers (competence, capacity)	N/A	0	0	3		3	3	
		# of mandatory privacy breach reports received from health information custodians (HICs)	N/A	0	0	1		1	0	



COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Executive Committee
Subject: Risk Management Report

Page 1 of 4

Recommendation

THAT Council receives the risk management report.

Issue

Council in its policy RL12, requires that information on risks, to aid Council in discharging its risk management oversight role, shall not be incomplete or inappropriate. Council has delegated the oversight of the Risk Management Program to the Executive Committee, however, reporting of risks will continue to both Executive and Council.

The following are the high or critical risks that have been identified by staff:

Discussion

Each risk is listed along with the control procedures and action plan developed to mitigate each risk. Some risks can only be monitored as they are out of the College's control, however, they are important enough to be listed so the College can move into action quickly, once more is known.

Risk Category	Risk	Control Procedure	Action Plan/Monitoring Process
Strategic	1. As of drafting this document, Council is currently unable to discharge its decision-making duties due to lack of public appointees and the untimely passing of one public member. Council is officially unconstituted at this time and will remain this way until a new appointment is made by Government. In addition, one public member's appointment is due to expire April 5, 2019. Therefore, two	1. Requests and applications for public appointees have been submitted to the Public Appointments Secretariat. 2. Contingency plans have been made and received prior Council approval.	Action Plan: 1. Liaise with public appointment's office to facilitate the appointments process as appropriate. 2. Work with the Federation (FHRCO) to consolidate efforts if possible. 3. Institute the contingency plans.

Risk Category	Risk	Control Procedure	Action Plan/Monitoring Process
	appointments are urgent.		
	2. Regulatory Modernization - unknown significant changes to college operations and mandate.	<ol style="list-style-type: none"> 1. Membership with FHRCO 2. Strategic plan 3. Government consultation in strategic planning process 4. Government priorities presented to Council 5. Capitalizing on consultation opportunities 6. Establishing and sustaining positive government relationships 	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Ministry of Health invited to speak to Council January 2019 COMPLETE 2. College of Nurses invited to speak to Council about their governance proposals, January 2019. COMPLETE 3. Topic of regulatory modernization addressed at Council education day – October 2018. COMPLETE 4. Operational project to be started to review College current governance and make recommendations for possible improvements. <p>Monitor through:</p> <ol style="list-style-type: none"> 1. FHRCO meetings and working group participation 2. Ministry updates 3. College networking updates

Risk Category	Risk	Control Procedure	Action Plan/Monitoring Process
Stakeholders	Lack of awareness, understanding or trust of the regulation of health professionals	<ol style="list-style-type: none"> 1. Identified as a strategic priority 2. Active involvement in FHRCO 3. Promotion of Ontario Health Regulators website 4. FHRCO public awareness campaign 5. Plain language content regarding how the College protects the public 	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Partnership with Citizens Advisory Group to gain patient perspective and ensure effective messaging 2. Website refinement 3. COTO public engagement campaign – social media, videos 4. Outreach activities i.e. Google ads, Zoomer show and targeted Zoomer publications. <p>Monitor through:</p> <ol style="list-style-type: none"> 1. Effectiveness of OHR public awareness campaign 2. Metrics and media scanning 3. Monitoring of political messages 4. Environmental scanning
Quality	OTs with competency deficits may be continuing to practice, unchecked by the College, as the QA Program is undergoing re-design.	<ol style="list-style-type: none"> 1. Competency enhancement (mandatory tools) in place for all OTs, (PREP, Self assessment and professional development plan) 2. Monitoring of compliance metrics (MyQA) with mandatory QA tools. 3. Peer assessment process in place for deferred and follow-up cases. Interim peer assessment process in place during program development year. 4. Liability insurance requirements for all OTs 5. Complaints mechanisms 	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Workplan outlining steps required to redesign QA program 2. Research to support rationale for redesign 3. Collaboration with key stakeholders on relevant current QA programming initiatives 4. Interim process to be implemented while program redesign underway. <p>Monitor Through:</p> <ol style="list-style-type: none"> 1. Bi-monthly review of program redesign progress and approval by QAC

Risk Category	Risk	Control Procedure	Action Plan/Monitoring Process
		6. Project plan in place with implementation date for QA Program redesign. 7. Interim competency assessment process to be implemented.	2. Priority Performance Report
Operational	Current Information Systems/IT infrastructure not meeting the growing organizational needs.	1. IT specialist role within the College continues to evolve. 2. IT plan developed and being implemented.	Action Plan: 1. Document management project underway 2. IT review project added to operational plan



FINANCIAL REPORT

Date: March 28, 2019
To: Council
From: Executive Committee
Subject: January 2019 (8 months) Financial Report

Page 1 of 5

Recommendation

THAT Council approves the January 2019 Financial Report, Statement of Financial Position, and Statement of Operations, as presented.

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of statutory remittances and filings;
3. Financial Statements:
Statement of Financial Position as at January 31, 2019;
Statement of Operations for the period June 1, 2018 to January 31, 2019

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

(Please refer to the attached Statement of Financial Position as at January 31, 2019)

The Short-term marketable securities balance of \$2,785,531 reflects the investment portfolio balance as of the May 31, 2018 audited financial statements. For interim financial reports prepared throughout the year, this balance will not align with the monthly BMO Investment Reports. Standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end only.

Deferred Revenue includes income that cannot be recognized as income until later in the fiscal year. It represents those registration fees collected in 2017/18 and in the month of June 2018 which are applied to future months in the 18/19 fiscal year, at the rate of approximately \$325,000 per month. The current balance in deferred revenue of \$1,299,900 will be recognized as income over the period February 01, 2019 to May 31, 2019. All other fees collected since June 01, 2018, will be recognized as income over the course of the 2018/19 fiscal year.

The HST payable balance of \$(26,650) represents the net amount on HST collected on fees less HST paid to suppliers for the purchase of goods and services. The third quarter return will be filed at the end of March and we will receive the refund in early April.

The 'Net Assets' section of the Statement of Financial Position reflects the net surplus of \$605,350 for the period June 1, 2018 to January 31, 2019.

HIGHLIGHTS OF STATEMENT OF OPERATIONS

(Please refer to the attached Statement of Operations for January 31, 2019)

The net surplus of revenues over expenses for the eight months ending January 31, 2019 was \$605,350. For the same period last year, the surplus was \$568,000. The budget had projected a loss of \$46,600 for the first eight months and the results are approximately \$652,000 favourable to budget.

The major variances are:

- Revenue has exceeded budget by \$93,000 or 3.0%.
- Operational Initiatives are favourable to budget \$82,000. A delay in the commencement of the 2018 – 19 projects has generated this surplus.
- Program Expenses are favourable to budget \$185,000. The Deputy Registrar vacancy delayed the commencement of the QA project and the reversal of the I & R accrual has reduced the expenditures.
- Salaries and benefits expenses are favourable to budget \$154,000:
 - This is partially due to the reversal of year end accruals totaling \$37,000.
 - Vacancies contributed an additional saving of \$76,000 for the Deputy Registrar and IT Manager. The Deputy Registrar commenced employment in November and the funding for the IT Manager position was allocated to the Document Management project to fund a consultant who also started in November.
 - Benefit costs are favourable \$40,000 to budget due to the vacancies and reduced unemployment and Canada Pension Plan contributions which are based on calendar year maximums.

HIGHLIGHTS OF STATEMENT OF RESERVES

(Please refer to the attached Statement of Reserves as January 31, 2019)

In addition to expenses incurred in the regular course of operations, certain expenditures are made against the designated reserves funds in accordance with approved Council Guidelines for Establishing and Maintaining Reserve Funds.

Year to date expenditures are costs for disciplinary hearings drawn from the Hearings Fund.

STATUTORY REMITTANCES AND FILINGS

The College is required to remit various taxes and filings to the government.

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Council per diems	Monthly	Up to date
Remittance of Employer Health Tax	Remittance for fiscal year is a set 1.95 % of calendar year payroll over \$450,000.	Up to date
Filing of Harmonized Sales Tax return(Quarterly)	Quarterly	Up to date, HST return filed up to November 30, 2018. Next filing due March 31, 2019 for the period December 1, 2018 to February 28, 2019.
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date, filed February 2019 for the year ended December 31, 2018.
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2019	Up to date, filed September 15, 2018 for the fiscal year ended May 31, 2018.
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2019.	Up to date, filed September 15, 2018 for the fiscal year ended May 31, 2018.

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at January 31, 2019

	31-Jan-19	31-Jan-18
ASSETS		
Current Assets		
Cash	2,144,374	2,123,490
Short-term marketable securities	3,175,531	2,776,909
Accounts receivable and prepaid expenses	21,106	25,153
Total Current Assets	5,341,011	4,925,552
Property and equipment, net of accumulated depreciation	161,133	221,879
TOTAL ASSETS	\$ 5,502,144	\$ 5,147,430
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	161,160	272,188
HST payable	(26,657)	(15,732)
Deferred revenue	1,299,867	1,260,523
Total Current Liabilities	1,434,369	1,516,979
Deferred lease inducement	16,423	19,503
Total Liabilities	1,450,792	1,536,482
NET ASSETS		
Reserve Funds	2,456,212	2,242,620
Invested in Fixed Assets	161,132	221,879
Unrestricted	828,658	578,425
Net income for the period	605,350	568,024
Total Net Assets	4,051,352	3,610,948
TOTAL LIABILITIES AND NET ASSETS	\$ 5,502,144	\$ 5,147,430

College of Occupational Therapists of Ontario

STATEMENT OF OPERATIONS**January 31, 2019**

	Actual YTD for 8 months ended January 2019	8 month Budget 2018-19	Variance %
REVENUES			
Registration Fees	\$ 2,775,586	\$ 2,690,196	3.2%
Application Fees	63,320	56,581	11.9%
Professional Corporation Fees	10,500	9,017	16.4%
Interest Income	24,597	13,333	84.5%
Other Income	3,965	13,333	-70.3%
TOTAL REVENUES	2,877,968	2,782,460	3.4%
EXPENSES			
Salaries and Benefits	1,543,941	1,697,561	9.0%
Programs	38,349	223,334	82.8%
Communications	33,958	86,667	60.8%
Council	89,916	102,134	12.0%
Rent	192,556	210,700	8.6%
Information Technology	95,728	103,333	7.4%
Other Office Operations	150,697	188,667	20.1%
Operational Initiatives	33,604	115,333	70.9%
Professional Fees	88,277	74,000	-19.3%
Capital Equipment	5,592	27,333	79.5%
TOTAL EXPENSES	2,272,618	2,829,062	19.7%
SURPLUS (DEFICIT)	\$ 605,350	\$ (46,602)	

STATEMENT OF RESERVE FUNDS

	Opening Balance June 1, 2018	Spent to Date	Closing Balance January 31, 2019
Hearings Fund	\$ 350,000	\$ (1,789)	348,212
Sexual Abuse Therapy Fund	18,000	-	18,000
Contingency Fund	1,590,000	-	1,590,000
Premises Fund	500,000	-	500,000
Invested in Fixed Assets	161,131	-	161,131
Unrestricted	161,131	-	762,904
Surplus (Deficit) for the Period			605,350
TOTAL RESERVES	\$ 2,458,000	\$ (1,789)	\$ 2,459,789



COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Executive Committee
Subject: Annual Investment Portfolio as at January 2019

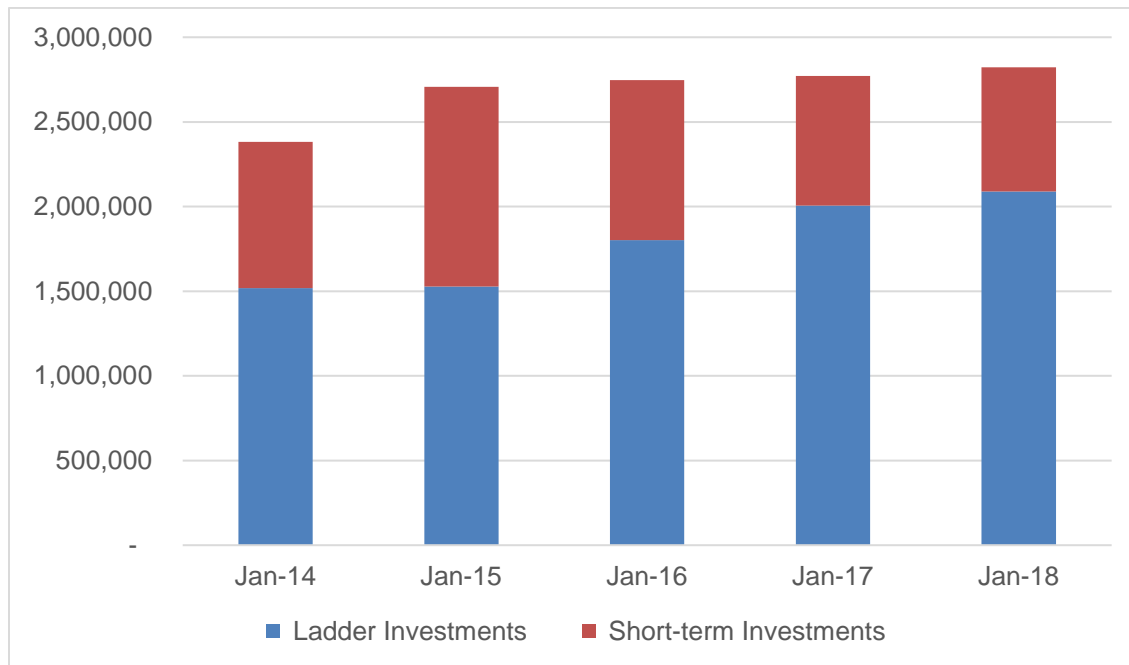
Page 1 of 2

Background

This report summarizes the College's investment portfolio as at December 31, 2018 and is based on the BMO Nesbitt Burns statement as of that date. There are two categories of investments:

- Short-term investments (which includes cash) and
- Longer term discounted notes (also referred to as "ladder" investments) which were purchased at a discount and will be held for up to ten years in accordance with Governance Policy RL7 – Investments.

Description	Market Value (\$)	Maturity Date
Short-term Investments		
Cash and High Interest Savings	760	Investments are considered short-term on the BMO Statement if they are cashable or are due to mature within 12 months.
BMO Trust Company GIC	100,000	
Ontario Savings Bond	375,424	
Canadian Western Bank GIC	100,000	
CPN Province of Ontario	157,122	
Total Short-term Investments	733,305	
Long-term (Ladder) Investments		
Equitable Bank GIC	65,033	Jun-20
Bank of Montreal Mortgage GIC	100,000	Sep-20
CPN Province of British Columbia	141,873	Dec-20
Peoples Trust GIC	85,000	Dec-20
HSBC Bank of CDA GIC	100,000	Feb-21
Bank of Montreal GIC	100,000	Jun-21
Homequity Bank GIC	100,000	Jun-21
Laurentian Bank GIC	100,000	Jun-21
Manulife Bank of CDA GIC	100,000	Dec-21
CPN Province of Nova Scotia	130,718	Dec-21
National Bank of CDA GIC	100,000	Feb-22
CPN Province of Ontario	59,858	Jun-22
Canadian Tire Bank GIC	100,000	Jun-22
CPN Province of Ontario	155,892	Dec-22
Concentra Bank GIC	97,150	Jan-23
CPN Province of British Columbia	91,663	May-23
CPN Province of Ontario	111,502	Jun-23
Home Trust Company GIC	100,000	Dec-23
CPN Province of Ontario	251,190	Jun-25
Total Long-term Investments	2,089,879	
Total Market Value of Investments	2,823,184	

COTO Investment Portfolio – Historical Trends

	Dec-14	Dec-15	Dec-16	Dec-17	Dec-18
Ladder Investments	1,518,932	1,528,413	1,801,093	2,006,803	2,089,879
Short-term Investments	862,579	1,179,384	945,141	764,739	733,305

While the total value of investments has grown year of year, the relative proportion of short-term versus ladder investments will vary as the portfolio is fine-tuned to take advantage of the interest rate environment.



COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Executive Committee
Subject: College Governance: Next Steps

Page 1 of 2

Recommendation

THAT Council approves the Key Messages for a response to the College of Nurses proposal.

THAT Council appoints 5 – 6 volunteers to form a working group to explore Governance initiatives.

Issue

In January 2019, Council heard a presentation from the College of Nurses on their proposed new governance model which focuses on a competency-based board, a reduced council size, elimination of elections, elimination of the Executive Committee and the elimination of the requirement for Council members to populate statutory committees. Council was very impressed with their work and leadership in this area and needs to decide if a response at this time is appropriate. In addition, if Council wants to move forward with any changes to its current governance structures, some time and resources will need to be devoted to this project.

Public Interest in this Issue

This issue is in the public interest in that appropriate governance structures leads to good decision-making in the public interest. A competency-based board can focus its attention on the regulatory requirements for good public protection and assist the College to inspire the public's trust in the organization to make decisions in the interests of clients.

Background

Council has been attending to changes in governance of regulatory colleges for the past year. Of note, they have reviewed the changes to the governance structures proposed by the College of Nurses. They have also reviewed the high-level suggestions from a few other Ontario colleges. In addition, information has been reviewed pertaining to the regulatory governance processes in the United Kingdom through the professional standards authority, for right touch regulation and risk-based regulation. Council's Education Day in October 2018 was devoted to learning about advancements in modern regulatory governance.

Discussion

Executive has been considering the next steps for a review of our governance structures in the spirit of continuous quality improvement. A specific problem has not arisen at our College that would spark a change, however, the ideas proposed by other colleges have merit and bear close review. One of the next steps could be a response of some type to government, and /or the College of Nurses (CNO).

Executive has not settled on the final messages and would like Council feedback on proposed key messages.

In addition, Executive would like to review some of the ideas presented by other organizations and study their implications for our College. If there are recommendations for improvement, a clear implementation plan would need to be developed, considering those changes needing legislative amendments, and those that do not.

Next Steps

1. Response to College of Nurses Proposal

Proposed Key Messages for A Response to Governance Proposals

- Acknowledging the leadership and impressive work the CNO has done towards improving their governance structures
- Stating that this work has initiated governance discussions at our college and sparked an interest in moving to a modern governance approach in the regulatory context.
- Highlighting the different challenges presented by larger Colleges with larger Councils and their need to address this, as opposed to smaller Councils like ours
- Appreciating the focus on patients and the public, as well as inspiring greater public trust in the work of regulatory colleges.
- Expressing our College's interest to review our own governance and willingness to collaborate with others, including government to implement changes that lead to better overall protection of the public and modern governance ideas
- Expressing a hope that government, when reviewing fundamental changes such as this, will introduce greater flexibility in governance structures to accommodate the different needs of various organizations.

Action Needed

- Review the Key Messages and determine Council approval.
- Review the plan to craft a letter to the Ministry and the CNO and make a decision about whether Council feels the time is appropriate.

2. Governance Review and Planning

Given the time and attention that a proper review of the governance possibilities and their implications would take, the College would benefit from a small working group to work with a governance expert to assist the College in analyzing the possible changes, their implications and developing an implementation plan. Council volunteers for this working group will be solicited at the March Council meeting.

Action Needed

- Review the suggestion to form a working group to review, develop recommendations and implement governance improvements.
- Determine the composition of working group, if approved by Council



COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Inquiries, Complaints and Reports Committee
Subject: Appointment of Non-Council Committee Member

Page 1 of 2

Recommendation

THAT Council approve the appointments of Daniel Fyke and Julie Sutton as non-Council Committee Members to the Inquiries, Complaints and Reports Committee, for a three-year term beginning April 1, 2019.

Background

The Inquiries, Complaints and Reports Committee's (ICRC) Terms of Reference (June 2017) state that the ICRC consist of at least: two professional members of Council; two public members of Council; and, four professional, non-Council Committee members.

Non-Council Committee member, Mathew Rose, completes his second three-year term on March 31, 2019. According to College bylaws, Mathew Rose will have reached the maximum allowable time for consecutive committee membership terms and as a result is not eligible for reappointment. Once Mathew Rose's second term is complete, the ICRC will only have three non-Council Committee members. To ensure the ICRC meets both the membership requirements outlined in the ICRC's Terms of Reference and has appropriate representation of a cross-section of current OT practice, the ICRC recommended the appointment of two new non-Council committee members.

The ICRC considered the composition of the current professional members and identified the following gap in representation:

1. Area of practice: Auto-insurance sector

To facilitate the timely disposal of complaints and reports, the ICRC sits in two separate panels which generally meet every second month. As over 50% of complaints received at the College continue to concern OTs working in the auto-insurance sector, the ICRC agreed to have an OT with auto-insurance sector experience sitting on both panels. To achieve this, historically, the ICRC relied on having one professional member of Council and one non-Council Committee member with auto-insurance sector experience. To ensure continuity of this experience on both ICRC panels, the ICRC agreed two non-Council Committee members with auto-insurance sector experience should be appointed. Following the completion of Mathew Rose's second term, the ICRC will not have any OT with this experience sitting on the Committee.

Consistent with the College's movement toward competency/merit-based appointments to committees, Daniel Fyke and Julie Sutton were interviewed by College staff via telephone in February 2019 for appointment to the ICRC as Professional, Non-Council Committee members for three-year terms. The

ICRC met on March 7, 2019 and based on a review of a short-list of five candidate's résumés and a summary of the candidate's responses to set questions asked during the telephone interviews, the ICRC is recommending that Daniel Fyke and Julie Sutton be appointed to the ICRC for a three-year term commencing on April 1, 2019.

Discussion

Daniel Fyke has over ten years of experience in the auto-insurance sector and Julie Sutton has over thirteen years of experience in this area of practice. Additionally, Daniel Fyke and Julie Sutton also present with work experience within the hospital setting. Further, Julie Sutton has work experience in a community setting. The ICRC identified that Daniel Fyke's and Julie Sutton's work experience beyond the auto-insurance sector will add value to the work of the committee and particularly so when rendering decisions on reports. The ICRC further noted both presented with an understanding of the mandate of the College.

Attachments

1. Résumé – Daniel Fyke - Withheld from public package due to privacy reasons
2. Résumé – Julie Sutton – Withheld from public package due to privacy reasons



COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Executive Committee
Subject: Review of Policy – GP18 Registrar Replacement

Page 1 of 1

Recommendation

THAT Council approves the current policy GP18 Registrar Replacement

Issue

This is a Council approved policy that is up for review – all policies are meant to be reviewed every three years.

Public Interest in this Issue

This issue is in the public interest in that a process is in place so that the organization can continue to function adequately in completing its public protection duties during any transition to a new Registrar.

Background

This policy was developed after the last replacement of the Registrar. Having just gone through the process, Council decided to document the process to ensure that they would know how to handle the situation when it arose in the future.

Implications

Executive reviewed the policy, decided it would continue to meet our needs if the situation arose, and is not recommending any changes.



Policy Type: Governance Process
Policy Title: Registrar Replacement
Reference: GP18
Date Prepared: March 2016
Date Revised:
Date Reviewed March 2019

It is the responsibility of Council to seek an individual to perform the role of Registrar in the event that the position becomes/will become vacant.

Accordingly,

1. Council shall appoint a Search Committee. The Search Committee will consist of a minimum of three Council members, one of whom will be a member of Executive and will act as Chair. The Search Committee shall be authorized to interview, evaluate, and recommend to Council the appointment of an individual as Registrar.
2. The Search Committee will determine the search process which may include an internal search, or an internal/external search. With the assistance of the Director of Finance and Corporate Services or senior staff, the Search Committee may issue a Request for Proposals from individuals and firms qualified to conduct a search on behalf of Council and make a recommendation to the College* to engage the successful individual or firm.
3. The Search Committee will determine the selection process that may include a panel interview, presentation or other such activities that will enable the committee to differentiate candidates and inform the selection process.
4. The Search Committee shall present to Council for approval, the name and qualifications of a preferred candidate for the position and any recommendations related to the employment contract.
5. The Executive Committee shall draft a negotiated employment agreement including compensation, benefits and start date.

**The College is the legal entity that can enter into an agreement with a third party, so therefore, an individual with signing authority of the College would ultimately authorize the engagement of an individual or firm to assist with the search.*



COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Executive Committee
Subject: Guidelines for Private Practice

Page 1 of 2

Recommendation

***THAT** Council approves the Guidelines for Private Practice as presented for publication.*

Background

The Guide to Independent Practice was originally issued in 2013. In keeping with the Framework for College Publications, the Guide was scheduled for review in 2018. Practice Issues Subcommittee identified the revision of this Guide as a priority for the work plan in 2018-2019.

From 2014-2018, the Practice Resource Service received a total of 4070 inquiries. Of those inquiries, 155 (4%) pertained to “independent” and “private” practice. Questions that arose pertained to record keeping practices, advertising services, billing and fees, conflict of interest, consent, closing or leaving a practice and registering a corporation.

Website analytics collected from August 2016 – November 2018 indicated that the Guide to Independent Practice was downloaded 381 times. In contrast, the Essential Competencies were downloaded 1163 times during this same period. Although the number of inquiries and downloads are relatively small compared to the total number of inquiries, this document continues to be relevant for OTs entering private practice.

Website analytics further revealed that most registrants were using the search term “private practice” when locating resources on the College website. An external environmental scan undertaken by College staff also revealed that most regulatory colleges are using the terminology “private practice”.

Practice Issues Subcommittee changed the name of the document from the Guide to Independent Practice to Guidelines for Private Practice. This change was undertaken due to the following reasons:

- Consistency with the Framework for College Publications: guides suggest how OTs can comply with legislation, whereas guidelines outline recommended practice.
- Consistency with other regulatory colleges.
- OTs are consistently using the search term “private practice” when looking for documents on the College website.

Discussion

Key changes to the Guidelines for Private Practice:

1. **Format** - The Guidelines have been reformatted to comply with current College brand standards.
2. **Title** – The title of the document has changed from Guide to Independent Practice to Guidelines for Private Practice for the reasons noted above.
3. **Content** – The organization of the document was changed to include headings and subheadings. The previous document had presented information in the form of questions. New topics were added such as: privacy, selling and recommending products, and closing or leaving a practice.

Due to the minor nature of the revisions, circulation for feedback from stakeholders was not deemed necessary.

While making the minor revisions to the Guidelines, College staff updated two sections pertaining to Record Keeping and Privacy to reference relevant privacy legislation. While the *Personal Health Information Protection Act* (PHIPA) is applicable in most instances to occupational therapy practice in Ontario, there are instances where other privacy legislation may apply.

Decisions for Council

To approve the Guidelines for Private Practice as presented for publication.

Attachment(s)

1. Guidelines for Private Practice (February 2019)
2. Guide to Independent Practice https://www.coto.org/docs/default-source/guides-guidelines/guide-to-independent-practice_july-2013.pdf?sfvrsn=2



Guidelines for Private Practice

DRAFT

February 2019

Originally Issued: July 2013

Introduction

Determining whether to open a private practice is a complex decision. Working in private practice requires occupational therapists (OTs) to reflect on their level of competence, knowledge of business practices, and their ability to manage their day-to-day practice while ensuring they are maintaining professional standards and meeting legislative requirements. It is an OT's responsibility to identify, research and determine if additional legislation is applicable to their private practice and how to comply with it. It is also an OT's responsibility to carefully consider their level of experience and competence in their area of practice prior to entering private practice.

The purpose of this guideline is to review expected practice and provide information for OTs wishing to establish a private practice. This guideline pertains to OTs who: are self-employed, own and operate their own occupational therapy business, or are acting as independent contractors and subcontractors. For the purposes of this guideline, a client is defined as:

- (a) the person being assessed (whether in person or otherwise) and/or treated
- (b) the person for whom the occupational therapy services, recommendations or professional opinions apply.

The College acknowledges that OTs may be privately involved in a non-clinical consultative capacity where they are providing recommendations for organizations to implement. In such situations, the organization to whom the OT is providing consultation may be referred to as the customer.

This Guideline is intended to be used along with applicable legislation and College standards to enable OTs to provide safe, competent, and ethical care.

Quick Links to College Resources

When working in private practice, OTs must be aware of the expectations outlined in related College documents:

- [Code of Ethics](#)
- [Standards for Occupational Therapy Assessments](#)
- [Standards for Consent](#)
- [Standards for the Prevention and Management of Conflict of Interest](#)
- [Standards for Record Keeping](#)
- [Standards for Professional Boundaries](#)
- [Standards for Use of Title](#)
- [Standards for the Supervision of Occupational Therapist Assistants](#)
- [Guide to Discontinuation of Services](#)
- [Guidelines for Working with Third Party Payers](#)

Overview of the Guidelines

1. Providing Ethical and Competent Care
2. Record Keeping and Privacy
3. Fees and Billing
4. Advertising and Use of Title
5. Selling or Recommending Products

6. Business Practices
7. Risk Management
8. Closing or Leaving a Private Practice
9. Summary

Providing Ethical and Competent Care

The Code of Ethics serves as a foundation for occupational therapy practice. OTs must be guided by the core values of Respect and Trust and the principles of practice that follow: Client-centred practice, Respect for Autonomy, Collaboration and Communication, Honesty, Fairness, Accountability, and Transparency. When working in private practice, as with any other practice setting, OTs are expected to uphold the core values and principles of the profession.

The Essential Competencies of Practice for Occupational Therapists in Canada describe the skills, knowledge and judgement OTs should demonstrate in clinical and non-clinical practice. When working in private practice, OTs must ensure that they are competent and follow a systematic approach to service delivery in keeping with the standards of the profession.

OTs should ensure they have sufficient experience and mentorship prior to setting up a private practice as they may be conducting their business in relative isolation. OTs should also ensure that they remain abreast of evidence-informed occupational therapy practice. OTs can align themselves with or establish professional practice peer networks with other OTs in similar private practice areas. OTs may also wish to contact the professional associations. OTs are responsible for ensuring they are competent practitioners who are working with their professional scope of practice as defined in the Occupational Therapy Act, 1991.¹

Record Keeping and Privacy

PHIPA and Health Information Custodians

When an OT is working privately, either in their own practice or contracting their services, they are accountable for documenting and maintaining their own clinical records. The OT should follow the expectations outlined in the Standards for Record Keeping, including taking steps to determine if they are the health information custodian (HIC) or the agent of the health information custodian (agent). The *Personal Health Information Protection Act* (PHIPA) specifies who can and who cannot assume this role. An OT in private practice could be a HIC; however, if an OT is subcontracting their services

¹ The scope of practice is articulated in the Occupational Therapy Act (1991) as follows: "*The practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure. 1991, c. 33, s. 3.*"

through another agency, they may be acting as an agent of the HIC. OTs who are HICs should establish privacy policies that are consistent with relevant privacy legislation such as PHIPA.

Retention of Clinical Records

It is important to clarify if an OT is the HIC or the agent upfront as this will determine who retains the clinical record. The expectations for retention of clinical records are outlined in the Standards for Record Keeping. OTs retaining clinical records privately, such as in their home, clinic, or office, should take reasonable measures to ensure the safety and security of those records as outlined in the Standards for Record Keeping and PHIPA.

OTs in private practice should seek legal advice to establish an estate plan to ensure that clinical records are securely maintained and retained in the event of an unforeseen event, such as the death of the OT.

Record Keeping Practices When Providing Non-Clinical Consultations

OTs who are providing non-clinical consultations need to determine the most appropriate method of record keeping. This may include maintaining records consisting of: the date the consultation was provided, who it was provided to and the recommendations that were provided. OTs should use their judgement to determine how relevant information pertaining to the consultation should be documented and maintained.

Fees and Billing

Fees for Private Practice

The College is not involved in establishing fee guidelines for occupational therapy services. OTs should perform an environmental scan to determine appropriate fees to be charged in their area of practice. It is recommended that OTs consult with the associations such as the Ontario Society of Occupational Therapists (OSOT) and the Canadian Association of Occupational Therapists (CAOT) to assist them in establishing fees for their private practice. It may also be prudent to look at fee guidelines established by regulatory organizations for specific practice areas, for example, the Financial Services Commission of Ontario (FSCO) has established the Professional Service Fee Guidelines for individuals providing services that are funded by auto insurance.

When establishing fees for private practice, the College expects that they are fair, equitable and transparently communicated to clients upfront as outlined in the *Professional Misconduct Regulation*.

Financial Records

OTs are expected to maintain financial records for services provided to clients as outlined in the Standards for Record Keeping – Standard 9, Financial Records. Any waived or differential fees should be noted. The financial record or invoice provided to the client should outline who provided the occupational therapy service. If the service was provided by an occupational therapist assistant, their name and title should be transparently displayed on the invoice as noted in the Standards for the Supervision of Occupational Therapist Assistants. The financial record is a part of the clinical record, and therefore is subject to the same retention time period.

OTs providing consultative services to organizations need to establish transparent billing practices.

Charging HST

The decision as to whether or not occupational therapy service components are HST taxable or not, lies within the jurisdiction of the Canada Revenue Agency (CRA). It is the responsibility of the OT to research this matter and fully comply with all requirements of the CRA, recognizing that changes to the rules can occur. OTs are encouraged to engage in regular consultation with an accountant and/or tax lawyer. Additional information related to HST-taxable and HST-exempt services may be found on the Canada Revenue Agency website and the professional association websites (OSOT and CAOT).

Advertising and Use of Title

Advertising Occupational Therapy Services

OTs are encouraged to review *Ontario Regulation 226/96: General – Part V, Advertising*. This regulation was developed to ensure that advertising approaches adopted by regulated health professionals are honest, truthful, transparent and professional. While marketing and advertising are important components of promoting a private practice, it is recognized that OTs are held in a position of esteem and trust by the public. Furthermore, clients seeking health care services such as occupational therapy, can be vulnerable. For this reason, direct pressure sales or solicitation are prohibited as noted in *Ontario Regulation 226/96*, section 22. (1) A member shall not contact or communicate with, or permit any person to contact or communicate with, an individual in an attempt to solicit business.² The direct pressure sales or solicitation restriction does not apply to third party referral sources, who are not directly receiving the health care, such as institutions, insurance companies, or lawyers. It is important to note that the regulation also applies to OTs who are advertising their services using social media.

² Ontario Regulation 226/96. Retrieved from <https://www.ontario.ca/laws/regulation/960226>

Use of Title

OTs should review the Standards for Use of Title to determine how to denote their name, designation, and area of practice on their email signature, business cards, or promotional material.

Selling or Recommending Products

OTs commonly recommend equipment or products for client use. Many OTs may also have equipment or products available for clients to purchase. When selling or recommending products, OTs should ensure they are knowledgeable about their safety and use with a particular client population. OTs should provide information about the products, including the cost, and provide alternative options to clients if they wish to purchase the product from other vendors. OTs should be transparent and clearly communicate their recommendations regarding equipment or products to the client. Additionally, OTs should maintain financial records as outlined in the Standards for Record Keeping when a fee is charged for a product.

OTs should be aware that selling or recommending products can place them in a conflict of interest if the OT stands to benefit. OTs should review the Standards for the Prevention and Management of Conflict of Interest.

Business Practices

Development of Policies

Policy development supports a proactive, transparent and standardized management of processes and situations that may arise in private practice. When working for an employer, these policies are already established and communicated to the OT. In private practice, OTs must develop and communicate their policies to all stakeholders involved. OTs are encouraged to have their policies reviewed by other professionals such as lawyers, or policy analysts.

Development of Forms and Templates

OTs working in private practice may find that the development of forms and templates promotes efficiency and structure and supports professional practices such as record keeping and obtaining informed consent. While the College cannot sanction or approve such forms, OTs are encouraged to have them reviewed by other professionals including legal consultation.

Consulting with Other Professionals

As noted in the sections above, an OT should consult with various other professionals when setting up a private practice including lawyers, accountants, insurance brokers, or financial advisors. Additionally,

it may be prudent to consult with mentors or business owners who have already established similar occupational therapy practices.

Occupational therapy associations such as the Ontario Society of Occupational Therapists (OSOT) or the Canadian Association of Occupational Therapists (CAOT) may be able to provide additional information or mentorship to OTs wishing to establish a private practice.

Setting up a Corporation

Regulated health professionals are permitted to incorporate their business for the purpose of practicing a health profession, providing they obtain a Certificate of Authorization from the College. OTs wishing to incorporate their business should review the Application for a Certificate of Authorization for Health Profession Corporations Guide on the College website for more information.

Risk Management

Professional Liability Insurance

All OTs, regardless of area of practice or practice status, must have professional liability insurance that meets College requirements. For details about the requirements, please refer to the College bylaws (Part 19). The College does not endorse any insurance provider. It is the responsibility of each OT to determine which insurance provider and policy best meets their needs. If there is a change in professional liability insurance coverage (including insurer name, start date, expiry date and certificate/policy number), an OT must update their College profile online within 30 days of the change occurring.

OTs entering private practice should consider how to protect themselves professionally. This may include purchasing additional liability insurance to augment the required professional liability insurance. When determining whether to purchase additional liability insurance, OTs should consider their area of practice, the risk associated with the occupational therapy services being provided, and possible consultation with legal counsel or another expert in the insurance industry.

Conflict of Interest

OTs should proactively determine existing or anticipated conflict of interest situations when establishing their private practice. This will enable OTs to develop policies to either prevent or manage conflict of interest situations in accordance with the Standards for Prevention and Management of Conflict of Interest and applicable legislation.

Maintaining Boundaries

When OTs are working privately in settings such as their own homes or clinics, it is important to maintain professional boundaries with clients and other stakeholders as outlined in the Standards for

Professional Boundaries. This includes outlining policies to clients or customers regarding business practices such as hours of work and the use of electronic communication. OTs should consider the use of a separate business telephone and email to maintain confidentiality of client information and professional boundaries.

Infection Prevention and Control Practices

OTs working in private practice should establish policies related to infection prevention and control best practices as outlined in the Standards for Infection Prevention and Control, including policies regarding cleaning and disinfection of supplies and equipment used in their practice.

Closing or Leaving a Private Practice

When closing or leaving a private practice, there are a number of professional obligations that an OT should consider and manage.

Continuation of Services for Existing Clients

OTs should ensure there is a plan in place for clients who need ongoing occupational therapy services. This includes having a transparent discussion with current clients to discuss the status of their goals and provide options for follow-up, such as referrals to other OT providers. The discussions and follow-up plan should be documented in the clinical record. Additionally, OTs may need to contact referral sources to inform them that they are closing or leaving a practice. OTs should review the Guide to Discontinuation of Services for more information.

Fees and Billing

OTs should ensure there are no outstanding financial records prior to closing or leaving a practice.

Record Keeping and Privacy

OTs should ensure that all client records are up to date prior to closing or leaving a practice. If the OT is the health information custodian (HIC), they should ensure that records are retained securely for the specified retention period as outlined in the Standards for Record Keeping. If the OT is not the HIC, they should ensure that records are retained by the organization to whom they are contracting their services. OTs should follow the Privacy Commissioner's guidelines for notifying clients about access to their records. If privacy legislation other than PHIPA is applicable to their practice, OTs should know and understand retention requirements pertinent to the respective privacy legislation.

Summary

Occupational therapists working in private practice are accountable for ensuring they are competent practitioners who utilize sound business practices. The OT must balance occupational therapy service delivery, client expectations, and fiscal responsibility when engaging in private practice. While the autonomy and flexibility of private practice can contribute to work satisfaction, the onus is on the OT to define practices and set policies, as well as to manage the isolation that may be inherent in a private practice setting. OTs who are contemplating establishing a private practice must ensure all relevant factors are considered.

References

Ontario Regulation 226/96: General <https://www.ontario.ca/laws/regulation/960226>

Ontario Regulation 95/07: Professional Misconduct <https://www.ontario.ca/laws/regulation/070095>

Personal Health Information and Protection Act, 2004. <https://www.ontario.ca/laws/statute/04p03>

College of Occupational Therapists of Ontario (2012). Standards for Prevention and Management of Conflict of Interest. Toronto, ON.

College of Occupational Therapists of Ontario (2013). Standards for Occupational Therapy Assessments. Toronto, ON.

College of Occupational Therapists of Ontario (2014). Guide to Discontinuation of Services. Toronto, ON.

College of Occupational Therapists of Ontario (2015). Standards for Professional Boundaries. Toronto, ON.

College of Occupational Therapists of Ontario (2016). Code of Ethics. Toronto, ON.

College of Occupational Therapists of Ontario (2016). Standards for Record Keeping. Toronto, ON.

College of Occupational Therapists of Ontario (2017). Standards for Consent. Toronto, ON.

College of Occupational Therapists of Ontario (2017). Standards for Use of Title. Toronto, ON.

College of Occupational Therapists of Ontario (2018). Standards for Supervision of Occupational Therapist Assistants. Toronto, ON.

This document replaces:

College of Occupational Therapists of Ontario (2013). Guide to Independent Practice. Toronto, ON.

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COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Brandi Park, Senior Manager, Registration and Information Systems and
Aoife Coghlan, Manager, Investigations and Resolutions
Subject: Update re Improved Compliance with Professional Liability Insurance Requirements

Page 1 of 2

Recommendation

This is for information purposes only.

Public Interest in this Issue

Maintaining professional liability insurance that meets the coverage requirements set out in the College bylaws is a mandatory requirement of registration. Professional liability insurance helps protect clients and the Occupational Therapists (OTs) who serve them by ensuring there is a means of compensation available for any client who sustains a loss or injury as a result of the occupational therapy service delivery. The College must ensure that OTs hold adequate professional liability insurance, it is an important aspect of public protection.

Background

OTs, regardless of whether or not they are practising, must hold valid professional liability insurance which meets the coverage requirements set out in the College bylaws. Since January 1, 2016, OTs are required to report changes to their professional liability insurance to the College within 30 days of a change occurring. Prior to 2016, OTs only needed to report this information during annual renewal.

Most OTs purchase their professional liability insurance through their professional association, the Ontario Society of Occupational Therapists (OSOT) or the Canadian Association of Occupational Therapists (CAOT). For renewing members, both professional associations offer a professional liability insurance policy with an effective date of October 1 in each calendar year. This means that generally, in addition to purchasing new insurance prior to their preceding policy's expiration date (to avoid a lapse in coverage occurring), most OTs are required to report their updated insurance information to the College on or before October 31st each year.

2016/2017 Insurance Renewal Period

In 2017, the College took follow-up action against 289 OTs who were identified as having incurred a lapse in insurance coverage relating to the 2016/2017 insurance renewal period. As 2016 was the first-year OTs were required to update their professional liability insurance information within 30 days of a change occurring, follow-up action was not taken by the College against OTs who merely failed to report their

updated information within the prescribed 30-day timeline to do so. In addition, two OTs were revoked for failing to provide proof of insurance.

2017/2018 Insurance Renewal Period

In 2018, the College took follow-up action against approximately 237 OTs who incurred a lapse in coverage and/or failed to report their insurance information within the prescribed timeline to do so during the 2017/2018 insurance renewal period. Four OTs were revoked for failing to provide proof of insurance.

2018/2019 Insurance Renewal Period

Following the 2018/2019 insurance renewal period, 61 OTs were identified as having incurred a lapse in coverage and/or having failed to report their updated insurance information within the 30-day timeline to do so. An additional 13 OTs are still being investigated to determine if they incurred a lapse and/or failed to report their updated information within the 30-day timeline to do so. Four OTs were revoked for failing to provide proof of insurance.

Implications

The significant reduction in numbers of insurance related issues identified during the 2018/2019 insurance renewal period is attributed to continued efforts by the College to communicate professional liability insurance requirements to OTs, which includes sending personal reminder emails to OTs prior to their insurance expiring. The improved compliance is also attributed to the imposition of an administrative fee for OTs who failed to meet the College's insurance requirements. The administrative fee, which was introduced in 2018, is to cover the administrative costs associated with processing these matters and serves as a general deterrent.

Process Improvements

To reduce staff processing times, the College introduced a streamlined process immediately prior to the 2018/2019 insurance renewal period. Historically insurance related issues were identified and investigated by the Registration Program and only following confirmation of a breach of an insurance requirement, was a referral made to the Investigations and Resolutions program. This resulted in various staff being involved in the processing of insurance related concerns and unnecessary process steps being taken. This resulted in increased processing time. Now, one staff member primarily processes all insurance related concerns under the direction of both the Registration and Investigations and Resolutions program.



COUNCIL BRIEFING NOTE

Date: March 28, 2019
To: Council
From: Executive Committee
Subject: Elections, District 1

Page 1 of 1

Recommendation

This is for information purposes only.

Purpose

This issue is being brought to you to keep you informed about the elections for Council.

Background

The College had elections this year in District 1. (Toronto and area) The election was conducted using an electronic process for nominations and elections. Four individuals put forward their candidacy and were included on the ballot. Eligible voters from District 1 were instructed to choose three of four candidates. Therefore, the percentages for each candidate do not add up to 100. Additionally, voters are not required to vote for three candidates.

Process

The elections processes went smoothly and there were no concerns. There were numerous email reminders to encourage voter participation. The nomination and election processes were also promoted on LinkedIn and Twitter. Despite all the promotion, there was a 2.34% decrease in the voter turnout.

Discussion

Year	2016	2019
Voter Number	502	478
% turnout	17.88%	15.54%

Attachment:

Official Poll Results



College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

Poll Result

College of Occupational Therapists of Ontario District 1 (Toronto & Area) Council Elections

Report date: Wednesday 06 March 2019 14:05 EST

College of Occupational Therapists of Ontario District 1 (Toronto & Area) Council Elections

Poll ID: 149277

As at Poll close: Wednesday 06 March 2019 14:00 EST

Number of voters: 478 · Group size: 3075 · Percentage voted: 15.54

Vote counting method: V1 FPTP

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	15967916	Deborah Hebert	346	72.38
2	15967914	Michelle Stinson	249	52.09
3	15967917	Aruna Mitra	243	50.84
4	15967915	Amarpreet Gujral	157	32.85

Returning Officer

Signature: Elinor Larney
Name: Elinor Larney
Date: March 6, 2019

Scrutineers

Signature: [Signature]
Name: David Pham
Date: March 6, 2019

Signature: [Signature]
Name: March 6/19
Date: Nancy Stinson



COMMITTEE REPORT TO COUNCIL

Committee: Executive Committee

Chair: Julie Entwistle

Date: March 28, 2019

Page 1 of 2

Tasks completed since the last Council Meeting

- Appointed Julie Entwistle as President
- Appointed Jennifer Henderson as Vice President
- Appointed Annette McKinnon to the Executive, as Member at Large, Education
- Reviewed January 2019 Financial Report
- Reviewed Annual Investment Report
- Reviewed the Risk Management Report
- Review and updated committee workplan
- Received and reviewed the priority performance report
- Received the update on the status of the Election Process for District 1
- Reviewed Council Policy – Registrar Replacement
- Reviewed and Recommended the Guidelines for Private Practice for Council Approval
- Reviewed results of the Annual Council Evaluation, Self-Evaluation and January Council meeting evaluation
- Reviewed and made recommendation for the chairs of the Statutory Committees to the incoming Executive Committee
- Established agendas for March Council meeting and Election meeting
- Approved the use of College funds (up to \$100,000) to support a renovation to existing College offices to accommodate additional staff
- Decided on the process and wording of the Land Acknowledgement in respect of Indigenous Peoples
- Determined a preliminary process for the upcoming Strategic Planning for Council for 2020-2023
- Discussed Governance and how the College might review our current practices.

Key Priorities

- Effective and efficient governance
- Financial stewardship

- Establishing resources to support practice, and promote safe, competent services in the interest of public protection

Leadership Priorities

- 1. Confidence in occupational therapy regulation:**
 - Governance and modernization
- 2. Quality practice by occupational therapists:**
 - Recommend to council approval of practice documents to support practice
- 3. System impact through collaboration:**
 - Discussion of Governance proposals at other Colleges, with the Federation of Health Regulatory Colleges and the Ministry of Health and Long-Term Care

Items or Decision/Discussion:

- Approval of January 2019 Financial Report, Statement of Financial Position and Statement of Operations
- Receipt of Priority Performance Report
- Receipt of Risk Management Report
- Recommend Council approval of Registrar Replacement Policy
- Recommend Council approve the Guidelines for Private Practice



COMMITTEE REPORT TO COUNCIL

Committee: Practice Issues Subcommittee

Chair: Julie Entwistle

Date: March 28, 2019

Page 1 of 2

Tasks completed since the last Council Meeting

- Practice Issues Subcommittee had one in-person meeting on February 5th, 2019.
- While typically Executive appoints new members to the Practice Issues Subcommittee, two executive members were in conflict with the motion to appoint Frances Eller, and as such Ms. Eller was appointed by Council on January 31st, 2019.
- Shannon Honsberger was appointed to the Practice Issues Subcommittee by the Executive Committee on January 15, 2019.

Key Priorities

The Subcommittee continues to work on priority items as identified in the Subcommittee's Workplan:

- Developing and updating College publications.
- Responding to new and evolving practice environments through identification and prioritization of issues impacting OT practice and service delivery.

Leadership Priorities

1. Confidence in occupational therapy regulation:

- Subcommittee decisions are informed by Practice, ICRC, QA data and changes in Legislation.

2. Quality practice by occupational therapists:

- Subcommittee has recommended revisions for the following documents for 2019:
 - Standards for Occupational Therapy Assessments (in progress)
 - Standards for Acupuncture (in progress)
 - Guide to Independent Practice (completed)
 - Standards for Infection Prevention and Control (in progress)
- Standards for Infection Control and Prevention will remain with Subcommittee for further revisions as recommended by Practice Issues Subcommittee.

3. System impact through collaboration

N/A

Items for Decision/Discussion:

Guide to Independent Practice, now titled Guidelines for Private Practice, is before Council for review and approval.



COMMITTEE REPORT TO COUNCIL

Committee: Registration Committee

Chair: Donna Barker

Date: March 28, 2019

Page 1 of 1

Tasks completed since the last Council Meeting

The Committee met on January 28, 2019. The Committee is scheduled to meet via teleconference on March 25, 2019. The meeting report will be contained in the June 2019 Council meeting package.

Cases Reviewed:

- Currency review – 2
- Examination review – 1
- Language fluency – 1

Key Priorities

The Committee ensures applicants are competent and qualified to practice occupational therapy safely and ethically.

Leadership Priorities

1. **Confidence in occupational therapy regulation:**
No new updates.
2. **Quality practice by occupational therapists:**
No new updates.
3. **System impact through collaboration:**
No new updates.

Items for Decision/Discussion

None



COMMITTEE REPORT TO COUNCIL

Committee: Inquiries, Complaints and Reports Committee
Chair: Kurisummoottil S. Joseph
Date: March 28, 2019

Page 1 of 2

Tasks completed since the last Council Meeting

Since the last report to Council, the Committee will have held 2 in-person panel meetings and 1 meeting via teleconference for the Committee as a whole. Panel B met once, and Panel C met once. A summary of the ICRC's case reviews is detailed in the table below:

Date of Meeting	Type of Case	Source of Case	Oral Decisions
February 28, 2019 Panel A	2 complaints 7 Registrar's investigations	2 complaints from client 7 investigations based on information from other sources including College staff and newspaper articles	9 Take No Further Action
March 21, 2019 Panel C	3 complaints 10 Registrar's investigations	3 complaints from client 1 investigation based on mandatory report from former employer 9 investigations based on information from College staff	Outcomes not known at the date of writing this report

The ICRC also met via telephone conference on March 7, 2019, to discuss potential candidates for Professional, Non-Council Committee member appointments to the Committee. The ICRC is recommending two OTs be appointed by Council which is addressed in a separate briefing note.

Since last reporting to Council, the Committee created a new panel, Panel C, to accommodate a last-minute date change to the ICRC's scheduled March 2019 meeting. The new Panel C complies with both quorum and composition requirements for ICRC panels. Panel C comprises of two members of Panel A and 2 members of Panel B and includes a public member.

Key Priorities

Continuing to ensure efficient and timely processing of complaints and reports.

Leadership Priorities

- 1. Confidence in occupational therapy regulation:**
No new updates
- 2. Quality practice by occupational therapists:**
No new updates
- 3. System impact through collaboration:**
No new updates

Items for Decision/Discussion

No items to be brought forward for Council discussion.



COMMITTEE REPORT TO COUNCIL

Committee: Discipline Committee

Chair: Donna Barker

Date: March 28, 2019

Page 1 of 1

Tasks completed since the last Council Meeting

The Committee has not met since it last reported to Council. No referrals from the Inquiries, Complaints and Reports Committee were received and no hearings or reinstatement applications are currently pending.

Key Priorities

The Discipline Committee hears and determines allegations of professional misconduct and/or incompetence. It also hears and determines reinstatement applications for certificates of registration that have been revoked or suspended as a result of disciplinary proceedings. The Committee wishes to continue to ensure fair, efficient and timely processing of all Discipline hearings and reinstatement applications.

Leadership Priorities

1. **Confidence in occupational therapy regulation:**
No new updates
2. **Quality practice by occupational therapists:**
No new updates
3. **System impact through collaboration:**
No new updates

Items for Decision/Discussion

None



COMMITTEE REPORT TO COUNCIL

Committee: Fitness to Practise
Chair: Jennifer Henderson
Date: March 28, 2019

Page 1 of 1

Tasks completed since the last Council Meeting

After discussion with the Manager, Investigations and Resolutions on February 28, 2019, I am pleased to report that there are no pending referrals from the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee.

Key Priorities

No new updates since the Committee's last report to Council in January 2019.

Leadership Priorities

1. **Confidence in occupational therapy regulation:**
No new updates.
2. **Quality practice by occupational therapists:**
No new updates.
3. **System impact through collaboration:**
No new updates.

Items for Decision/Discussion

There are no items that require discussion or investigation at this time.



COMMITTEE REPORT TO COUNCIL

Committee: Quality Assurance Committee

Chair: Mary Egan

Date: March 28, 2019

Page 1 of 3

Tasks completed since the last Council Meeting

- Committee had one in-person meeting on January 25, 2019 and engaged in an e-vote regarding a case file decision on February 19, 2019 since the last Council Meeting
- The January 25, 2019 meeting was chaired by **Stephanie Schurr**

At the January meeting, QAC:

- Approved an updated version of the Quality Assurance Subcommittee's Terms of Reference (*attached*);
- Approved the appointment of Elizabeth Bell as a non-council, professional member to the Quality Assurance Committee; her first term begins April 1, 2019; (*Elizabeth was approved by Council at the January 31, 2019 Council Meeting*);
- Approved the appointments of Andy Beercroft and Elizabeth Eacrett to the Quality Assurance Subcommittee; their first terms begin on April 1, 2019;
- Was provided with a comparison summary of 2017 and 2018 compliance with annual QA requirements, to date; of note:
 - PREP Compliance has increased by **2% from 2017**

Requirement Type	Final Compliance Rate	Additional time provided to Registrants to complete / QA Requirement remained open in MyQA after the due date	Number of Registrants who completed their requirement during the "additional time" after the due date
2017 SA	99%	7 months	242
2018 SA	99%	1 week	16
2017 PREP	97%	7 months	69
2018 PREP	99%	1 week	39

- Was provided with a 2019 PREP update:
 - Content writer has been contracted and content is being written;

- Was provided with an update on the Competency Assessment Redevelopment Process (*see Q3 Operational Status Plan for details*);
- Approved use of a risk-based approach with the selection criteria for the interim peer and practice assessments to be completed over the 2019-2020 registration year;
- Selection criteria includes registrants who:
 - Have been registered with the College for at least two years and have never previously participated in the Competency Assessment (peer and practice assessment) process;
 - Have been non-compliant with one or more annual QA requirement in 2017 ;
 - Have been employed in the auto insurance industry for more than two years;
 - Have been issued a SCERP, undertaking, and/or verbal caution by the Inquiries, Complaints and Reports Committee (ICRC) or have been the subject of a hearing before the Discipline Committee in the past ten years and have completed all requirements of the decision or Order. Exclusion: any registrants currently engaged in an ICRC or discipline process.
- Committee approved that **30 peer and practice assessments will take place** during the 2019-2020 registration year;
- At the January meeting, Committee reviewed **10 Non-Compliance with annual QA Requirements** cases and **4 Previously Deferred CRE Cases**;
 - **QAC Decision Outcomes for the 10 Non-Compliance Cases:**
 - **1/10** - registrant received a written notice requiring them to complete their outstanding 2018 SA and PREP by April 30;
 - **6/10** - registrants received written notices acknowledging they had since completed their requirements and providing a reminder about the policy;
 - **3/10** – registrants are required to complete a peer and practice assessment as a result of non-compliance with a QAC directive (no 2017 PREP response sheet received).
 - **QAC Decision Outcomes for the 4 CRE Cases:**
 - All four registrants received a decision of take no action;
 - 2/4 – registrants received a reminder about use of title and appropriate signature;
 - 1/4 – registrant received a record keeping reminder about length of time for retention of clinical records.

Key Priorities

- Continued oversight of the development of the new competency assessment process;
- Continued oversight of interim processes related to peer and practice assessments as the competency assessment process is redeveloped;
- Continued monitoring of registrant non-compliance with annual QA requirements;
- Continued oversight of the development of the 2019 PREP;
- Topic selection for the 2020 PREP.

Leadership Priorities

1. Confidence in occupational therapy regulation:

The Committee continues to offer timely support and decision-making to inform best next steps with respect to:

- Decisions on QA case files;
- Managing registrant non-compliance with annual QA requirements;
- Development of the new competency assessment process; and
- Moving forward with a risk-based approach for the interim peer and practice assessment process.

2. Quality practice by occupational therapists:

- The Committee is dedicated to guiding the development of the 2019 PREP to protect the public by providing resources to support the use of critical thinking in practice, by occupational therapists.
- The Committee is invested in piloting a risk-based approach to protect the public by identifying OTs with gaps in competency in order to provide support and ensure OTs are meeting the standards for the profession.

3. System impact through collaboration:

N/A

Attachments

Quality Assurance Subcommittee Terms of Reference – *original and updated versions*



QUALITY ASSURANCE SUBCOMMITTEE

TERMS OF REFERENCE

Page 1 of 1

Purpose and Powers:

The Quality Assurance Subcommittee is responsible to the Quality Assurance Committee of Council. Its primary function is to explore, debate, and provide recommendations to the Quality Assurance Committee on the ongoing development, implementation and evaluation of the components of the Quality Assurance Program.

Type of committee: Non Statutory

Membership:

Six to eight Non-Council Committee Members from a cross-section of current OT practice including geographic representation of the Province and varying levels of experience. At least four members should have five or more years of practice experience. At least one member should be in a non-clinical practice role. One member should have knowledge and experience in evaluation or test development. Familiarity with the Essential Competencies is required. Knowledge of Adult Learning principles and techniques is preferable. The Chair of the Committee will liaise directly with one appointed member of the Quality Assurance Committee. Members will be appointed for a three-year term.

Key Functions:

1. To explore, discuss and provide recommendations on issues related to the Quality Assurance Program as directed by the Quality Assurance Committee.
2. To review and consider evaluative information related to the five components and tools of the Quality Assurance Program (Competency Enhancement, Competency Review and Evaluation, Competency Improvement, Information Management, Tool and Process Improvement) and make recommendations to modify or enhance the program tools, components or processes.
3. To support development of the annual Prescribed Regulatory Education Program including topic selection, learning objectives, self-test and content review.
4. To support ongoing development of reflective practice tools including Self-Assessment, Professional Development Plan and Professional Portfolio.
5. To make recommendations on the development and implementation of additional tools as required to assess occupational therapists' performance related to the Essential Competencies.

Chair:

The Chair is to be selected from among the committee members.

Frequency of Meetings:

This subcommittee will meet not less than four times annually and at the call of the Chair.

Reporting:

Reports to the Quality Assurance Committee

Date Prepared: March 26, 2003

Revised: Jun 2004



Policy Type:	Governance Process
Policy Title:	Terms of Reference – Quality Assurance Subcommittee
Reference:	GP
Date Prepared:	March 2003
Date Revised:	June 2004, January 2019
Date Reviewed:	January 25, 2019

Legislative Reference: N/A

Purpose and Powers

The Quality Assurance Subcommittee is responsible to the Quality Assurance Committee (QAC) of Council. Its primary function is to provide recommendations to the QAC on the ongoing development, implementation and evaluation of the components of the Quality Assurance (QA) Program.

Key functions

1. To provide recommendations on the QA Program components as directed by the Quality Assurance Committee.
2. To review and consider evaluative information related to the components and tools of the QA Program, including: Competency Enhancement (Self-Assessment (SA), Professional Development (PD) Plan and Prescribed Regulatory Education Program (PREP)), Competency Assessment and Competency Improvement; as well as to review and consider Information and Technology Processes and Management and make recommendations to modify or enhance the program tools, components or processes.
3. To support development of the annual PREP including: topic selection, identification of learning objectives, case scenario development, content review, reflective practice exercise development and online testing as possible.
4. To support ongoing development of reflective practice resources including the Self-Assessment and Professional Development Plan.
5. To make recommendations on the development and implementation of additional tools to assess occupational therapists' performance related to the Essential Competencies of Practice, as required.

Type of Committee

Non-Statutory

Membership

- a. Six to eight non-Council Committee members from a cross-section of current OT practice including geographic representation of the province and varying levels of experience.
- b. At least four members should have five or more years of practice experience.
- c. At least one member should be in a non-clinical practice role.
- d. Knowledge of the Essential Competencies of Practice, the Standards of the profession and the components / requirements of the QA program is required.
- e. Compliance with annual QA requirements the year of application and ongoing is required.



College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

- f. Knowledge of adult learning principles and techniques is beneficial.
- g. Knowledge of curriculum development is beneficial.
- h. The Chair of the Committee will liaise with College staff or a member of the Quality Assurance Committee.
- i. Members will be appointed for a maximum of two three-year terms.

Chair

The Chair is to be selected from among the Subcommittee members and approved by the Quality Assurance Committee, annually.

Frequency of Meetings

The Quality Assurance Subcommittee will meet not less than four times annually and at the call of the Chair.

Reporting

The Chair of the Quality Assurance Subcommittee reports to the Quality Assurance Committee.



COMMITTEE REPORT TO COUNCIL

Committee: Patient Relations Committee
Chair: Jeannine Girard-Pearlman
Date: March 28, 2019

Page 1 of 1

Tasks completed since the last Council Meeting

Patient Relations Committee has met twice since the last Council meeting on January 31, 2019.

Key Priorities

Patient Relations Committee's key priorities are the implementation of the enacted provisions of the Protecting Patients Act, 2017, proactive planning for proposed regulations under the Act, and meeting legislative mandate of the Committee as it pertains to the administration of the sexual abuse counselling fund, the education of registrants, Council and staff on professional boundaries and the prevention of sexual abuse of clients.

The two meetings focused on orientation for Committee members, as well as reviewing the status of the 2018-2019 work plan, with a goal to update the plan for 2019-2020.

Key priorities for 2019-2020 include review and revision as appropriate to:

- Code of Ethics (2011) (Reformatted in 2016)
- Guide to the Code of Ethics (2012) (Reformatted in 2016)
- Standards for Professional Boundaries (2015)

Leadership Priorities

- 1. Confidence in occupational therapy regulation:**
Oversight of the application to the sexual abuse and counselling fund.
- 2. Quality practice by occupational therapists:**
Review of Code of Ethics and Standards of Professional Boundaries planned for 2019-2020.
- 3. System impact through collaboration:**
Continued collaboration with the Citizens Advisory Group.

Items for Decision/Discussion

There are no items for decision.

Attachments

There are no attachments.



COMMITTEE REPORT TO COUNCIL

Committee: Nominations Committee
Chair: Serena Shastri-Estrada
Date: March 28, 2019

Page 1 of 1

Tasks Completed since last Council Meeting

The Committee, comprised of Serena Shastri-Estrada and Annette McKinnon, met by teleconference on two occasions to review the process for the nomination of officers. Serena was selected to be the Chair. Potential candidates were contacted to confirm their willingness to stand for positions and a candidate statement was requested from each individual. The final slate and statements of candidacy will be made available to Council members by electronic mail prior to the commencement of the election.

Key Priorities

Identify and finalize the selection of officers.

Provide Council members with slate and statements of candidacy in advance of the Council meeting.

Items for Decision / Discussion

1. Election of Officers
2. Destruction of Ballots



Council Meeting Evaluation

Meeting Date: March 28, 2019

Page 1 of 3

Please assess how well Council adhered to the expectations we have set.

Item	Yes	Most of the time	No	Please provide comments to support your rating, as appropriate.
1. Council members were given an opportunity to declare any conflict of interest prior to the start of the meeting.				
2. Information was provided in a clear, succinct, and timely manner in advance of the meeting.				
3. An agenda was followed in the meeting. Council's time was spent on issues of public interest and safety. Furthermore, Council's focus was on outcomes or intended long term ends rather than on the means to attain those effects.				
4. Council deliberations were fair, open and thorough but also timely, orderly and kept to the point.				
5. Each Council member was given an adequate opportunity to participate in discussion and decision-making.				

Item	Yes	Most of the time	No	Please provide comments to support your rating, as appropriate.
6. The discussions and options considered for each agenda item were sufficient in breadth and quality to support effective decision-making.				
7. Diversity in viewpoints was not discouraged.				
8. The process for collective or group decision-making was made without undue influence of any individual Council member. Once decisions were made, the process supported speaking with one voice.				
9. Council's treatment of all persons was courteous, dignified and fair.				
10. Council adhered to a semblance of order in the meeting.				

Your suggestions for improvement

Understanding that effective leadership involves continual growth and development, what advice would you ask Council to consider in order to strengthen our effectiveness in the future?

Any additional comments?

Please provide any additional comments that you feel may be helpful to this evaluation process. For example, you may wish to highlight where our discussion and decision-making process worked well today and where it may not have been as effective.



COUNCIL OFFICER ELECTIONS - AGENDA

Date: Thursday, March 28, 2019 Time: 3:00 - 4:00 p.m.

Agenda Item		Objective	Attachment
1.0	Call to Order – <i>Elinor Larney, Registrar, presiding</i>		
2.0	Approval of Agenda	Decision	✓
3.0	Elections		
	3.1 Election of Officers	Voting	
	3.2 Motion to Destroy Ballots	Decision	
4.0	New Business – <i>Newly elected President presiding</i>		
	4.1 2019-2020 Committee Form	Complete & Submit	✓
	4.2 Annual Signing: 1. Confidentiality Agreement 2. Conflict of Interest 3. Code of Conduct	Complete & Submit	✓✓✓
5.0	Next Council Meetings		
	5.1 Set Council meeting dates to June 2020		
6.0	Adjournment		