



COUNCIL AGENDA

DATE: Tuesday, June 25, 2019 **FROM:** 9:00 a.m. – 4:00 p.m.

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	Agenda Item	Objective	Attachment
1.0	Call to Order		
2.0	Land Acknowledgement		
3.0	Declaration of Conflict of Interest		
4.0	Approval of Agenda	Decision	✓
5.0	Draft Minutes		
	5.1 <i>Draft Council Minutes of March 28, 2019</i>	Decision	✓
	5.2 <i>Draft Council Officer Election Minutes of March 28, 2019</i>	Decision	✓
6.0	Registrar's Report		
	6.1 Annual Registrar Evaluation Process – <i>in camera</i> (<i>confidential human resources matter</i>)	Information	
	6.2 Registrar's Written Report	Information	✓
	6.3 Presentation: <i>Operational Status Report for Q4 2018-2019</i> By: Elinor Larney, Registrar	Information	
	6.4 Presentation: 2018-2019 (Y2) Outcomes	Information	<i>To follow at meeting</i>
	6.5 Priority Performance Report	Decision	✓
	6.6 Risk Management Report	Decision	✓
7.0	Finance		
	7.1 March 2019 Financial Report	Decision	✓
	7.2 Reserve Fund		
	7.2.1 Guideline Review	Decision	✓
	7.2.2 Reserve Funds at Year-End	Information	✓
	7.3 Projected Budget for 2019 – 2020	Decision	✓
8.0	Council Development		
	Presentation: <i>Good Faith and Risk Management for Council</i> (11:00 a.m.) By: Erica Richler, Steinecke Maciura LeBlanc		
	Presentation: <i>Financial Overview</i> By: Nabila Mohammed, Director Finance & Corporate Services		
9.0	Governance		
	9.1 Policy Review	Decision	✓
	9.2 Governance Working Group	Decision	

Agenda Item		Objective	Attachment
10.0	Business		
	10.1 Standards for Infection Prevention & Control – Review	Decision	✓
	10.2 Alternate Dispute Resolution Policy - ICRC	Decision	✓
	10.3 Controlled Act Regulation - Psychotherapy	Information	
11.0	Roundtable		
	Presentation & Discussion – Cayton Report: <i>An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act</i> By: Rebecca Durcan of Steinecke Maciura LeBlanc		
12.0	Committee/Task Force Reports		
	12.1 Executive	Information	✓
	12.1.1 Practice Issues Subcommittee	Information	✓
	12.2 Registration	Information	✓
	12.3 Inquiries, Complaints & Reports	Information	✓
	12.4 Discipline	Information	✓
	12.5 Fitness to Practice	Information	✓
	12.6 Quality Assurance	Information	✓
	12.7 Patient Relations	Information	✓
13.0	Other Business		
	13.1 Council Meeting Evaluation	Complete & Submit	✓
14.0	Next Meetings		
	<ul style="list-style-type: none"> - Council Education Session: Wednesday, October 23, 2019, 9:00 a.m. – 4:00 p.m. (Location TBA) - Council Meeting: Thursday, October 24, 2019, 9:00 a.m. -3:30 p.m., at the College - Council Meeting: Thursday, January 30, 2020, 9:00 a.m. – 3:30 p.m., at the College - Council Meeting: Thursday, March 26, 2020, 9:00 a.m. – 4:00 p.m., at the College - Council Meeting: Tuesday, June 23, 2020, 9:00 a.m. – 3:30 p.m., at the College 		
15.0	Adjournment		



DRAFT COUNCIL MINUTES

DATE: Thursday, March 28, 2019 FROM: 9:00 a.m. – 3:00 p.m.

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PRESENT:

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

GUESTS:

Julie Maciura, Steinecke Maciura LeBlanc

OBSERVERS:

Christie Brenchley, Ontario Society of Occupational Therapists (OSOT)
Sarah Kibaalya, Ministry of Health and Long-term Care (MOHLTC)
Debbie Hebert
Aruna Mitra
Sarah Shallwani
Michelle Stinson

ALSO PRESENT:

Elinor Larney, Registrar
Heather Binkle, Deputy Registrar
Sandra Carter, Practice Resource Liaison (7.0-9.2)
Aoife Coghlan, Manager, Investigations & Resolutions (1.0-11.0)
Yvonne Leung, Communications Coordinator (1.0-6.5)
Tim Mbugua, Policy Advisor (8.1)
Sonia Mistry, Practice Advisor (8.1-9.3)
Nabila Mohammed, Director of Finance & Corporate Services
Brandi Park, Sr. Manager, Registration & Information Systems (1.0-14.0)
Seema Sindwani, Manager, Quality Assurance (1.0-12.0)
Nancy Stevenson, Director of Communications
Andjelina Stanier: Executive Assistant, *Scribe*

1.0 President's Remarks

1.1 Remembering Past President – Dr. Winston Isaac

Julie Entwistle paid tribute to the late Dr. Winston Isaac. She spoke of his academic and professional achievements and of his lifelong commitment to empower others to be proactive about personal health care.

1.2 Traditional Land Acknowledgement

In the interest of truth and reconciliation, and in the hope to build faith and trust with our Indigenous community, the Chair started the meeting by reminding all present that we are gathered on the ancestral lands and waters of all Indigenous Peoples who have left their footprints on Mother Earth before us. We respectfully acknowledge those who have walked this land, who walk it now, and those future generations who have yet to walk upon it.

1.3 Legal Status of Council:

The Chair announced that with the appointment of the new public member, Allan Freedman, Council is once again, constituted.

2.0 Call to Order

The Chair called the meeting to order at 9:09 a.m. She reminded everyone that Council's mandate and purpose is to serve the public. She welcomed everyone and introduced the new public member, Allan Freedman, and the three newly-elected Council members from District 1 who will observe today's meeting: Deborah Hebert, Michelle Stinson and Aruna Mitra.

3.0 Declaration of Conflict of Interest

The Chair asked if members had a conflict of interest to declare. None was reported.

4.0 Approval of Agenda

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

MOVED BY: Kurisummoottil S. Joseph

SECONDED BY: Serena Shastri-Estrada

THAT the agenda be approved as presented.

CARRIED

5.0 Approval of Minutes

5.1 Draft Council Minutes of January 31, 2019

The Chair asked if there were any edits to the draft Council minutes of January 31, 2019. Two edits were reported.

Item 12.1: Insert *Presented by Julie Entwistle*

Item 12.6: Insert *Presented by Stephanie Schurr*

MOVED BY: Annette McKinnon

SECONDED BY: Peter Shenfield

THAT the draft Council minutes of January 31, 2019 be approved as amended.

CARRIED

(Abstentions: Allan Freedman and Mary Egan)

6.0 Registrar's Report

6.1 Registrar's Written Report

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

6.2 Registrar's Presentation

The Registrar reported on the specific areas of focus for Q3 (December 1, 2018 – February 28, 2019) related to the 2018-2019 Strategic Plan.

6.3 Priority Performance Report

Council reviewed and discussed performance data for Q3 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: Jennifer Henderson

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

CARRIED

6.4 Risk Management Report

Council reviewed the report and noted the level of risk remained unchanged from the previous quarter.

MOVED BY: Jennifer Henderson

SECONDED BY: Donna Barker

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

CARRIED

6.5 Communications update – Presentation

Nancy Stevenson and Yvonne Leung presented on the status of the Communications program.

7.0 Finance

7.1 January (Q3) 2019 Financial Report

Nabila Mohammed presented the financial report and responded to questions.

MOVED BY: Jeannine Girard-Pearlman

SECONDED BY: Kurisummoottil S. Joseph

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

CARRIED

7.2 Annual Investment Report

Nabila presented the Annual Investment Report and responded to questions.

8.0 Governance

8.1 Board Education

- 1) Presentation: *Fiduciary Duties* by Julie Macuira, legal counsel
- 2) Presentation: *Overview of Registration, Quality Assurance, Patient Relations and Inquiries Complaints and Reports committees, by Chairs and staff.*

8.2 College Governance

In response to the request for support by the College of Nurses of Ontario with respect to their regulatory modernization efforts, the Executive Committee is seeking feedback on the key messages presented. Council held a discussion.

MOVED BY: Jennifer Henderson

SECONDED BY: Donna Barker

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

MOTION DEFEATED

Council agreed that a working group would be initiated to review governance and would be composed of an equal amount of professional and public members. A call for volunteers was made and names noted.

MOVED BY: Jennifer Henderson

SECONDED BY: Kurisummoottil S. Joseph

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

CARRIED

8.3 Non-Council Appointments – Inquiries Complaints and Reports Committee (ICRC)

Council reviewed the committee's recommendations to fill two vacancies for non-Council positions on the committee.

MOVED BY: Annette McKinnon

SECONDED BY: Heather McFarlane

THAT Council approves 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.

CARRIED

8.4 Policy Review – Registrar Replacement Policy GP18

GP18 was reviewed as part of the regular 3-year policy review cycle. No changes were recommended.

MOVED BY: Jennifer Henderson

SECONDED BY: Mary Egan

THAT Council approves the current policy, GP18 Registrar Replacement.

CARRIED

9.0 Business

9.1 Guidelines for Private Practice

The *Guide to Independent Practice*, originally issued in 2013, was scheduled for review in 2018 in keeping with the Framework for College Publications. Changes include minor revisions to content related to privacy legislation, formatting updates and a title change to align with word searches most commonly used by OTs on the College website, as well as terminology used by other colleges. Due to the more minor nature of the revisions, and the fact that the document is a guideline and not a standard, circulation for feedback from stakeholders was not deemed necessary. Council provided several additional recommendations.

MOVED BY: Heather McFarlane

SECONDED BY: Stephanie Schurr

THAT Council approves the Guidelines for Private Practice as presented for publication, including today's changes.

CARRIED

9.2 Professional Liability Insurance Update

Presentation: *Update on Improved Insurance Compliance* by Aoife Coghlan and Brandi Park

9.3 Quality Assurance

Presentation: *An Innovative, Risk-based Approach to Quality Assurance* by Seema Sindwani

9.4 Elections Update – District 1 (Central East)

Council reviewed the results of the District 1 Elections for three professional members of Council. Deborah Hebert, Michelle Stinson and Aruna Mitra were elected and will officially begin their 3-year terms following the Council meeting today.

10.0 Environmental Scan

This item was deferred to the next meeting.

11.0 Committee Reports

11.1 Executive – Report by Julie Entwistle, Chair

11.1.1 Practice Issues Subcommittee – Report by Julie Entwistle, Chair

11.2 Registration – Report by Donna Barker, Chair

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

11.4 Discipline – Report by Donna Barker, Chair

11.5 Fitness to Practise – Report by Jennifer Henderson, Chair

11.6 Quality Assurance – Report by Mary Egan, Chair

A revised report was distributed.

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

11.8 Nominations Committee – Report by Serena Shastri-Estrada, Chair

Farewell Presentations

The Chair recognized the contributions of outgoing Council members Serena Shastri-Estrada and Julie Chiba Branson for their years of service to public protection. Jeannine Girard Pearlman and Annette McKinnon each gave a farewell speech for one of the outgoing members and presented them with a token award of appreciation. Elinor thanked Julie Entwistle for her leadership on Council over the past year and presented her with a gift of appreciation.

12.0 Other Business

12.1 Council Meeting Evaluation

The Chair asked members to complete and submit the meeting evaluation forms and encouraged everyone to provide recommendations for future improvements.

13.0 Next Meeting

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

14.0 Adjournment

There being no further business, the meeting was adjourned at 2:58 p.m.

MOVED BY: Jeannine Girard-Pearlman

***THAT** the meeting be adjourned.*

CARRIED



DRAFT MINUTES – ELECTION FOR COUNCIL OFFICERS

DATE: Thursday, March 28, 2019 **FROM:** 3:00 – 4:00 p.m.

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PRESENT:

Elinor Larney, Registrar, *Chair*
Donna Barker
Mary Egan
Julie Entwistle
Allan Freedman
Jeannine Girard-Pearlman
Debbie Hebert
Jennifer Henderson
Patrick Hurteau
Kurisummoottil S. Joseph
Heather McFarlane
Annette McKinnon
Aruna Mitra
Stephanie Schurr
Teri Shackleton
Peter Shenfield
Michelle Stinson

SCRUTINEERS:

Julie Chiba Branson
Serena Shastri-Estrada

OBSERVERS:

Sarah Kibaalya, Ministry of Health and Long-Term Care

ALSO PRESENT:

Heather Binkle, Deputy Registrar
Tim Mbugua, Policy Advisor
Nabila Mohammed, Director of Finance & Corporate Services
Andjelina Stanier, *Scribe*

1.0 Call to Order

Chair Elinor Larney called the meeting to order at 3:00 p.m. New Council members, Deborah Hebert, Michelle Stinson, and Aruna Mitra were invited to join the Council table. Julie Chiba Branson and Serena Shastri-Estrada were appointed as scrutineers.

2.0 Approval of Agenda

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

MOVED BY: Stephanie Schurr

SECONDED BY: Kurisummoottil S. Joseph

***THAT** the agenda for the Election of Officers be approved as presented.*

CARRIED

3.0 Elections

4.1 Election of Officers

The Chair stated that according to the bylaws, the Executive Committee must be composed of two professional and two public members. She instructed she would read the slate of nominees prior to the vote for each position and additional nominations would be accepted from the floor. A call for nominations would be made three times before declaring the nominations closed for each position. She reminded Council that the final slate and statements of candidacy were provided to members for their review in advance of the meeting. The slate was posted on screen to be updated live. The Chair invited Council members to introduce themselves and to state whether they are public or professional members and where they live.

The Chair proceeded with the election as follows:

PRESIDENT

Julie Entwistle and Jennifer Henderson were nominated for the position of President. No further nominations were received for this position and nominations were declared closed. Ballots were completed.

Julie Entwistle was declared elected by majority of votes as President.

VICE-PRESIDENT

Donna Barker, Julie Entwistle, Jeannine Girard-Pearlman, and Jennifer Henderson were nominated for the position of Vice-President. Julie Entwistle's name was removed from the slate. No further nominations were received, and nominations were declared closed. Ballots were completed. A majority was not declared. Two candidates were tied with the lowest number of votes. The Chair instructed she would conduct a vote by lot to eliminate one of the candidates with the lowest number of votes. Jennifer Henderson was eliminated. Jeannine Girard-Pearlman and Donna Barker remained on the slate. Ballots were completed.

Jeannine Girard-Pearlman was declared elected by majority of votes as Vice-President.

MEMBER-AT-LARGE, FINANCE

Jeannine Girard-Pearlman, Kurisummoottil S. Joseph and Peter Shenfield were nominated for the position of Member-at-large, Finance. Jeannine Girard-Pearlman's name was removed from the slate. Kurisummoottil S. Joseph withdrew his nomination. No further nominations were received, and nominations were declared closed. Ballots were not completed.

Peter Shenfield was declared elected by acclamation as Member-at-large, Finance.

MEMBER-AT-LARGE, EDUCATION

Donna Barker, Jeannine Girard-Pearlman, Jennifer Henderson, Teri Shackleton and Peter Shenfield were nominated for the position of Member-at-large, Education. The names of Jeanine Girard-Pearlman and Peter Shenfield were removed from the slate. No further nominations were received, and nominations were declared closed. Ballots were completed.

*Donna Barker was declared elected by majority of votes as **Member-at-large, Education.***

4.2 Motion to Destroy Ballots

According to the bylaws, ballots from the election may only be destroyed with Council approval.

MOVED BY: Kurisummoottil S. Joseph

SECONDED BY: Jeannine Girard-Pearlman

THAT the ballots for the 2019 Election of Officers be destroyed.

CARRIED

Elinor passed the Chair to the newly-elected President, Julie Entwistle.

4.0 New Business.

5.1 Statutory Committee Form

The Chair asked members to complete their Statutory Committee Selection form and submit it to the Registrar.

5.2 Annual Signing

The Chair asked members to complete their Annual Confidentiality, Code of Conduct, and Conflict of Interest forms and submit them to the Registrar.

5.0 Next Meetings

- Council Meeting: Tuesday, June 25, 2019 9:00 a.m. – 3:30 p.m., at the College
- Council Education Session: Wednesday October 23, 2019, full day, location TBA
- Council Meeting: Thursday October 24, 2019, 9:00 a.m.– 3:30 p.m., at the College
- Council Meeting: Thursday January 30, 2020, 9:00 a.m.– 3:30 p.m., at the College
- Council Meeting: Thursday March 26, 2020, 9:00 a.m.– 4:00 p.m., at the College
- Council Meeting: Tuesday, June 23, 2020, 9:00 a.m. – 3:30 p.m., at the College

6.0 Adjournment

There being no further business, the meeting was adjourned at 3:34 p.m.

MOVED BY: Jeannine Girard-Pearlman

***THAT** the meeting be adjourned.*

CARRIED



REGISTRAR'S REPORT Council Meeting of June 25, 2019

Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, this June report will include policies categorized as B or Registrar Limitations (RL).

Registrar Limitation Policies

I am pleased to inform Council that I am not in contravention of any of the Registrar Limitation policies.

Policies of this category that guided decisions during this period:

- The RL4 – Financial Planning and Budgeting and E1 – Ends Policies guided the development of the 2019-2020 Projected Budget.
- RL5 – Financial Condition and Activities – guided the allocation of funds to the Reserves.
- RL7 – Investments – Some changes are being proposed to the timing of the investment reports to Council. Please refer to the draft revised policy later in your package.
- As per RL8 – External Audit, auditors of the office of Hilborn LLP will conduct an audit of the financial performance of the College for 2018-2019.
- RL10 – Compensation Administration guided the implementation of the salary adjustment for staff.
- RL12 – Risk Management – guided the information to be presented to Council on the Risk Management Program.
- CRL5 – Monitoring Registrar Performance– guided the discussion of process to monitor Registrar performance

For Your Information:

ENDS PRIORITY #1: CONFIDENCE IN OCCUPATIONAL THERAPY REGULATION

Registration Program

The registration program focuses on registration renewal in the 4th quarter of each year.

Some Stats:

Total Number of Registrants

- There are 6123 registrants as of June 13, 2019.
- 478 registrants joined the College between June 1, 2018 and May 31, 2019 – this includes new applicants and previous members.

Renewal

- Renewal is due May 31 each year. Registrants have until the end of June to either renew or resign their registration or they will be suspended.
- At June 4, 2019, there were 30 outstanding renewals. Notices to suspend were sent and 16/30 have now renewed as of June 13, 2019.
- Last year 33 notices to suspend were sent.

Resignations

- About 294 individuals resigned their registration between June 1, 2018 and May 31, 2019 (some may have rejoined already and therefore not included in count).

- See below for reasons indicated for resigning and the number of individuals:

Reason	Count
Leave of absence	120
Retiring	59
Other	39
Leaving province	30
Leaving country	19
Changing profession	15
Resigned	8
Returned to school	4
Grand Total	294

Communications Program

- To support the Quality Assurance program, the College released a “Top 5 QA Questions Answered” resource. This was sent to all registrants by email and was also available on our website.
 - The email had an excellent 75% open rate and the webpage had 1,165 pageviews.
- Communications released an employer outreach resource, which is now live on the website at: www.coto.org/employers
 - This page is a quick reference for employers of OTs to help explain their legal obligations and how they can work with the College to support patient and client safety
 - The next stage of this campaign is a sponsored employer outreach campaign on LinkedIn
- Working with the Investigations & Resolutions team, Communications released the ICRC Risk-Assessment Framework to create greater transparency and help the public understand how the College makes decisions about an OT’s practice or conduct.
 - We worked with the Citizen Advisory Group to get feedback and the resource is available online at: www.coto.org/risk-framework
- Communications is currently developing a public brochure for patients and clients to explain the role of the College and what to expect when working with an occupational therapist.
 - Mock-ups were shared with the Citizen Advisory Group for their feedback. The College has also recruited a group of OTs who have volunteered to share their thoughts.
- Communications is also developing two public-facing animated videos to explain the complaints process and what to expect when working with an OT.
 - Early drafts were shared with the Citizen Advisory Group and their feedback will be incorporated in the final versions.

ENDS PRIORITY #2: QUALITY PRACTICE BY OCCUPATIONAL THERAPISTS

Quality Assurance Program

- The program is happy to have Sonia Mistry devote all her time to the quality assurance program. Sonia will provide much needed assistance to the program’s efforts.
- The compliance with mandatory tools for the 2018-19 year was outstanding at over 99% for the Professional Development Plans, Self-Assessment and Prescribed Regulatory Education Module (PREP)
- The topic for the 2019/20 PREP will be ‘Managing Risks in Practice’. This learning will support registrants to provide safe, effective services.

- As of writing, we are awaiting to hear from the short list of vendors chosen to respond to our call for proposals to redesign the competency assessment processes.
- The program will proceed with an Interim Selection Process for individuals to engage in the competency assessment. The coaching model will be used by peer assessors when engaging registrants which has shown to improve the outcomes of the overall activity.

Practice Resource Program

- The practice resource staff have been to several university programs this quarter to deliver education related to scope of practice, controlled acts
- Sandra co-led an education session for OTA's and PTA's with the College of Physiotherapists about the role of the college and standards related to the supervision of OTAs.
- Sandra and Heather are currently working on a collaborative project with several other colleges related to consent and capacity
- Sandra participated with an Ontario Society of Occupational Therapists presentation about e-psychotherapy

Investigations and Resolutions Program (I and R)

- This year the I and R program benefited from the addition of a case manager. The result of this was an improved ability of the program to manage the volume of complaints and reports and ensure any outstanding requirements of registrants who received activities to complete, were followed up with in a timely manner. In this quarter, as you will see on the priority report, deadlines for letters to registrants were met 100% of the time.
- Next year, the goal for the program will be to reduce overall case completion time by enhancing the alternative dispute resolution process and tracking reasons for delays. Any changes to the processes will continue to ensure fair procedures for all involved and adequate investigations.
- As you will notice from the stats below, the number of registrar's investigations decreased. This is due to the decrease in the number of OTs with a lapse in liability insurance coverage.

I&R Statistics:

COMPLAINTS	
FISCAL YEAR	# COMPLAINTS
2013 / 2014	24
2014 / 2015	19
2015 / 2016	24
2016 / 2017	33
2017 / 2018	25
2018 / 2019	34

REGISTRAR'S INQUIRIES & INVESTIGATIONS	
FISCAL YEAR	# REPORTS
2013 / 2014	17
2014 / 2015	15
2015 / 2016	16
2016 / 2017	53
2017 / 2018	59
2018 / 2019	30

ENDS PRIORITY #3: SYSTEM IMPACT THROUGH COLLABORATION

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I have been elected for another term as President of ACOTRO at our meeting in May 2019. This year, ACOTRO developed a national position statement related to occupational therapy assistants. This is posted on the ACOTRO website.
- The ACOTRO AGM was held by teleconference on May 7, 2019, their annual report is in your FYI package.
- The College supported a forum, this spring, along with the College of Occupational Therapists of British Columbia to explore means of filling gaps for Internationally Educated OTs who have gone through the Substantial Equivalency Assessment System (SEAS), and have learning needs, or gaps. This is a challenging topic as the numbers of individuals this involves is too small to develop sustainable programs for just this group. The report of the outcome of this forum is not yet available, however, some good ideas were identified.
- CORECOM - ACOTRO has engaged with the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy University Programs (ACOTUP) to work together towards developing one set of competencies for the profession. The three organizations form the Steering Committee for the project. The project has now received its funding, has engaged a project manager, and has issued a Request for Proposals to identified vendors. The website for the project is www.corecomcanada.com. In addition, I presented along with representatives of the Steering Committee at the Canadian Association of Occupational Therapists annual conference in Niagara Falls in May 2019. The project has been well received by OT audiences.
- ACOTRO now has a representative on the Accreditation Committee for occupational therapy programs in Canada, which furthers the goal of all Canadian OT regulators to have appropriate input into educational programs for OT. There is a legislative expectation for regulators to approve education programs and currently our college uses the accreditation process as the method to do that. This representation will improve our College's understanding of the process.

Federation of Health Regulatory Colleges of Ontario (FHRCO)

- I have been re-elected as Vice President of this organization. This has helped me connect with other college representatives on the Executive and to stay abreast of the issues affecting regulation.
- The Federation has been focused on collaborative initiatives to assist colleges in fulfilling their regulatory roles. For example, I have just joined a working group exploring the role of regulatory colleges in responding to the Truth and Reconciliation Commission Report, 2015.

Ministry of Health and Long-Term Care (MOHLTC)

- Public Member appointments – As you will all know, we have recently had three new public members appointed to our Council. However, we have had several public members whose terms have expired leaving us with five of seven positions filled. The Public Appointment's Office is aware of the vacancies, however, the College has not learned if additional appointments are forthcoming. The public appointments process will be ongoing as all of our new members have only been appointed for one year, as opposed to the three-year terms of previous appointees.
- Psychotherapy - The College is continuing to work through the regulation development process with the ministry. This is on the Council agenda for discussion.

ENDS PRIORITY #4: EFFECTIVE FINANCIAL, ORGANIZATIONAL AND GOVERNANCE PRACTICES

2018/19 Operational Planning

- The fourth quarter of the year has passed, and an update will be presented at Council on the status of initiatives.

- This is the time of year where Council and Executive review the performance of the organization and the Registrar. The information presented today during the Registrar's report will assist Council to reflect on the outcomes for the organization in the previous year and communicate to the Registrar their level of satisfaction.

2019/20 Operational Planning

- A new fiscal year has started – June 1, and the operational initiatives for implementation within the final year of the strategic plan will be presented at the meeting.

College Operations

- As reported on the risk report, the College is exploring options for a renovation of our existing space to allow for long term staffing needs. The registrant base continues to grow by 3% each year, adding the need for more resources on a regular basis.

Staffing Update

- We are expecting some changes in the Investigations and Resolutions Program
 - Aoife will be taking a Parental leave of absence for at least a year,
 - Adrita Shah Noor, who is currently the Case Manager in the program will be assuming Aoife's responsibilities, as Manager of Investigations and Resolutions in her absence.
 - Carli Di Minni has been promoted to a coordinator role
 - We are saying farewell to Taya El-Asmar
 - We are recruiting for two temporary associates
- We are pleased to have Leslie Krempulec, OT, join our staff as our new Practice Resource Liaison
- Sonia Mistry, who has been split between the practice resource service and the quality assurance program will now move full time into the quality assurance program to provide additional support and resources.

See you at the meeting! Elinor



COUNCIL BRIEFING NOTE

Date: June 25, 2019
To: Council
From: Heather Binkle, Deputy Registrar
Subject: Priority Performance Report – Q4 (March 1, 2019 – May 31, 2019)

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Recommendation

THAT Council receives the Priority Performance Report for the fourth 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 fourth quarter (Q4) of the fiscal year, March 1, 2019 – May 31, 2019.

Discussion

Council is directed to the following in the report:

- Total number of active registrants – There is a decrease in registrants at the end of Q4 compared to Q3 (from 6257 registrants to 6113 registrants). This decrease in registrants is expected around renewal as registrants choose to retire or resign their registration at this time. It is expected the numbers will increase again following registration of new graduates. The College has routinely seen increasing registrant numbers by approximately 3% per annum.
- Total # of Practice Resource Service queries – Out of 1,382 total practice resource queries received 796 (58%) were phone calls, compared to 586 (42%) email queries. There is a decrease in number of Practice Resource queries in Q4 compared to Q4 FY17-18 (from 421 queries to 382 queries). The decrease may be linked to the new authority to occupational therapists for discretionary reporting of fitness to drive and the Practice Resource Service received numerous calls on this topic last year.
- % queries to the Practice Resource Service from members of the public – There was an increase in percentage of queries by members of the public from 9% Q4 FY17-18 to 20% Q4 FY18-19.
- # of Registration Committee decisions appealed to HPARB – There were 4 Registration Committee appeals to Health Professions Appeal and Review Board (HPARB) FY18-19 and Q4 FY17-18. This is of note as for the preceding 5 years, there have been no appeals to HPARB on Registration Committee decisions.
- # of queries received from employers (general information and practice) – There was an increase in the number of queries received from employers from 15 Q4 FY17-18 to 20 Q4 FY18-19.

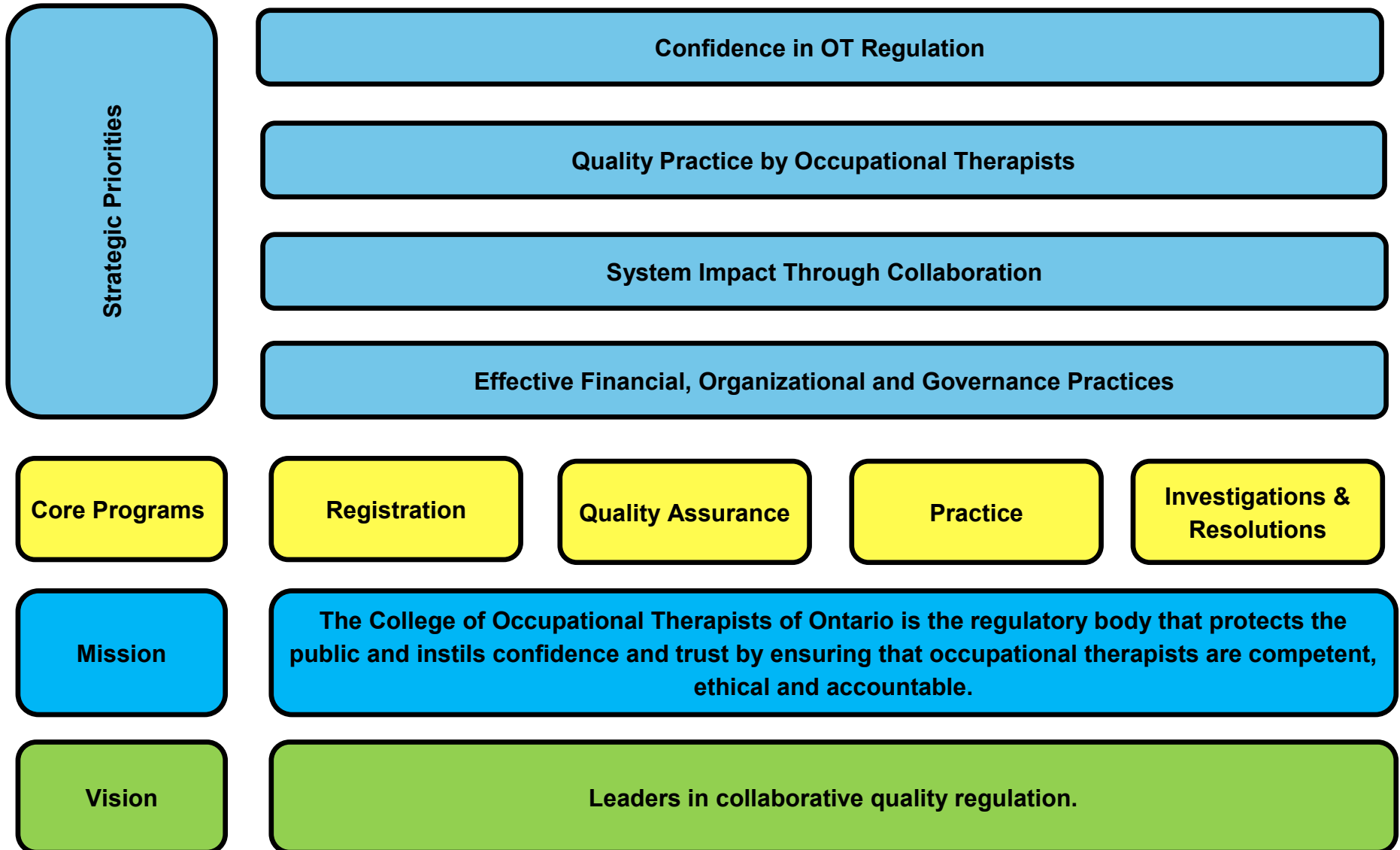
Council is invited to ask questions and provide comment on the Priority Performance Report.

Attachment

1. Strategic Priority Performance Report – Q4 (March 1, 2019 – May 31, 2019)



Strategic Framework 2020





Priority Performance Report 2018-2019

Q4 March 1, 2019 - May 31, 2019

Strategic Priority	Objective	Indicators	Targets	Outcomes					FY17-18 Q4	Comments	
				Q1	Q2	Q3	Q4	YTD			
Registrant Demographics	Registrant Demographics	Total number of active registrants	N/A	5939	6135	6257	6113	N/A	5977	At 5:00pm May 31, 2019 (Annual Renewal ongoing)	
		% of registrants in clinical practice	N/A	75%	75%	72%	75%	N/A	75%	At 5:00pm May 31, 2019	
		% of registrants in mixed practice	N/A	14%	14%	13%	14%	N/A	14%	At 5:00pm May 31, 2019	
		% of registrants in non-clinical practice	N/A	8%	8%	8%	8%	N/A	8%	At 5:00pm May 31, 2019	
		% self-employed registrants	N/A	26%	25%	24%	24%	N/A	25%	At 5:00pm May 31, 2019	
Confidence in OT Regulation	The public trusts occupational therapy regulation.	Total # of general information queries	N/A	357	595	330	618	1,900	852	431 calls to zero line and 187 emails to info@coto.org	
		% general information queries from members of the public	N/A	50%	41%	64%	39%	48%	21%	242/618 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	382	1,382	421	382 Total Practice calls and emails for Q4 2018-2019	
		% queries to the Practice Resource Service from members of the public	N/A	15%	15%	18%	20%	17%	9%	75/382 queries from non-registrants for Q4 2018-2019	
		Average # of visits to the public register/month	N/A	7,647	8,011	8,059	9,143	8,215	8,155	27,431 is the total number of visits to the public register over Q4 2018-2019, average is 9143 per month	
		Average # of unique visits to the public register/month	N/A	5,125	3,597	3,364	4,139	4,056	3,563	12,417 is the total number of unique visits to the public register over Q4 2018-2019, average is 4139 per month	
		Total # of coto.org website visits	N/A	26,635	33,695	31,935	53,105	145,370	50,105	Defined as total number of website sessions.	
		Average # of website users/month	N/A	5,125	8,696	7,230	9,248	7,575	9,793	Defined as visits to the website.	
	The College's input to government priorities and legislative initiatives is valued.	Stakeholders understand the role of the College and its value.	Total # of Consultation Submissions	N/A	1	1	0	0	2	2	
			# Education/Outreach Sessions Offered	N/A	1	10	2	4	17	9	Education and outreach sessions provided to: March 11- Mohawk College; March 12 – Queens University; March 19 – Webinar – OSOT; April 8 – Western University

Strategic Priority	Objective	Indicators	Targets	Outcomes					FY17-18 Q4	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	2	3	1	
		% of Registration Committee decisions upheld by HPARB	100%	N/A	100%	N/A	N/A	N/A	N/A	Q4 2018-2019 appeals are still in process
		# of applications reviewed by Registration Committee	N/A	0	4	5	2	11	5	
		Registration Statutory timelines are met	100%	N/A	100%	100%	100%	100%	100%	
		# of ICRC Decisions appealed to HPARB	N/A	0	0	0	3	3	1	
		% of ICRC Decisions upheld by HPARB	100%	N/A	*33%	N/A	N/A	N/A	100%	No HPARB decisions returned during Q4 *Additional detail added Re: Q2 - 3 HPARB decisions were received at the College. 1 ICRC decision was upheld, 2 were returned requiring further action.
		# of complaints received	N/A	*9	*8	*12	5	*34	9	*Error in reported data corrected
		# of Registrar's investigations initiated	N/A	*6	5	4	8	*23	36	*Includes mandatory reports Error in reported data corrected
		ICRC 14 day acknowledgement notification timeline met	100%	100%	100%	100%	100%	100%	100%	
		ICRC 150 day delay notifications sent to registrants and complainants by required date.	100%	100%	100%	100%	100%	100%	100%	
			90-99%							
			<90%							
		Percentage of Registrants with incomplete SA and PREP for 2018.	N/A	0.5%	<0.5%	<0.1%	< 0.1%	<0.1%	N/A	
		Percentage of Registrants compliant with annual QA requirements after QAC review	N/A	31%	N/A	75%	N/A	N/A	N/A	
Percentage of Registrants considered non-compliant with annual QA requirements after QAC review	N/A	69%	N/A	25%	< 0.1%	N/A	N/A			
# of Step 2 OTs issued a SCERP by QAC	N/A	0	0	0	0	0	N/A			
QA statutory timelines are met	100%	100%	100%	100%	100%	100%	100%			

Strategic Priority	Objective	Indicators	Targets	Outcomes					FY17-18 Q4	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%	93%	2018 PD Plan compliance numbers will be available on June 5, 2019
			90-99%							
			<90%							
		% registrant compliance with updating liability insurance information within 30 days of the scheduled expiry date.	100%	100%	99%	100%	97%	99%	97%	32 people total had insurance expiring between March 1 and May 31, 1 person updated their insurance more than 30 days after expiry
			90-99%							
			<90							
		# of OTs issued education and/or remediation by the ICRC with required follow-up (SCERP, caution, undertaking).	N/A	2	*6	0	0	8	2	*Error in reported data
	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%	80%	83%	91%	307/382 queries received from OTs
		% of general information queries from OTs	N/A	50%	60%	36%	61%	52%	79%	376/618
		Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)	N/A	2,021	3,999	2,648	3,905	12,573	3,422	3042 views for Standards for Practice and 863 views for A-Z resources
		# of new and returning applicant “Practising Without Authority” cases (per quarter)	0	1	1	2	0	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%	N/A	N/A	66%	No resource circulated for consultation in Q4
		Response Rates to College Consultations	N/A	pending	1.5%	*1%	N/A	N/A	1%	No consultations this quarter *Transcription error corrected
Open Rate on College newsletter		70%	70%	76%	71%	72%	72%	69%		
	>55%									
	40-54%									
	<40									
The College engages OTs to advance quality, ethical practice.	Click through rate on College newsletter	TBD	23%	30%	25%	20%	25%	20%		
	# of Views of relevant YouTube Videos	N/A	671	2315	676	1032	4694	1459	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%	78%	77%	69%	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 Q4	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	2	*9	1	Registration presentations on the Role of the College to Western University (March 18) and Queen's University (March 26) *Calculation error corrected	
	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	0	*1	0	*Transcription error corrected	
	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%								
			70-89%	100%	100%	100%	100%	100%	100%		
			<70%								
		# of formal interactions with system partners	N/A	0	1	*0	4	*5	2	ADP, FHRCO - consent and capacity WG, MOHLTC CPMF WG, Ministry of Training Colleges (OTA/PTA) *Transcription error corrected	
	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	20	58	15	14 queries to general line and 6 queries to practice line	
		# of mandatory reports received from employers (competence, capacity)	N/A	*2	*4	*2	0	8	4	*Error in reported data corrected	
# of mandatory privacy breach reports received from health information custodians (HICs)		N/A	0	0	1	0	1	1			



COUNCIL BRIEFING NOTE

Date: June 25, 2019
To: Council
From: Executive
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, who has reviewed the report and recommends Council receive the current report.

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

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. Council is currently constituted, so the original risk is mitigated, however, as of June 30, will be operating with the minimum number of public members. (5 of 7 members) This creates a new potential risk that the public members will not be able to fulfill the additional committee responsibilities and quorum for committee decisions may not be met.	1. Public members are appointed to multiple statutory committees to ensure quorum.	Action Plan: 1. Liaise with public appointment's office to facilitate the appointments process.

Risk Category	Risk	Control Procedure	Action Plan/Monitoring Process
	<p>2. Regulatory Modernization - unknown significant changes to college operations and mandate.</p> <p>(Note: Additionally, British Columbia has commissioned a report from Harry Cayton related to the functioning of their College of Dentists and the state of their enabling regulatory legislation. This report has been released with many recommendations that may have broader implications across Canada, including Ontario.)</p>	<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>Monitor through:</p> <ol style="list-style-type: none"> 1. FHRCO meetings and working group participation 2. Ministry updates 3. College networking updates <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Ministry of Health invited to speak to Council January 2019 2. College of Nurses invited to speak to Council about their governance proposals, January 2019. 3. Topic of regulatory modernization addressed at Council education day – October 2018. 4. Review the Cayton report and monitor actions in BC. 5. Governance working group started in April 2019. 6. Strategic planning process scheduled for October 2019.
Stakeholders	Lack of awareness, understanding or trust of the regulation of OTs by the public	<ol style="list-style-type: none"> 1. Identified as a strategic priority 2. Active involvement in FHRCO 3. Promotion of Ontario Health Regulators (OHR) website 4. FHRCO public awareness campaign 5. Plain language content regarding how the College protects the public 	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Effectiveness of Ontario Health Regulators public awareness campaign 2. Metrics and media scanning 3. Monitoring of political messages 4. Environmental scanning <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Strategic planning objectives – public communication objective 2. Partnership with Citizens Advisory Group to gain patient perspective and ensure effective messaging

Risk Category	Risk	Control Procedure	Action Plan/Monitoring Process
			<ol style="list-style-type: none"> 3. Incorporation of metrics to demonstrate value and impact of regulation. 4. Website refinement 5. COTO public engagement campaign – social media, videos 6. Outreach activities i.e. Google ads, Zoomer show and targeted Zoomer publications. 7. Targeted outreach to employers to promote partnerships with the College to ensure safe effective OT services.
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. 4. Liability insurance requirements for all OTs 5. Complaints mechanisms 6. Project plan in place with implementation date for QA Program redesign. 7. Interim competency assessment process to be implemented for 2019/20. 	<p>Monitor Through:</p> <ol style="list-style-type: none"> 1. Bi-monthly review of program redesign progress and approval by QAC 2. Quarterly registrar report 3. Priority Performance Report <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

Risk Category	Risk	Control Procedure	Action Plan/Monitoring Process
Operational	1. Current information systems/IT infrastructure not meeting the growing organizational needs.	<ol style="list-style-type: none"> 1. Dedicated resources for IT operations. 2. External vendors providing support 3. Contracts with vendors with service level agreements 4. Security audit completed – priority actions resolved. 	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Enterprise wide system review planned for the 2019-20 fiscal year. 2. Ongoing financial reserves created for development and maintenance of this critical college infrastructure.
	2. College human resource needs exceed existing space	<ol style="list-style-type: none"> 1. Review of options to maintain current premises. 2. Reserve premises fund to manage any changes needed to office space 3. Long term staffing planning 4. Connection with real estate agent to explore options 	<p>Monitoring Plan:</p> <ol style="list-style-type: none"> 1. Monitoring reserve levels 2. Monitoring lease expiration date <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Identification of space options 2. Identification of flexible working options



FINANCIAL REPORT

Date: June 25, 2019
To: Council
From: Executive Committee
Subject: March 2019 (10 months) Financial Report

Page 1 of 5

Recommendation

THAT Council approves the March 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 March 30, 2019;
 - **Statement of Operations** for the period June 1, 2018 to March 30, 2019;

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

(Please refer to the attached Statement of Financial Position as at March 30, 2019)

For interim financial reports prepared throughout the year, the short-term marketable securities balance will not align with the monthly BMO Investment Reports as 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. The deferred revenue funds 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 \$699,000 will be recognized as income over the period April 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 \$(9,057) represents the net amount on HST collected on fees less HST paid to suppliers for the purchase of goods and services. The fourth quarter return will be filed at the end of June.

The 'Net Assets' section of the Statement of Financial Position reflects the net surplus of \$722,306 for the period June 1, 2018 to March 30, 2019.

HIGHLIGHTS OF STATEMENT OF OPERATIONS

(Please refer to the attached Statement of Operations for the period of June 1, 2018 to March 30, 2019)

The net surplus of revenues over expenses for the ten months ending March 30, 2019 was \$722,306. For the same period last year, the surplus was \$576,046. The budget had projected a loss of \$58,063 for the first ten months and the results are approximately \$780,369 favourable to budget.

The major variances are:

- Revenue has exceeded budget by \$105,000 or 3.0%.
- Operational Initiatives are favourable to budget \$40,000. A delay in the commencement of the 2018 – 19 projects has generated this variance.
- Program Expenses are favourable to budget \$245,000. The Deputy Registrar vacancy delayed the commencement of the QA Continuing Competency project and the reversal of the I & R accrual has reduced the expenditures in this category significantly.
- Salaries and benefits expenses are favourable to budget by \$230,000.
 - This is partially due to the reversal of year end accruals totaling \$67,000.
 - Vacancies and delays in recruitment contributed an additional savings of \$145,000 as compared to budget. Key drivers for this variance include a delay in hiring for the Operations Associate, allocating the funding for the IT Manager position to the Document Management project for a consultant, and the decision to promote from within for a HR Coordinator instead of onboarding an additional resource.

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 \$490,000.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Quarterly	Up to date, HST return filed up to February 28, 2019. Next filing due June 30, 2019 for the period March 1, 2019 to May 31, 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 of March 30, 2019

	30-Mar-19	30-Mar-18
ASSETS		
Current assets		
Cash	624,133	1,837,652
Short-term marketable securities	4,075,531	2,776,909
Accounts receivable and prepaid expenses	61,990	23,347
Total current assets	4,761,653	4,637,908
Property and equipment, net of accumulated depreciation	154,865	221,879
TOTAL ASSETS	\$4,916,518	\$4,859,787
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	67,290	277,837
HST payable	(9,057)	1,960
Deferred revenue	669,002	945,393
Total current liabilities	727,235	1,225,189
Deferred lease inducement	16,423	19,503
Total liabilities	743,658	1,244,692
NET ASSETS		
Reserve funds	2,456,212	2,238,745
Invested in fixed assets	154,865	221,879
Unrestricted	839,478	578,424
Net income for the period	722,306	576,046
Total net assets	4,172,860	3,615,095
TOTAL LIABILITIES AND NET ASSETS	\$4,916,518	\$4,859,787

College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
 June 2018 through March 2019

	Actual YTD for 10 months ended March 2019	10 months Budget 2018-19	Variance %
REVENUES			
Registration fees	\$ 3,437,372	\$ 3,351,897	2.6%
Application fees	67,000	70,499	-5.0%
Professional corporation fees	13,250	11,235	17.9%
Interest income	33,287	16,613	100.4%
Other income	20,913	16,613	25.9%
TOTAL REVENUES	3,571,822	3,466,857	3.0%
EXPENSES			
Salaries and benefits	1,885,327	2,115,106	10.9%
Programs	32,365	278,267	88.4%
Communications	45,751	107,984	57.6%
Council	118,317	127,255	7.0%
Rent	240,956	262,525	8.2%
Information technology	116,736	128,750	9.3%
Other office operations	204,884	235,073	12.8%
Operational initiatives	103,376	143,702	28.1%
Professional fees	96,213	92,202	-4.4%
Capital equipment	5,592	34,056	83.6%
TOTAL EXPENSES	2,849,516	3,524,920	19.2%
SURPLUS (DEFICIT)	\$ 722,306	\$ (58,063)	

STATEMENT OF RESERVE FUNDS			
	Opening Balance June 1, 2018	Spent to Date/Change	Closing Balance March 30, 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	154,865	-	154,865
Unrestricted	839,478	-	839,478
Surplus (deficit) for the period		722,306	722,306
TOTAL RESERVES	\$ 3,452,343	\$ 720,517	\$ 4,172,860



COUNCIL BRIEFING NOTE

Date: June 25, 2019
To: Council
From: Executive Committee
Subject: Reserve Fund

Page 1 of 1

Recommendation

THAT Council approves the amended policy, Establishing and Maintaining Reserve Funds – Guidelines for Council Members, as presented.

Issue

In May 2019, Executive was presented with information regarding the amounts to be allocated to reserve funds. Included in this information was the creation of a newly designated reserve fund called the Enterprise Wide IT System Fund. As a result, the attached revision to the Establishing and Maintaining Reserve Funds Guidelines for Council Members has been updated to reflect this new reserve fund.

Public Interest in this Issue

Ensuring that our enterprise wide electronic system is efficient and effective in supporting the delivery of the statutory College mandate.

Background

As new reserve funds are developed or old reserve funds revised, it is required to update the Establishing and Maintaining Reserve Funds Guidelines for Council Members. This ensures that the guidelines remain current and the rationale and intended use for reserve funds is documented.

Implications

Once approved by Council, any recommended changes will be in effect immediately.

Attachment

Amended Establishing and Maintaining Reserve Funds – Guidelines for Council Members



ESTABLISHING AND MAINTAINING RESERVE FUNDS

Guidelines for Council Members

In order to cover variable and/or unforeseen costs and expenses, the College shall establish and maintain specific reserve funds. Council will approve the designated amounts/percentages.

1. Reserve Funds will be established for:

a. Hearings Reserve Fund

The Hearings Reserve Fund is designated to cover costs, including legal costs, for conducting discipline hearings, fitness to practice hearings, the Health Professions Appeal and Review Board registration appeal hearings and other hearings that may arise related to regulating the profession.

The amount to be maintained in this fund is \$350,000 or such other amount as may be determined by the Council.

b. Sexual Abuse Therapy and Counselling Reserve Fund

The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for funding for therapy and counselling. The amount to be maintained in this fund is \$18,000 or such other amount as may be determined by the Council.

c. Contingency Reserve Fund

The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget or to fund the College's obligations in extreme circumstances as determined and approved by Council including in the event that the College ceases to exist as a corporate statutory body.

The minimum amount of 3 months of budgeted operating expenses to a maximum of 6 months or such other amount as may be determined by Council.

d. The Premises Fund

The Premises Fund is designated to minimize the impact on the operating budget for major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount of \$500,000 or such other amount as may be determined by Council.

e. Enterprise Wide IT System Fund

The Enterprise Wide IT System Fund is designated to provide for the cost of implementing and/or maintaining an enterprise-wide, registrant-based electronic system that will support the delivery of the statutory College mandate in an efficient and effective manner. The minimum amount to be maintained in this fund is \$100,000 and maximum amount to be maintained in this fund is \$500,000, or such other amount as may be determined by Council.

2. Appropriations from the annual operating surplus to the approved levels of reserve funds shall be authorized by the Registrar.

Created: February 1997

Reviewed: October 2000, March 2007, October 2010, June 2012, January 2013, January 2016, January 2019

Revised: October 2017, June 2019



MEMO

Date: May 16, 2019
To: Nabila Mohammed, Director of Finance & Corporate Services
From: Elinor Larney, Registrar
Subject: Direction to Allocate Funds to the Reserve Funds

Page 1 of 1

Reserve funds have been established in policy. As of this date, the amounts in the designated reserve funds need to be reflected as presented in the chart below.

Allocated Reserve Fund	Reserve Fund Recommended Levels by Policy	Allocations at Year End 2018 2018 – 2019
Hearings Reserve Fund	\$350,000	\$350,000
Sexual Abuse Therapy & Counseling Reserve Fund	\$18,000	\$18,000
Contingency Reserve Fund	Minimum three to maximum six months expenses: \$854,850 - \$1,709,700	\$1,590,000 (5.6 months)
Premises Fund	Minimum: \$500,000	\$800,000
Enterprise Wide IT System Fund		\$125,000

The remainder of the funds after the above amounts have been identified in the allocated reserve funds will remain as unrestricted. Where expenditures have occurred in these designated funds during the FY19/20, please ensure that the funds are topped up to these levels.

Elinor Larney, MHSc., OT Reg. (Ont.)
Registrar



COUNCIL BRIEFING NOTE

Date: June 25, 2019
To: Council
From: Elinor Larney, Registrar, Nabila Mohammed, Director of Finance and Operations
Subject: FY19/20 Projected Budget

Page 1 of 2

Recommendation/Action Required

THAT Council reviews the FY19/20 Projected Budget as presented.

Background

The governance policies direct the budget planning process each year. The Registrar Limitations Policy RL4 – Financial Planning and Budgeting outlines the requirements of the financial planning process and has been taken into consideration while preparing the FY19/20 Projected Budget. Executive Committee has reviewed this budget in detail.

Discussion

There has been consistent 3% growth of occupational therapists in Ontario year over year. The College has continued to meet the increased demands of this growing registrant base, while still experiencing a surplus position.

For FY19/20 a balanced budget is projected. This budget was prepared based on the following plans and assumptions:

- The registrant base will continue to grow at 3% annually, resulting in an increase in revenue of 3%.
- Three new full-time positions will be recruited and filled. An additional staffing allocation will be added to the Quality Assurance Program (this will come from within the Practice Program). The continued growth in registrants is expected to support the onboarding of roles.
- A vacancy factor has been included in the budget for potential staff turnover.
- A cost of living increase has been planned for all College staff employed as of June 1, 2019. Additionally, merit increases based on historical trending have been estimated for eligible staff and accounted for in the budget.

The following considerations were made throughout the preparation of the FY19/20 budget:

- Program budgets are expected to be in line with FY18/19 actual expense trending and reflect spending on programs, not operational initiatives.
- Council expenses are expected to increase as a review of the governance structure is planned.
- The estimate for rent has been refined from the FY18/19 projected budget. It is expected rent will increase by 2% based on actual expenses in FY18/19 and recent trends.
- Operating and office expenses are expected to increase modestly.
- Operational initiatives have been determined based on strategic priorities and key risks. Initiatives have been moved from the program line to the initiative line, changing the way these are aligned. Estimates of the expected costs have been planned for.
- Depreciation has been calculated based on the carrying value of existing capital assets as well as expected capital expenditures for FY19/20.

College of Occupational Therapists of Ontario			
Projected Budget Summary 2019 – 2020			
		FY18/19 Projected Budget	FY19/20 Projected Budget
Income			
	Registration fees	4,173,692	4,392,000
Total Income		<u>4,173,692</u>	<u>4,392,000</u>
Expenses			
	Salaries and benefits	2,546,342	2,644,338
	Programs	335,000	202,000
	Communications	130,000	112,160
	Council/professional members	153,200	202,160
	Rent	316,050	292,817
	Information technology	155,000	143,035
	Office operations	283,000	300,640
	Operational initiatives	173,000	323,600
	Professional fees	111,000	84,000
	Capital equipment and depreciation	41,000	87,250
Total Expenses		<u>4,243,592</u>	<u>4,392,000</u>
Net Income		<u>(69,900)</u>	<u>0</u>



COUNCIL BRIEFING NOTE

Date: June 25, 2019
To: Council
From: Executive Committee
Subject: Review of Policies

Page 1 of 1

Recommendation

THAT Council approves the amended policies as listed:

- *RL1 Global Executive Constraint*
- *RL2 Treatment of Registrants*
- *RL3 Treatment of Staff*
- *RL4 Financial Planning and Budgeting*
- *RL5 Financial Condition and Activities*
- *RL6 Asset Protection*
- *RL7 Investments*
- *RL8 External Audit*
- *RL9 Emergency Registrar Replacement*
- *RL10 Compensation Administration*
- *RL11 Communication and Support to Council*
- *Guide for Review of Financial Information*

Issue

The attached policies are Council approved policies that are up for review – all policies are meant to be reviewed every three years.

Public Interest in this Issue

Ensuring that policies are up to date and functioning well is in the public interest so that the organization can function appropriately in completing its public protection duties.

Background

These policies have guided the organization in managing the finances of the College as well as ensuring that Registrants and staff are treated fairly. Executive has reviewed and suggested some revisions to these policies. These policies have not changed much since their development; therefore, some changes to the value of the financial limitations have been suggested to update them to current times. Some minor updates are also noted in 'track changes'.

Implications

Once approved by Council, any recommended changes will be in effect immediately.



College of Occupational Therapists of Ontario
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Policy Type:	Registrar Limitations
Policy Title:	Global Executive Constraint
Reference:	RL1
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	June 2016, June 2019

The Registrar will not cause or allow any practice, activity, decision, or organizational circumstance that is either unlawful, imprudent, or in violation of commonly accepted business and professional ethics.

With respect to interactions with others, the Registrar will not cause or allow conditions, procedures, or decisions that are unsafe, undignified, unnecessarily intrusive, or that fail to provide appropriate confidentiality or privacy.



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

Policy Type:	Registrar Limitations
Policy Title:	Treatment of Registrants
Reference:	RL2
Date Prepared:	December 2009
Date Revised:	March 2010 ₄
Date Reviewed:	June 2016 June 2019

With respect to interactions with registrants, the Registrar will not cause or allow conditions, procedures or decisions that are unlawful, unsafe, undignified, unnecessarily intrusive, or that fail to provide appropriate confidentiality or privacy.

Accordingly, the Registrar will not:

1. Fail to address and respond to registrants' concerns in a timely manner.
2. Fail to establish and maintain a process that communicates to registrants what may or may not be expected from the College.
3. Fail to use available methods of collecting, reviewing, transmitting or storing registrant information to protect against improper access to the material.



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

Policy Type: Registrar Limitations
Policy Title: Treatment of Staff
Reference: RL3
Date Prepared: December 2009
Date Revised: March 2010, [June 2019](#)
Date Reviewed: June 2016

With respect to the treatment of staff, the Registrar may not cause or allow conditions that are unlawful, unsafe, unfair or undignified.

Accordingly, the Registrar will not:

1. Operate without human resources policies that clarify procedures for staff, provide for effective handling of complaints, and protect against wrongful conditions ~~such as for example, human rights violations, violence or harassment in the workplace nepotism~~ and inappropriate preferential treatment.
2. ~~Prevent staff from complaining to Council when (1) internal complaints procedures have been exhausted and (2) the employee alleges that:~~
 - a. ~~Council policy has been violated to his or her detriment.~~
 - b. ~~Council policy does not adequately protect his or her human rights.~~
3. Fail to acquaint staff with their rights and obligations under this policy.
4. Fail to comply with applicable labor law in the province of Ontario.

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Commented [EL1]: All of the Human Resources policies have been recently updated and reviewed by COTO's lawyers. The handling of complaints is at the operations level. It is inappropriate to undermine the authority of the Registrar for staff issues unless there are extreme circumstances. There is no mechanism that would prevent an employee from contacting Council members, and any high risk issue would need to be reported to Council through the risk management program.

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Policy Type:	Registrar Limitations
Policy Title:	Financial Planning and Budgeting
Reference:	RL4
Date Prepared:	December 2009
Date Revised:	March 2010, <u>June 2019</u>
Date Reviewed:	June 2016

Financial planning for any fiscal year or the remaining part of any fiscal year will not deviate materially from the ~~Council's Ends priorities~~ Ends policies, risk fiscal jeopardy, or fail to be derived from a financial plan.

Accordingly, the Registrar will not allow financial planning that:

1. Contains too little information to enable credible projection of revenues and expenses, and contain separation of capital and operational items, cash flow, and disclosure of planning assumptions.
2. Fails to provide adequate cash flow to support operations throughout the year and to support reserves without Council approval.
3. Fails to allocate sufficient funds to satisfy ~~Ends priorities~~ operational requirements.
4. Fails to appropriately balance resources, both human and financial, between the budget and the Ends policies.
5. Fails to provide sufficient resources to support Council's ability to perform its leadership role.
6. Budgets a deficit greater than 3% of the revenue conservatively projected in any fiscal year ~~of more funds than are conservatively projected to be received in that period or~~ unless directed by Council.



Policy Type:	Registrar Limitations
Policy Title:	Financial Condition and Activities
Reference:	RL5
Date Prepared:	December 2009
Date Revised:	March 2010, <u>June 2019</u>
Date Reviewed:	June 2016

With respect to the actual, ongoing financial condition and activities, the Registrar will not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Council policies established in Ends policies.

Accordingly, the Registrar will not:

1. Expend more funds than have been received in the fiscal year to date, unless the debt guideline (below) is met or unless directed by Council.
2. Indebt the College in any amount, except as approved by Council.
3. Fail to maintain Sexual Abuse Therapy and Counselling and Hearings Funds for unexpected costs related to these matters.
4. Fail to follow the guidelines for Establishing and Maintaining Reserve Funds.
5. Fail to settle payroll and debts.
6. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
7. Fail to secure an additional executive signature for disbursements over ~~\$4015~~,000.
8. Make a single commitment of greater than ~~\$3050~~,000 that is outside the ~~approved~~ budget without prior approval of the Executive Committee and will not fail to notify Council on any such single commitment.
9. Make any financial or service commitment greater than 5 years, without prior approval from Council.

Debt Guidelines – Council Tolerance

1. Balanced budget minus 3%
2. Comply with any covenants stipulated by the bank.
3. Zero Tolerance to debt.



Policy Type:	Registrar Limitations
Policy Title:	Asset Protection
Reference:	RL6
Date Prepared:	December 2009
Date Revised:	March 2010, <u>June 2019</u>
Date Reviewed:	June 2016

The Registrar will not allow the assets of the College to be unprotected, inadequately maintained, or unnecessarily risked.

Accordingly, the Registrar will not:

1. Fail to insure against theft and casualty losses to at least 80% of replacement value and against liability losses to Council members, non-Council members of Council committees, staff, and the College itself.
2. Fail to maintain an appropriate risk management insurance policy and general liability insurance policy for the College.
3. Unnecessarily expose the College, its Council, or staff to claims of liability.
4. Make any purchase:
 - a. Wherein normally prudent protection has not been given against conflict of interest;
 - b. without having obtained, for purchases of services over \$30,000 with a new supplier, comparative prices and quality where prudent; and
 - c. without assuring the balance of long-term quality and cost.
5. Fail to protect intellectual property and information from inappropriate access, loss or significant damage.
6. Receive, process or disburse funds under controls which are insufficient or which fail to meet the Council appointed auditor's standards.
7. Fail to act in the best interest of the College with respect to the College's investments.
8. Use inappropriately, misuse or abscond funds of the College or fail to take reasonable protection against others doing so.
9. Purchase, mortgage or dispose of real property (i.e. land or buildings).
- 9.10. Enter into a lease agreement for property (i.e. land or buildings) without Executive Committee and Council approval.



Policy Type:	Registrar Limitations
Policy Title:	Investments
Reference:	RL7
Date Prepared:	December 2009
Date Revised:	March 2010, <u>June 2019</u>
Date Reviewed:	June 2016

The Registrar will not allow the College's investments to be unprotected, inadequately maintained, or unnecessarily risked.

Accordingly, the Registrar will not:

1. Invest in funds that do not allow for the preservation of capital, where "capital" is defined as the cost of the investment.
- ~~1. Fail to maintain liquidity necessary to meet the day to day cash requirements for College operations and planned capital investments. Fail to develop an annual investment plan for review by the Executive Committee.~~
2.
- ~~2.3. Invest or hold funds identified as surplus to the foreseeable requirements of day to day operations in investments of the College in instruments~~ other than those specified in the following guidelines:
 - a. Investments having a term of not more than ten years
 - b. Short-term investments
4. Fail to present annually the investment outcomes to Executive Committee.
- ~~3.5. Fail to present annually the investment plan outcomes to Council at the budget meeting.~~
- ~~4. Fail to present the investment outcomes quarterly to the Executive Committee.~~
- ~~5. Encumber any investments of the College unless approved by the Council.~~
6. Invest in funds that are not in Canadian dollars and issued by a Canadian institution.



College of Occupational Therapists of Ontario
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Policy Type: Registrar Limitations
Policy Title: External Audit
Reference: RL8
Date Prepared: December 2009
Date Revised: March 2010, June 2019
Date Reviewed: June 2016

Council will not fail to require and select an external, disinterested-neutral third party selected by Council to perform an operational and financial audit to assess compliance with Council and operational policies.

Accordingly, the Registrar will not:

1. Fail to provide for an annual external audit of financial performance by auditors appointed by Council.
2. Fail to provide a review of the auditor appointment at least every five years unless directed by Council.
3. Fail to support and manage the audit process.
4. Fail to allow for reasonable additional external audits if, or when, Council requests it.



Policy Type:	Registrar Limitations
Policy Title:	Emergency Registrar Replacement
Reference:	RL9
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	June 2016, June 2019

In order to protect Council from sudden loss of Registrar services, the Registrar will not fail to designate a Deputy Registrar familiar with Council and Registrar issues and processes.

Accordingly:

1. The designated Deputy Registrar may act in the absence of the Registrar until the Registrar returns, is permanently replaced or an interim Registrar is appointed.
2. The designated Deputy Registrar will not be expected to act in the absence of the Registrar for a period of longer than six months.
3. Alternatively, Council may appoint an interim Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar.
4. An interim Registrar may be expected to act in the absence of the Registrar for a period longer than six months.



Policy Type:	Registrar Limitations
Policy Title:	Compensation Administration
Reference:	RL10
Date Prepared:	December 2009
Date Revised:	March 2010, <u>June 2019</u>
Date Reviewed:	June 2016

Compensation for College staff will be based on fair market value in relation to the employee's assigned ~~tasks and level of responsibility,~~ position and ~~on~~ demonstrated performance. Compensation strategies are designed to both attract and retain competent staff.

Accordingly, the Registrar will not allow compensation administration that:

1. Fails to reflect a written position description including identified performance standards.
2. Fails to undertake an external salary review of market conditions every two (2) years unless directed by Council.
3. Fails to identify a salary range, with market minimum, ~~and market~~ median, and maximum points, ~~identified within the range~~. The median will represent the market competitive job rate for each position.
4. Fails to place new employees within this range based on the skills and experience they bring to their role at the College.
5. Fails to establish clear procedures for the application of economic and/or market adjustments to salary ranges and fails to communicate these procedures to all staff. Furthermore, clear procedures must be established and communicated for ~~performance bonuses,~~ merit increases based on performance.
6. Fails to establish a process for an annual review of individual performance based on previously established and measurable performance objectives.



Policy Type:	Registrar Limitations
Policy Title:	Communications and Support to Council
Reference:	RL11
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	June 2016, June 2019

The Registrar will not permit Council to be uninformed or unsupported in its work.

Accordingly, in a timely manner the Registrar will not:

1. Neglect to submit monitoring data required by Council (See policy CRL5 Monitoring Registrar Performance), in an accurate and understandable fashion, directly addressing provisions of Council policies being monitored.
2. Let Council be unaware of relevant trends, anticipated adverse media coverage, material internal and external changes, and particularly changes in the assumptions upon which Council policy has previously been established.
3. Fail to include appropriate stakeholder submissions in the meeting material to be reviewed by Council.
4. Fail to advise Council if, in the Registrar's opinion, Council is not in compliance with its own policies on Governance Process and Council Registrar Linkage, particularly in the case of Council behavior that is detrimental to the working relationship between Council and the Registrar.
5. Fail to collect for Council as many staff and external points of view, issues and opinions as needed for fully informed Council choices.
6. Present information in unnecessarily complex or lengthy form.
7. Fail to provide a mechanism for official Council, officer or committee communications
8. Fail to deal with Council as a whole except when:
 - a. Fulfilling appropriate individual requests for information; or
 - b. responding to officers or committees duly charged by Council.
9. Fail to report an actual or anticipated non-compliance with any Council policy.
10. Fail to provide the approved minutes of Council and the Executive Committee to Council.



COUNCIL REFERENCE MATERIAL

Guide for Review of Financial Information

This guide is provided for Council members to use as a reference in their review of standard financial information that is provided in their council meeting packages.

The Financial Report provided typically includes highlights of the financial statements, an update on statutory remittances and filings and updated financial statements. Typically, this information would include a Financial Report and a Balance Sheet. The checklist provides general tips on what to look for when reviewing these two items the Financial Report and also provides general tips regarding financial responsibility.

CHECKLIST FOR REVIEWING FINANCIAL INFORMATION

Financial Report:

- ✓ Review the Highlights of the Financial Statements for a summary of the overall financial picture. ~~first paragraph in Financial Report for overall financial picture.~~
- ✓ Check that the status of remittance payments are being reported ~~on Financial Report.~~
(Note: Remittance payments are those payments a company is required to make to government. This includes HST and payroll remittances (EI, CPP, Income Tax).
- ✓ Review spending in Reserve Funds on the Statement of Reserve Funds.
- ~~✓ Review investment level information.~~

~~Balance Sheet~~ Financial Statements:

- ✓ Check HST Payable on the ~~balance sheet~~ Statement of Financial Position (verify that number is changing quarterly).
- ✓ ~~Verify that~~ Review the Deferred Revenue balance. If it is going down each reporting period within the fiscal year then it is being allocated to operations on a regular basis. is going down each report (and therefore being allocated to operations).
- ✓ Check that the College has the funds to cover its debts.
- ~~✓ Verify (by comparing Year End balance sheet) that College Equity is not decreasing each consecutive year.~~
- ✓ Ask about any negative numbers.



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General:

- ✓ Feel free to ask general question at the Council meeting e.g. verify no conflict of interests exists with auditor relationship or that of any other stakeholder.



COUNCIL BRIEFING NOTE

Date: June 25, 2019
To: Council
From: Executive
Subject: Standards for Infection Prevention and Control

Page 1 of 3

Recommendation

THAT Council approves the draft Standards for Infection Prevention and Control as presented for publication.

Issue for discussion

The Standards for Infection Prevention and Control (2019) will replace the Standards for Infection Control (2006).

In October 2018, Council approved the circulation of the draft Standards for Infection Prevention and Control. The public consultation was open from December 6, 2018 to January 8, 2019. During this time period, the College also consulted with Public Health Ontario (PHO) and received feedback on the draft Standards on December 10, 2018.

Based on the feedback from the public consultation and the consultation with PHO, the draft Standards for Infection Prevention and Control (2019) were revised and presented to Practice Issues Subcommittee at the February 5th and May 2nd, 2019 meetings. Subcommittee recommended that the draft Standards for Infection Prevention and Control (2019) go forward to Executive following minor edits.

Executive reviewed the Standards at their meeting on May 16th, 2019 and recommended that they be approved by Council for publication.

Public Interest in this Issue

To ensure that occupational therapists are aware of the minimum expectations for infection prevention and control within their practice which will support safe and competent care for clients.

Background

This chart summarizes the development and revisions of the draft Standards for Infection Prevention and Control. (*Please note that there are gaps in the timeframe of its progression due to other priorities in the Practice Issues Subcommittee Workplan that arose.)

Date	Action	Outcome
2006		Standards for Infection Control originally issued.
October 8, 2014	Revised Standards presented to Executive	Executive provided feedback and did not agree that the Standards were ready for review by Council.

COUNCIL BRIEFING NOTE

Standards for Infection Prevention and Control

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Date	Action	Outcome
December 16, 2014	Revised Standards reviewed by Practice Issues Subcommittee	PISC made minor edits and recommended the revised Standards be reviewed by Executive.
December 24, 2014	Stakeholder with experience in infection control, reviewed the revised Standards and provided feedback	Recommendations: <ul style="list-style-type: none"> - Language be clarified - Inclusion of more examples in OT practice - Incorporate additional resources for infection control issues related to food handling and bed bugs
January 13, 2015	Revised Standards presented to Executive	Executive recommended that the revised Standards be approved by Council for stakeholder consultation.
January 29, 2015	Revised Standards presented to Council	Council approved the revised Standards for consultation.
November 2015	College staff reviewed the Revised Standards prior to circulation and determined that some of the information referenced was outdated and many of the website links were no longer accessible.	Revised Standards were not sent for consultation.
December 2017	Revised Standards were re-examined and revised by College staff.	Outdated references, appendices, and website links were removed.
March 6, 2018	Revised Standards reviewed by Practice Issues Subcommittee	Practice Issues Subcommittee was satisfied with the revisions and recommended that the Standards be reviewed by Executive.
September 2018	College staff reviewed the Revised Standards and consolidated performance indicators and preambles. Resource list was updated.	Revised Standards prepared for Executive review.
October 2018	Revised Standards reviewed by Executive	Executive recommended that the revised Standards be circulated for public consultation.
December 6 – January 8, 2018	Revised Standards went out for public consultation	College also engaged in a consultation with Public Health Ontario during this time period.
Date	Action	Outcome
February 5, 2019	Standards were revised post consultation and presented to Practice Issues Subcommittee	Practice Issues Subcommittee recommended minor edits.

COUNCIL BRIEFING NOTE

Standards for Infection Prevention and Control

Page 3 of 3

May 2, 2019	Revised Standards reviewed by Practice Issues Subcommittee	Minor edits completed. Practice Issues Subcommittee recommended that the Standards be progressed to Executive.
May 16, 2019	Revised Standards reviewed by Executive	Executive recommended that the Standards be approved by Council for publication.

Discussion

Key changes to the draft Standards for Infection Prevention and Control:

1. **Format** - The Standards have been reformatted to comply with current College brand standards.
2. **Title** – The title of the Standards was changed from the Standards for Infection Control to the Standards for Infection Prevention and Control to reflect current terminology.
3. **Introduction** – The introduction was made more concise.
4. **Integration of Standards** – In response to committee feedback some standard statements and performance indicators were merged, changed or removed to reduce duplication and reflect more general language.
5. **Language** – In response to feedback from Public Health Ontario, language such as “best practices” and “evidence-based” were used throughout the Standard.
6. **Standard 4** – The name of the standard was changed to “Control of the environment” in response to feedback from Public Health Ontario. Information was added about the 3 classifications of equipment (non-critical, semi-critical, and critical) and best practices for reprocessing those classifications of equipment.

Decisions for Council

To approve the Standards for Infection Prevention and Control as presented for publication.

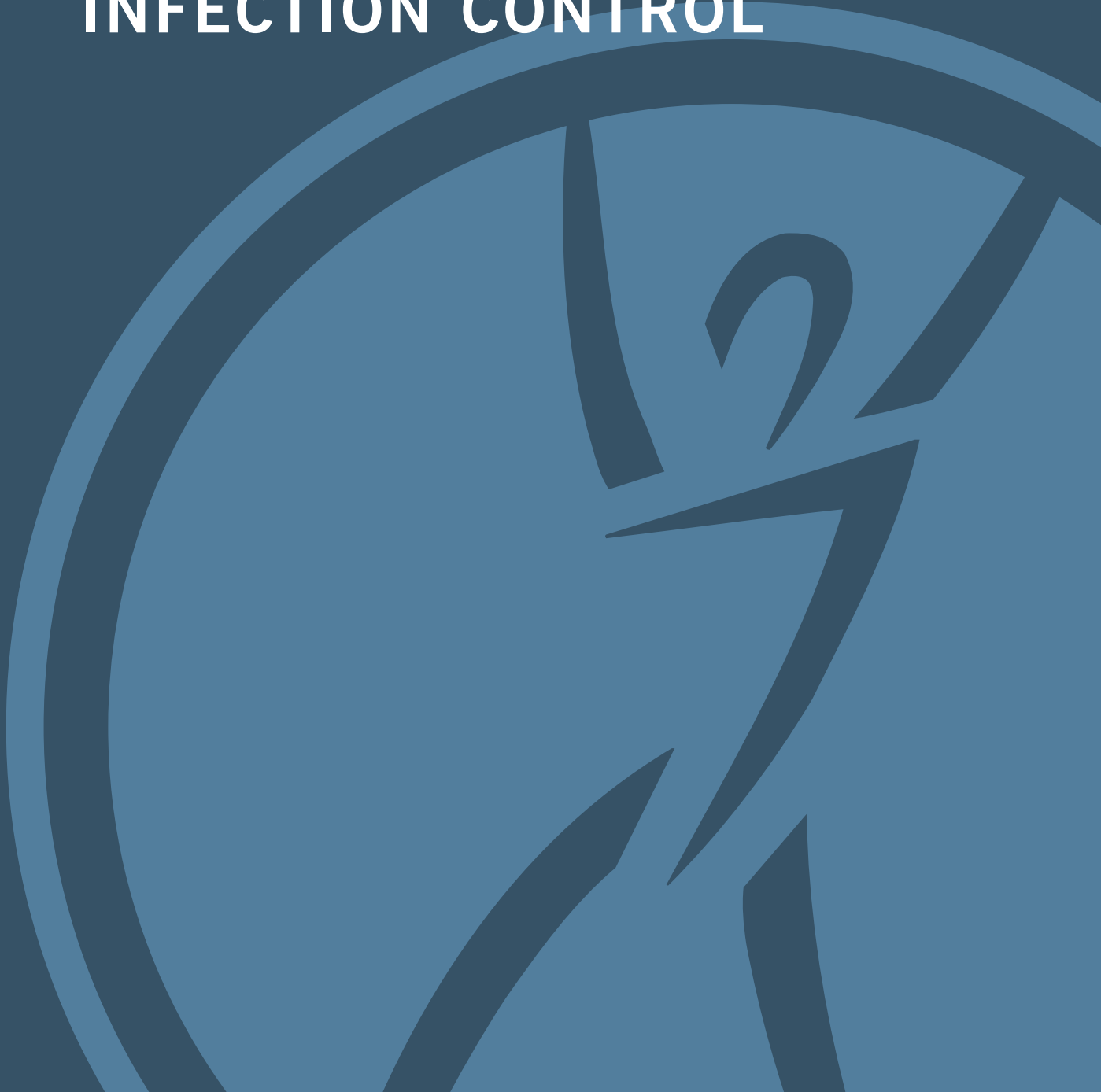
Attachment(s)

1. Draft Standards for Infection Prevention and Control (May 2019)
2. Link to the Standards for Infection Control (2006)
https://www.coto.org/docs/default-source/standards/infectioncontrol_standards.pdf?sfvrsn=2



College of Occupational
Therapists of Ontario

STANDARDS FOR INFECTION CONTROL





STANDARDS FOR INFECTION CONTROL

Store at Tab #2 of your Registrant Resource Binder

Introduction

Regulated health professionals must be aware that appropriate infection control is an integral part of practice. It plays a critical role in the health and safety of everyone involved, including health care providers, clients and their families.

Knowledge of infection control practice is continually growing and thus specific clinical advice continues to evolve. However, the basic principles that underlie appropriate infection control practice, and which define professional expectations in this area, remain constant.

This Standard describes the College's expectation of its registrants to ensure that occupational therapists must incorporate appropriate infection control measures into their professional practices.

Definitions

Infection Control

Measures practiced by healthcare personnel intended to prevent spread, transmission and acquisition of infection between clients, from occupational therapists to clients, and from clients to occupational therapists in the healthcare setting. Infection control measures are based on how an infectious agent is transmitted and include standard and additional precautions.

Standard Precautions

Also called routine precautions, these activities are to be used with all clients at all times. As a minimum, these measures include proper hand hygiene, appropriate work practices, and use of personal protective equipment where required. (The World Health Organization (WHO) uses the terms *Standard Precautions and Additional (transmission based) Precautions* to describe infection control practices. These terms are also currently acceptable and replace the terms *Universal Precautions* or *Body Substance Precautions*.)

STANDARDS FOR INFECTION CONTROL

Additional Precautions

Use of personal protective equipment in situations where there is risk of droplet or airborne transmission of infection.

Authoritative Source

Government (e.g. Ontario's Ministry of Health and Long Term Care or Health Canada) recommendations or requirements for health professionals' use of infection control measures. Includes health alerts, surveillance, screening and reporting of suspected Febrile Respiratory Illness (FRI) and Influenza-Like Illness (ILI).

Co-workers

All other members of the staff or health care team (including students) that are in contact, or share workspace, with the therapist or the client.

External Environment

Beyond the immediate clinical environment. Includes the local community and extends to the region where service delivery is provided.

Application of the Standards

- The Standards for Infection Control follow a three-step process whereby the therapist needs to **inform himself or herself** of the current information about the transmission, control protocols and prevention of infection; **assess** the risk of transmission of infection; and **apply** infection control measures to control or prevent such transmission.
- The **Standards** describe the minimum expectation for occupational therapists.
- The **Performance Indicators** listed below each Standard describe more specific behaviours that demonstrate the Standard has been met.
- It is not expected that all performance indicators will be evident all the time, but could be demonstrated if requested.
- There may be some situations where the therapist determines that a particular performance indicator is not relevant due to client factors and/or environmental factors.
- It is expected that therapists will always use their clinical judgement to determine how to best meet the client's needs in accordance with the standards of the profession.
- It is also expected that therapists will be able to provide the rationale for any variations from the Standard.

INFECTION CONTROL STANDARDS AND PERFORMANCE INDICATORS

1. Standard

An occupational therapist will **inform him or herself** of:

- (a) the current evidenced based infection control protocols relevant to his or her professional practice and;
- (b) the risk factors for infection and transmission of infectious agents in a changing environment.

Performance Indicators

An occupational therapist will:

1. Be able to identify and access the authoritative sources of infection control protocols that are relevant to his or her practice circumstances;
2. Be aware of the significant changes to the infection control protocols relevant to his or her practice circumstances;
3. Be able to identify the infection control risks associated with the treatment interventions and clients associated with his or her professional practice;
4. Demonstrate current knowledge of infection control risks, concerns, and expectations in the external environment that may have implications upon his or her practice circumstances;

2. Standard

An occupational therapist will **assess** the degree of risk of infection and transmission of infection among clients, their families and co-workers through the application of his or her knowledge, skills and judgement, and/or in consultation with others, in the environment in which he or she conducts his or her professional practice.

Performance Indicators

An occupational therapist will:

1. Assess the degree of risk based on the type of assessments or treatment interventions planned or conducted;
2. Assess the degree of risk related to the disclosed health condition of the client being assessed or treated;
3. Assess the degree of risk associated with infection transmission to the internal and external practice environment;
4. Refer clients for consultation with other health care providers as necessary;

STANDARDS FOR INFECTION CONTROL

5. Consider the health status of other clients in relation to the risk of infection transmission;
6. Consider the health status of co-workers;
7. Consider the health status and immunization status of self;

3. Standard

An occupational therapist will **promote and apply standard and additional precautions** to minimize the risk of infection and transmission to others, using the results of the assessment of risk.

Performance Indicators

An occupational therapist will:

1. Establish and/or apply policies and procedures relevant to infection control in his or her practice that are intended to minimize the risk of transmission of infection;
2. Incorporate appropriate infection control protocols into his or her professional practice that include, as a minimum, requirements for:
 - (a) Hand washing;
 - (b) Use of protective barriers;
 - (c) Cleaning and/or sterilization of equipment;
 - (d) Managing wastes, including sharps;
3. Incorporate appropriate infection control protocols to minimize risks associated with infection transmission. This would include transmission between:
 - (a) clients;
 - (b) health practitioners;
 - (c) self;
 - (d) co-workers;
 - (e) others;
4. Provide, or advocate for adequate resources to support the appropriate infection control protocol;
5. Educate clients/families and colleagues, when required about the need for infection control and the minimum requirements for it, as it pertains to practice;
6. Advocate for safe practices in infection control;
7. Develop, communicate and document alternate plans of care, if there are no reasonable measures that can be taken to prevent transmission of infection;

References

College of Occupational Therapists of Ontario.
A Guide on Infection Control for Regulated Professionals.
www.coto.org

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Standards for Infection Prevention and Control

May 2019

Originally Issued 2006

Introduction

Occupational therapists (OTs) must be aware that appropriate infection prevention and control is integral to quality practice. Infection prevention and control plays a critical role in the health and safety of everyone involved including health care providers, clients, their families and the community. While knowledge of infection prevention and control practices is continually evolving as new evidence and conditions emerge, OTs' professional accountabilities remain constant and serve as the foundation for these Standards.

The purpose of these Standards is to ensure OTs in Ontario are aware of the minimum expectations for infection prevention and control within their practice. As a regulatory body, the College is not a subject matter expert in the science of infection prevention and control and does not develop best practices to be implemented by OTs. For that reason, the College consulted with Public Health Ontario (PHO) in the development and revision of these Standards. For the purposes of these Standards, OTs should access and refer to best practice documents from Public Health Ontario and the Provincial Infectious Diseases Advisory Committee (PIDAC). Refer to Appendix A. Other organizations providing advice, protocols, and best practices for infection prevention and control are also listed in Appendix A.

OTs are expected to adhere to the Standards for Infection Prevention and Control and be aware of all legislation, standards, and policies applicable to their area of practice and practice setting. Where practice setting policies exceed the requirements of these Standards, OTs are expected to adhere to the practice setting policies.

Application of the Standards for Infection Prevention and Control

- The following **standards** describe the minimum expectations for OTs when engaging in infection prevention and control practices.
- The **performance indicators** listed below each standard describe more specific behaviours that demonstrate the Standard has been met.
- It is not expected that all performance indicators will be evident all the time. It is expected performance indicators could be demonstrated if requested.
- It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.
- It is expected that therapists will be able to provide reasonable rationale for any variations from the Standard.

In the event of any conflict or inconsistency in these Standards for Infection Prevention and Control with any other College standards, the standards with the most recent issued or revised date prevail.

College standards contain practice parameters and standards which all OTs practising in Ontario should consider in the care of their clients and in the practice of the profession. College standards are developed in consultation with OTs and describe current professional expectations. College standards

may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Pursuant to *the Regulated Health Professions Act, 1991 (RHPA)*, the College is authorized to make regulations in relation to professional practice. The College's Professional Misconduct Regulation establishes that "contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession" constitutes grounds for professional misconduct.

Overview of the Standards for Infection Prevention and Control

1. Knowledge of Infection Prevention and Control Best Practices and Resources
2. Assessment of Risk
3. Application of Infection Prevention and Control Practices
4. Control of the Environment

Appendix A – Infection Prevention and Control Resources for Occupational Therapists

1. Knowledge of Infection Prevention and Control Best Practices and Resources

OTs are accountable to the public, the College, their clients, their employer and fellow employees. While large organizations such as hospitals, community service agencies and long-term care facilities may have infection control professionals leading the process for staff, OTs are still accountable for being aware of infection prevention and control best practices and resources for their practice setting. Additionally, OTs who operate private practices or are in independent practice, are also accountable for the development of infection prevention and control programs to address the needs for their practice setting.

For information on resources pertaining to infection prevention and control, please refer to Appendix A.

Standard 1

The OT will maintain knowledge of current evidence-based infection prevention and control best practices relevant to their practice setting.

Performance Indicators

An OT will:

- 1.1 Identify and access current infection prevention and control resources relevant to their practice setting that are based on infection prevention and control (IPAC) best

practices. These best practices should be obtained from Public Health Ontario and the Provincial Infectious Diseases Advisory Committee. (See Appendix A);

- 1.2 Demonstrate knowledge of the internal and external environment in which they practice and how it may impact the infection prevention and control best practices used in their practice setting.
-

2. Assessment of Risk

OTs must be aware of the risks of transmission of infection between clients, themselves, other health professionals, and the internal and external practice environment when determining which infection prevention and control best practices are to be used in the provision of service to clients. Additionally, OTs must consider their own health status and how that could affect the client during occupational therapy services. Finally, OTs must consider the health status of others around them when deciding whether to involve them in the client's care, treatment, and education.

It is important for OTs to perform a risk assessment to determine which infection prevention and control best practices should be utilized to reduce the risk of transmission of infection. The assessment of risk related to infection control should be ongoing throughout occupational therapy service delivery.

Standard 2

The OT will identify and assess the risk of transmission of infection associated with the treatment interventions and the client populations within their practice setting.

Performance Indicators

An OT will:

- Assess the degree of risk of transmission of infection based on:
- 2.1.1 the result of screening, assessment or treatment interventions planned or conducted;
 - 2.1.2 the disclosed health condition of the client;
 - 2.1.3 the health status of the OT, co-workers or colleagues;
 - 2.1.4 the potential for transmission of infection to the internal or external practice environment.
-
- 2.2 Communicate and document any identified risk of transmission of infection to other care providers and stakeholders to minimize risk to others while respecting client privacy and confidentiality;
-

2.3	Refer clients for consultation with other health care providers, as necessary;
2.4	Maintain awareness of the health status of clients and their family members in relation to the risk of infection transmission, where possible (e.g., consider implementing a process such as screening questions to learn about the health status of clients/families before completing a community visit or upon client arrival for an appointment);
2.5	Consider their own immunization status regarding personal health safety and the potential impact to others.

3. Application of Infection Prevention and Control Best Practices

OTs must be aware of current evidence-based infection prevention and control best practices and how to apply them in their practice setting. This includes ensuring there are written policies and procedures outlining infection prevention and control best practices that are being implemented. In Ontario, organizations such as Public Health Ontario (PHO) and the Provincial Infectious Diseases Advisory Committee (PIDAC) develop resources related to infection prevention and control. PHO states that “Infection Prevention and Control (IPAC) refers to those evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, other clients/patients/residents and visitors”.¹

Standard 3

The OT will apply current evidence-based infection prevention and control best practices in their practice setting.

Performance Indicators

An OT will:

3.1	Establish and/or apply infection prevention and control best practices relevant to their practice setting that are intended to minimize the risk of transmission of infection;
3.2	Incorporate appropriate infection prevention and control best practices into their practice setting that include, at minimum, requirements for:

¹ Public Health Ontario. <http://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/default.aspx>. Retrieved Jan 10, 2018.

	<ul style="list-style-type: none"> (a) Hand hygiene; (b) Selection and use of personal protective equipment (PPE); (c) Control of the environment (see Standard 4); (d) Cleaning, disinfecting and/or sterilizing equipment (see Standard 4);
3.3	<p>Incorporate appropriate infection control best practices to minimize risks associated with transmission of infection. This would include transmission between and from:</p> <ul style="list-style-type: none"> (a) Clients and their families; (b) Health practitioners; (c) The OT; (d) Co-workers; (e) Others; (f) Environments;
3.4	Advocate for adequate resources to support appropriate infection prevention and control best practices;
3.5	Educate the client and others about infection prevention and control best practices as they relate to service provision;
3.6	Develop, communicate and document alternate plan of care, if there are no reasonable actions that can be taken to prevent transmission of infection;
3.7	<p>Ensure a protocol is in place to address adverse events related to infection prevention and control.</p> <p>3.7.1 In collaboration with the client, consider an alternative practice location if unable to establish a safe practice environment at usual location due to reasons related to infection prevention and control.</p>

4. Control of the Environment

Control of the environment refers to measures that are built into health care settings that have been shown to reduce the risk of transmission of infection.² In occupational therapy practice, this includes taking measures to ensure that equipment, including supplies and devices, used in the delivery of services are cleaned and maintained appropriately. OTs must consider whether it is safe to reuse them with the same or different clients, under what circumstances reuse would be appropriate, and what cleaning and maintenance is required. Additionally, OTs must use their clinical judgement to determine when commonly used items such as pens or measuring tapes should be cleaned or discarded.

² Public Health Ontario. https://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf. Retrieved December 18, 2018.

In addition to infectious agents, OTs should also be aware of other environmental factors such as insect infestations or food borne illness that may impact client health and safety during occupational therapy practice. This may include implications for transmission from environment to environment in community settings. OTs are responsible to ensure they have knowledge related to food safety when performing activities such as cooking assessments. Information regarding food safety and management of infestations is made available by Health Canada, Public Health Ontario and local public health units.

Classification of Equipment Used in Practice and Best Practices for Reprocessing Equipment

According to Public Health Ontario (PHO), the equipment used by health professionals in their practice can be classified in three different ways: non-critical, semi-critical, and critical.³ Additionally, PHO refers to the steps taken to clean, disinfect, and sterilize medical equipment or devices as “reprocessing”. OTs must be knowledgeable about the different classifications of medical equipment as outlined by PHO and the best practices for cleaning, disinfecting or sterilizing them. OTs should adhere to the manufacturer’s instructions and/or guidelines to properly and regularly clean and/or disinfect equipment used in their practice setting.

The following chart outlines the classification system used by PHO and notes best practices for cleaning, disinfecting, and sterilizing them:

Classification of Equipment	Definitions and Examples	Best Practices for Reprocessing
Non-Critical equipment or devices	Those that do not touch the client directly or they only touch the client’s intact skin. Examples: splints, goniometers, blood pressure cuffs or stethoscopes.	Cleaning and may also require low-level disinfection or single use.
Semi-Critical equipment or devices	Those that come in contact with non-intact skin or mucous membranes, but do not penetrate them. Examples: respiratory equipment or probes.	Meticulous cleaning followed by, at a minimum, high-level disinfection.
Critical equipment or devices	Those that enter sterile tissues. Examples: indwelling catheter or footcare equipment.	Meticulous cleaning followed by sterilization.

³ Public Health Ontario.
https://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization_2013.pdf. Retrieved January 22, 2019.

Standard 4

The OT will incorporate current evidence-based infection prevention and control protocols for cleaning of the environment, and cleaning, disinfection and/or sterilization of equipment used in their practice setting.

Performance Indicators

An OT will:

4.1 Understand and apply evidence-based cleaning, disinfection and/or sterilization protocols for the physical environment;

4.2 Understand and apply evidence-based cleaning, disinfection and/or sterilization protocols for the devices and equipment used in their practice setting including:

- 4.2.1 Complying with the equipment manufacturer's instructions for use;
- 4.2.2 Complying with best practices for the cleaning of equipment including non-critical equipment and devices, semi-critical equipment and devices, and critical equipment and devices. These best practices should be obtained from Public Health Ontario and the Provincial Infectious Diseases Advisory Committee. (See Appendix A);

4.3 Routinely review and update protocols pertaining to cleaning, disinfection, and/or sterilization of devices and equipment used in their practice setting as best practices for infection prevention and control evolve;

4.4 Maintain documentation as outlined in the protocols regarding the cleaning, disinfection, and sterilization of devices and equipment used in their practice.

Note: Please refer to Standards for Record Keeping – Standard 10, Equipment Records.

References

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DRAFT

Appendix A

Infection Prevention and Control Resources for Occupational Therapists

Public Health Ontario – Infection Prevention and Control (IPAC)

<https://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/default.aspx>

- Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practice Documents
https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx
 - Best Practices for Environmental Cleaning for Prevention and Control of Infections
 - The Best Practices for Hand Hygiene
 - Infection Prevention and Control for Clinical Office Practice
 - Cleaning, Disinfection and Sterilization of Medical Equipment/Devices
- Public Health Ontario Online Learning
<https://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/Pages/default.aspx>
 - IPAC Core Competencies Course
 - Environmental Cleaning Toolkit
 - Just Clean Your Hands
 - Reprocessing in Community Healthcare Settings

Public Health Agency of Canada – Infection Control Guideline Series

<https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections.html>

Infection Prevention and Control Canada (IPAC) – Infection Prevention and Control Resources

<https://ipac-canada.org/infection-prevention-and-control-resources.php>

World Health Organization – Infection Prevention and Control

<http://www.who.int/infection-prevention/publications/en/>

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COUNCIL BRIEFING NOTE

Date: June 25, 2019
To: Council
From: Inquiries, Complaints and Reports Committee
Subject: Alternative Dispute Resolution Process and Eligibility Policy

Page 1 of 3

Recommendation

THAT Council approves the draft Alternative Dispute Resolution Process and Eligibility Policy, as presented.

Background

The *Health Professions Procedural Code* (the Code) enables the College to use Alternative Dispute Resolution (ADR), such as mediation, to resolve complaints. ADR cannot be used where the complaint involves sexual abuse allegations. Other than this limitation, the Code does not set out any additional requirements to help determine what types of complaints are best suited for ADR. Prior to the ADR provisions being introduced in the Code, the Health Professions Appeal and Review Board indicated in two decisions that it viewed health regulatory colleges' use of ADR favorably to resolve appropriate complaints, including disputes amongst members.

ADR, as it is currently defined in the *Regulated Health Professions Act* (the RHPA), was first introduced on June 4, 2009¹ as a means to resolve complaints. ADR is an informal process for resolving complaints. ADR is defined broadly in the Code to include "mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in disputes". While the College has offered mediation as a means to resolve complaints for many years, it is seldom used. Following the introduction of the 2017 amendments to the ADR provisions in the Code², which allow ADR to stop the clock running on the 150-day time limit to investigate and resolve complaints, the Investigations and Resolutions program, with the Registrar's approval, decided there would be value in enhancing the College's use of ADR to resolve complaints.

To give some context as to the College's use of ADR, since June 4, 2009, the Inquiries, Complaints and Reports Committee has issued decisions in approximately 243 complaint matters. During this same time period, only 4 complaint matters were resolved through ADR. The College currently has 1 active complaint going through the College's ADR process.

In May 2017, the former Director of Professional Misconduct at the College of Kinesiologists of Ontario (COKO) offered health regulators the opportunity to come together to discuss the development of an ADR facilitator roster; the development of a consistent ADR process across colleges; and, where possible, the development of consistent selection criteria. This College together with 6 other health regulators participated in this group led by COKO. A similar version of the policy you are being asked to review and approve was discussed as part of this group's work and I confirm that the version before you is substantially similar in content to ADR policies already adopted by COKO, the College of Midwives of

¹ That being the date certain 2007 amendments to the RHPA took effect. Although not strictly provided for in the legislation as a method to resolve complaints prior to June 4, 2009, some health regulatory colleges were employing ADR methods to achieve complaint resolution pre-2009.

² These amendments took effect on May 30, 2017, following the passing of the *Protecting Patients Act*, formerly known as Bill 87.

Ontario (CMO), and the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO). Other health regulators, including the College of Physicians and Surgeons of Ontario, appear to have recently been making efforts to enhance their use of ADR.

The College's ADR process involves the provision of mediation through an independent facilitator who has specialized training in conducting mediations. In addition to specifying the eligibility criteria, the draft policy you are being asked to review and approve, sets out in detail the College's ADR process.

Discussion

Why seek to enhance the Investigations and Resolutions program's use of mediation? There are many advantages to using mediation to resolve complaints, including:

- The mediation process often involves more extensive participation by the complainant and the OT.
- If a resolution is reached, it is often more meaningful to the parties because they participated in the process and agreed to the resolution reached prior to it being finalized.
- If a resolution is reached, mediation is quicker than going through the complaint investigation process.
- Mediators are specially trained to lay the groundwork for collaborative, non-confrontational problem solving between the parties. This helps preserve the relationship between the parties and can help the parties to identify and meet their underlying interests rather than focusing solely on the parties' stated positions.
- Where a resolution is reached, mediations are more cost effective for the College both from a staff resource perspective and a monetary perspective.
- Mediation offers the parties broader disposition options, such as requiring the OT to apologize or to issue a refund or amend an assessment report.
- When a resolution is reached, it can be rejected by the Registrar or Inquiries, Complaints and Reports Committee (ICRC) should it be determined that it does not adequately protect the public.

However, there are some disadvantages to mediation which should be kept in mind, such as:

- Mediation can lead to additional investigative delays and expense if the parties fail to find a resolution which is ratified by the Registrar or the ICRC.
- Mediation is not suitable for all types of complaints. Serious allegations ought to be processed through the usual investigation process. Moderate to high risk outcomes issued by the ICRC are published on an OT's profile on the public register, Find an Occupational Therapist. The results of a successful mediation are not made public on an OT's profile. If the College's mediation process is invoked inappropriately and used for cases where if the concerns are true and there is evidence to support them, a moderate to high risk outcome would issue, this would likely have the result of the College failing to meet its commitment to transparency and helping the public make informed choices about their OT service provider. Using mediation to resolve such complaints may also be viewed as action which seeks to protect the profession as opposed to the public which plays into the argument that the self-regulation model is inherently flawed and failing the people of Ontario.

COUNCIL BRIEFING NOTE

Alternative Dispute Resolution Process Policy

Page 3 of 3

The attached policy is intended to mitigate the risk of unsuitable or inappropriate complaints being selected by College staff for ADR. To achieve this, the policy specifies minimum selection criteria which must be met before a matter can be considered eligible for ADR. While the Code stipulates that it is the Registrar who has the authority to refer a matter to ADR, given the impracticability of requiring the Registrar to review all complaints on intake, this authority is delegated to the Investigations and Resolutions team acting on the Registrar's behalf. The attached policy is intended to ensure that College staff make good, consistent and fair decisions when determining whether a referral to ADR is the appropriate course of action to attempt to resolve a complaint.

Decisions for the Inquiries, Complaints and Reports Committee

To review and approve the attached policy which outlines the criteria that must be met for a complaint to be considered eligible for ADR, as presented.

Attachment(s)

Draft Alternative Dispute Resolution Process and Eligibility Policy



ALTERNATIVE DISPUTE RESOLUTION PROCESS AND ELIGIBILITY POLICY

9-20

Section:	Investigations and Resolutions
Applicable to:	College staff and Parties to Complaints
Approved by:	Council
Date Established:	June 25, 2019

Purpose:

The purpose of this policy is to outline the criteria that must be met in order for Investigations and Resolutions staff, acting on behalf of the Registrar, to consider a complaint eligible for Alternative Dispute Resolution (ADR).

Policy:

An Alternative Dispute Resolution (ADR) process can be an effective way in which to resolve complaints that satisfies both the complainant and the occupational therapist (OT) while serving to protect the public interest. The process is neither disciplinary in nature nor does it involve an investigation of the facts of the case. Instead, the process provides both parties to a complaint a confidential space to discuss the complainant's concerns openly, promotes accountability on the part of the OT and creates the opportunity for a mutually beneficial agreement to be reached which allows the complainant to be directly involved in the resolution of their complaint.

Procedure:

After a complaint has been filed with the College of Occupational Therapists of Ontario (the College) by a complainant, the following steps will occur:

- The complaint will be assessed, in accordance with the eligibility criteria set out below, as to whether on the face of it, the complaint is suitable for an ADR process.
- If it appears to be suitable, the complainant will be contacted by the College to canvass their interest in taking part in such a process.
- The occupational therapist (OT) will be notified of the complaint, as required by the *Health Professions Procedural Code* (the Code), and also canvassed as to their interest in taking part in ADR.



- Both parties must voluntarily agree to participate in ADR. Where such agreement exists, they will begin discussions with an ADR facilitator.
- There is no investigation on the facts of the case. The OT, as a regulated health professional, accepts the complainant's perspective and remains accountable for their conduct, including the care and/or services they provided.
- OTs are not expected to admit blame or wrong-doing, but to reflect on their conduct and/or practice and search for ways to improve their conduct and/or practice in the future.
- The facilitator is neutral but can suggest various options or advise when an option may be contrary to any governing legislation, such as the Code.
- The facilitator will communicate with the College as to the status of the process; to ensure the confidentiality of the ADR process is maintained, the facilitator will not disclose the contents of any discussions had with the parties to the College.
- The facilitator will have access to technical or practice advice through the College. Where necessary, the College will seek a person with the appropriate expertise and College staff will connect the facilitator with this expert.
- No details about any advice received by the facilitator from such an expert will be provided to the College. If practice advice is provided to the facilitator by one of the College's Practice Resource Liaisons, neither the Practice team nor the facilitator will share any details about the information discussed with the Investigations and Resolutions program.
- The facilitator will ensure that both parties continue to voluntarily consent to be a part of the process as they work towards a potential resolution. Either party can withdraw their consent at anytime during the process, at which point an investigation will follow.
- The College and/or the facilitator may end the process if it is evident that either party is abusing the process and/or not acting in good faith.
- The facilitator must disclose to the College any new concerns that are brought to light by either of the parties that would render the case not suitable for ADR, for example, that the OT committed sexual abuse.
- If the parties reach an agreement as to how to resolve the complaint, it will be provided to the Registrar for approval. Alternatively, the Registrar can, if he or she prefers, request that a panel of the Inquiries, Complaints and Reports Committee (ICRC) approve the agreement instead. Approval by either the Registrar or ICRC ensures the agreement is not contrary to the College's public protection mandate.
- Once a resolution has been decided and agreed upon by both parties and ratified by the Registrar or the ICRC, it is a full and final resolution to the matter. The complainant cannot file the same complaint again.
- If the OT does not comply with any terms of the agreement reached, this may be grounds for a registrar's investigation under s.75(1)(a) of the Code.
- If no agreement can be reached after 60 days of the matter being referred to ADR, the facilitator must notify the College. The parties and the College may collectively agree to extend the ADR process for up to an additional 60 days.
- If no agreement can be reached, an investigation will follow. The ADR facilitator will not take any part in the subsequent investigation.



- The process is confidential. The facilitator and both parties will sign confidentiality agreements prior to the initial ADR meeting. These will be kept on file by the College.
- Only a copy of the complaint, confidentiality forms, documentation related to consent, the ADR agreement, any documentation relating to its ratification, and any information regarding the completion of terms in the agreement are kept on the OT's file at the College. The ADR facilitator's notes are not obtained by the College.
- ADR agreements are not made public but are kept on the OT's internal record. While not considered prior history, as defined in the Code, the matter may be considered by College staff and the ICRC in the assessment of any future complaints or reports made about the OT.

Decision criteria:

Upon receipt of a complaint filed with the College or at any point prior to a final decision or referral made by the ICRC, the College will determine if the complaint is eligible for ADR.

ADR will not be used if:

- The concerns involve sexual abuse.
- The concerns involve incapacity.
- The concerns may be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process (frivolous and vexatious).
- The OT has previously been referred to the Discipline Committee.
- The OT has had a complaint (or complaints), in the preceding 3 years, raising related or similar fact concerns that were not referred to the Discipline Committee, but were considered by the ICRC.
- The Investigations and Resolutions program believes that public protection requires a formal investigation because the concerns involve:
 - physical, emotional or financial abuse;¹
 - fraud or significant and intentional dishonesty;
 - practice issues that are considered to be medium or high risk to public safety; or
 - a vulnerable complainant.²
- The Investigations and Resolutions program believes that, either because of the circumstances of the complaint or the parties, ADR would be ineffective and/or not serve the public interest.

¹ A dispute over the billing may not constitute financial abuse and may be suitable for ADR. Financial abuse would be considered in a situation where the OT took advantage of the therapeutic client relationship to influence a patient/client in their financial matters.

² By reasons related to age, disability, illness, trauma, emotional state or similar causes.



ADR cannot be used to resolve some of the concerns raised in a complaint. If all of the concerns in a complaint do not meet the eligibility criteria listed above, the complaint must be investigated and addressed by the ICRC.

Outcome:

1. The complaint may be deemed eligible to refer, with the consent of the parties, to ADR.
2. The complaint may be deemed ineligible for ADR and the complaint will be investigated by College staff, on behalf of the ICRC, or brought to the ICRC's attention to consider if the concerns are frivolous and vexatious.

Legal References:

Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18

25.1 (1) The Registrar may, with the consent of both the complainant and the member, refer the complainant and the member to an alternative dispute resolution process,

(a) if the matter has not yet been referred to the Discipline Committee under section 26; and

(b) if the matter does not involve an allegation of sexual abuse. 2007, c. 10, Sched. M, s. 30.

(2) Despite this or any other Act, all communications at an alternative dispute resolution process and the facilitator's notes and records shall remain confidential and be deemed to have been made without prejudice to the parties in any proceeding. 2007, c. 10, Sched. M, s. 30.

(3) The person who acts as the alternative dispute resolution facilitator shall not participate in any proceeding concerning the same matter. 2007, c. 10, Sched. M, s. 30.

(4) If the complainant and the member reach a resolution of the complaint through alternative dispute resolution, they shall advise the Registrar of the resolution, and the Registrar may,

(a) adopt the proposed resolution; or

(b) refer the decision of whether or not to adopt the proposed resolution to the panel. 2017, c. 11, Sched. 5, s. 13.

(5) Where the Registrar makes a referral to the panel under clause (4) (b), the panel may,

(a) adopt the proposed resolution; or

(b) continue with its investigation of the complaint. 2017, c. 11, Sched. 5, s. 13.

(6) If the complainant and the member do not reach a resolution of the complaint within 60 days of a referral to alternative dispute resolution under subsection (1), the Registrar or the panel shall not adopt any resolution reached after that date and the panel shall proceed with its investigation of the complaint. 2017, c. 11, Sched. 5, s. 13.



(7) Despite subsection (6), the Registrar or the panel may, where the Registrar or the panel believes it is in the public interest to do so, and with the agreement of the complainant and the member, adopt a resolution reached within 120 days of a referral to alternative dispute resolution under subsection (1). 2017, c. 11, Sched. 5, s. 13.

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COMMITTEE REPORT TO COUNCIL

Committee: Executive
Chair: Julie Entwistle
Date: June 25, 2019

Page 1 of 2

Tasks completed since the last Council Meeting

Executive has had two teleconferences and two in-person meetings since the last Council meeting on March 28, 2019. Executive key priorities since the last council meeting were to approve committee composition and changes related to incoming and outgoing public members, review financial policies and the proposed budget and plan for Council's strategic planning exercise this fall.

Activities included:

- Oriented new and returning members of executive to the work of the committee. Orientation included a review of Human Rights legislation and how it pertains to the work of the College and the Executive Committee in particular
- Reviewed and approved committee composition and subsequent changes
- Appointed Leona Pereira, OT to the Practice Issues Subcommittee as a non-council member
- Reviewed the proposed revised Standards for Infection Prevention and Control and recommended that Council approve them
- Reviewed and revised as appropriate, Council Policies – Category, Registrar's Limitations and related guidelines – for Council approval
- Reviewed the Project Budget, and forwarded this on to Council for their review
- Reviewed three proposals from consultants to facilitate the College's strategic planning process and selected Carolyn Everson
- Met with Carolyn Everson to kick off the strategic planning process
- Reviewed the Guidelines for Allocations to the Reserves, and one proposed additional reserve fund, to support the Enterprise Information Technology Processes at the College. This is forwarded on to Council for their approval.
- Reviewed the Risk Register in its entirety and reviewed the Risk Management Report.
- Reviewed the Priority Performance Report
- Reviewed the proposed changes to the Regulation for Psychotherapy, incurred as a result of discussions with the Ministry of Health and Long -Term Care policy analyst
- Met with the Auditor, to review the process for the audit of College finances
- Reviewed the process for the performance review of the Registrar

Key Priorities

Oversight of the Strategic Planning Process
Oversight of the Audit, approval of Financial Statements
Oversight of the Risk Management Program

Leadership Priorities

1. Confidence in occupational therapy regulation:

Collaboration with the Ministry of Health and Long-Term Care to ensure the regulations for the performance of psychotherapy by occupational therapists are appropriate to ensure public protection.

2. Quality practice by occupational therapists:

Ongoing support to the Practice Issues Subcommittee that provides guidance to occupational therapists on safe effective practice.

3. System impact through collaboration:

Items for Decision/Discussion

- Standards for Infection Prevention and Control
- Registrar Limitation Policies RL1 to RL11, Guide for Review of Financial Information
- Guidelines for Allocations to the Reserves
- Risk Management Report
- Regulations for Psychotherapy
- Priority Performance Report



COMMITTEE REPORT TO COUNCIL

Committee: Practice Issues Subcommittee
Chair: Donna Barker
Date: June 25, 2019

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Tasks completed since the last Council Meeting

- Practice Issues Subcommittee had one in-person meeting on May 2nd, 2019.
- Subcommittee member Sylvia Boddener completed her second 3-year term on June 14, 2019 and is not eligible for reappointment. Subcommittee put forward the name of Leona Pereira for appointment to Practice Issues Subcommittee by the Executive Committee to fill the immediate vacancy. Executive approved the appointment of Ms. Pereira to Practice Issues Subcommittee for a 3-year term commencing June 15th, 2019.

Key Priorities

The Subcommittee continues to work on priority items as identified in the 2019-2020 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 to the following College documents for 2019-2020:

- Standards for Occupational Therapy Assessments (in progress)
- Standards for Acupuncture (in progress)
- Guide to Independent Practice – now titled Guidelines for Private Practice (completed – Council Approved)
- Standards for Infection Prevention and Control (awaiting Council approval)
- Guide to the Child, Youth and Family Services Act (in progress)

3. System impact through collaboration: N/A

Items for Decision/Discussion:

Standards for Infection Prevention and Control is before Council for review and approval.



COMMITTEE REPORT TO COUNCIL

Committee: Registration Committee

Chair: Jennifer Henderson

Date: June 25, 2019

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Tasks completed since the last Council Meeting

The Committee met once since the last Council meeting. The Committee meeting was held in person on June 5, 2019.

Cases Reviewed

None

Health Professions Appeal and Review Board

2 reviews in process.

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:

A Registration Committee orientation session was provided by the Chair of the Registration Committee and the Manager of Registration at the meeting. Topics covered included: code of conduct, mandate, authority, composition, entry-to-practice requirements, and types of case reviews.

A legal orientation to the Registration Committee and to the decision-making process was provided by Erica Richler, College legal counsel, at the meeting. Topics covered included: human rights considerations, requests for accommodation, bias, exemptions, and the Office of the Fairness Commissioner.

2. Quality practice by occupational therapists:

The Committee reviewed and discussed the November 2018 Canadian Association of Occupational Therapists (CAOT) National Occupational Therapy Certification Examination (NOTCE) Technical Report. Currently, the NOTCE is the approved exam in Ontario. The Committee will continue to monitor this area, as successful completion of the exam is one of the key indicators that applicants to the College have demonstrated adequate entry-level knowledge to meet entry to practise requirements

- 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: June 25, 2019

Page 1 of 3

Tasks completed since the last Council Meeting

Since the last report to Council, the Committee held 1 in-person meeting for the Committee as a whole. During the group meeting, the Committee engaged in a half day training session with the Investigations and Resolutions Case Manager, Adrita Shah Noor. In addition to orienting all members to the Committee, the training looked at the role and jurisdiction of the Committee and set out the legislative framework within which it operates. The training also explored how the *Human Rights Code* applies to the work of the Committee. As part of the human rights training provided, the Committee worked through case scenarios to better understand how to discharge its duties without breaching a person's human rights.

The Committee also discussed the fact that my term as an appointed public member to Council will end on June 30, 2019. The Committee's other public member, Vincent Samuel, kindly agreed that commencing on July 1, 2019, he will sit on both of the Committee's panels until a new public member is appointed to the Committee and this new member receives the necessary orientation and training.

During its recent meeting, the Committee also reviewed a number of case files. A summary of the Committee's case reviews is detailed in the table below:

Date of Meeting	Type of Case	Source of Case	Oral Decisions Made
June 7, 2019 Entire Committee	4 complaints 2 Registrar's investigations	3 complaints from client 1 complaint from client's family member 1 investigation based on information from College staff 1 employer's mandatory report	2 Take No Action 2 Preliminary F&V determination 1 Refer to Panel for Health Inquiry 1 Remedial Agreement

During the June 7, 2019 meeting, the Committee discussed the disposition formerly referred to as “no further action”. The Committee agreed that for oral decisions it makes on or after June 1, 2019, this disposition will be referred to as “take no action” and will be reflected as such in its written Decision and Reasons. Investigations and Resolutions staff advised the Committee that while take no further action is technically the correct wording to call this disposition, given that the Committee has already taken action; namely, it carried out an investigation into the concerns reported or complained of, its meaning is not necessarily intuitive to the public or indeed, the party(ies) to complaints or reports. Investigations and Resolutions staff further advised the Committee that the Quality Assurance Committee of the College uses the terminology “take no action” so the Committee agreed that it makes sense to move toward this language both for consistency’s sake and so the meaning of the disposition more easily understood. Having reviewed what terminology members of the Advisory Group for Regulatory Excellence use in their annual reports to describe this disposition, it was discovered that there is no consistency in the terms used to describe this ICRC disposition. The Ontario College of Pharmacists use "take no action" to describe it; the College of Physiotherapists of Ontario, the College of Physicians and Surgeons of Ontario and the Royal College of Dental Surgeons of Ontario use "no action"; and, the College of Optometrists of Ontario uses "no further action".

New ICRC Panel Composition

ICRC	
Panel A	Panel B
KS Joseph (Committee Chair)	Teri Shackleton (Chair of Panel B)
Shaheeza Hirji	Leanne Baker
Heather McFarlane	Daniel Fyke
Hricha Rakshit	Vincent Samuel
Julie Sutton	

Key Priorities

Continuing to ensure efficient and timely processing of complaints and reports (case files) and continue to ensure that the Committee’s investigation and decision-making processes are fair, neutral and fulfill the Committee’s public protection mandate.

At the Committee’s June 7, 2019 meeting, Investigations and Resolutions staff provided an update on the Committee’s average case completion times i.e. how long it takes the Committee to investigate complaints and reports, make a decision on them, and issue its written Decision and Reasons. The Committee agreed that in order to ensure the Committee is meeting its priority of processing case files in a timely manner, Investigations and Resolutions staff will commence formally tracking the reason for all delays arising in all case files. Investigations and Resolutions staff will report on the results of this data bi-annually to help the Committee better understand the types of delays which arise, and which are beyond the control of the Committee to abate, and those which are within the control of the Committee to address.

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:

The ICRC is bringing forward a draft policy on the College's use of alternative dispute resolution (ADR) to resolve complaints. This matter is addressed in a separate briefing note and will be discussed at agenda item #10.2.



COMMITTEE REPORT TO COUNCIL

Committee: Discipline Committee

Chair: Donna Barker

Date: June 25, 2019

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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: Patrick Hurteau
Date: June 25, 2019

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Tasks completed since the last Council Meeting

There have been no meetings of the Fitness to Practise Committee since the Committee's last report to Council and there are no pending referrals from the Inquiries, Complaints and Reports Committee.

Key Priorities

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

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

Chair: Mary Egan

Date: June 25, 2019

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Tasks completed since the last Council Meeting

- Committee participated in two teleconferences – one on April 29, 2019, the other on May 22, 2019 since the last Council Meeting

At the April 29, 2019 teleconference, QAC:

- Approved the content of the 2019 PREP on Critical Thinking and Professional Judgement Through an OT lens;

At the May 22, 2019 teleconference, QAC:

- Received a QA Program Update:
 - The **2018 Professional Development (PD) Plan Compliance rate is at: 98.5%** (as of June 10, 2019);
 - The **2019 Prescribed Regulatory Education Program (PREP)** is set to be **launched** to the membership via MyQA by the **end of June 2019**;
 - Committee had directed **three Peer and Practice Assessments** to take place as a result of registrant consecutive non-compliance with annual QA requirements as well as non-compliance with a QAC directive; *two of the three Peer and Practice Assessments have been deferred*; the third is taking place in June and the report will be reviewed by Committee for decision at their July 9, 2019 meeting.
- Approved **reappointment of** Quality Assurance Subcommittee member Christine Sniatala for a second three-year term;
- Approved the topic for the **2020 PREP to be: Managing Risks in OT Practice**;
- Provided feedback on the Request for Proposal (RFP) to be sent to the four short-listed vendors for the Assessing OTs Continuing Competence project (aka the new competency assessment process);
- Began discussions on the criteria to be used for the interim selection process for 30 peer and practice assessments over the 2019-2020 registration year (while the redevelopment project is taking place);
 - A decision was not made regarding the criteria;
 - Further Discussion and decision tabled to the July 9, 2019 meeting due to time constraints at the May 22, 2019 teleconference.

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 2020 PREP.

Leadership Priorities

1. Confidence in occupational therapy regulation:

The Committee continues to offer 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
- Considerations for the interim peer and practice assessment process.

2. Quality practice by occupational therapists:

The Committee is dedicated to guiding the development of the 2020 PREP to protect the public by providing education and resources on how to minimize risks in OT practice.

3. System impact through collaboration: N/A

Attachments

None



COMMITTEE REPORT TO COUNCIL

Committee: Patient Relations Committee
Chair: Jeannine Girard-Pearlman
Date: June 25, 2019

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Tasks completed since the last Council Meeting

Patient Relations Committee has not met since the last Council meeting on March 28, 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.

Meetings will be scheduled FY19-20 to progress the following, including 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 Prevention and Management of Conflict of Interest (2012) (Reformatted in 2016)
- Standards for Professional Boundaries (2015)
- Ongoing discussions about public engagement

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:**
Standards for the Prevention of Sexual Abuse are now posted on the College's website.
- 3. System impact through collaboration:**
Continued collaboration with the Citizens Advisory Group.

Items for Decision/Discussion

There are no items for decision at this time.



Council Meeting Evaluation

Meeting Date: June 25, 2019

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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.