



COUNCIL AGENDA

DATE: Thursday, October 29, 2020 **FROM:** 9:00 a.m. to 3:30 p.m.

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Agenda Item		Objective	Attachment	Time
1.0	Call to Order			9:00
2.0	Land Acknowledgement			
3.0	Welcome & Introductions			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda	Decision	✓	
6.0	Consent Agenda			
	<ul style="list-style-type: none">Draft Council Minutes of June 23, 2020Registrar's Written Report of October 29, 2020Committee Reports of October 29, 2020 for: <i>Executive, Practice Issues Subcommittee, Quality Assurance, Discipline, Inquiries Complaints & Reports, Fitness to Practise, Registration, Patient Relations and Governance</i>	Decision	All	
7.0	Audited Financial Statements / Annual Report			9:30
	7.1 2019-2020 Audited Financial Statements by Blair MacKenzie, Auditor of Hilborn LLP	Decision	✓	
	7.2 Acceptance of Annual Report	Decision	✓	
8.0	Registrar's Update			10:00
	8.1 Presentation: <i>Operational Status Report for Q1 FY 20/21</i> by Elinor Larney, Registrar	Information		
	8.2 FY20/21 Q1 Financial Report	Decision	✓	
	8.3 Five-Year Forecast	Information	✓	
	8.4 Risk Management Report	Decision	✓	
	8.4.1 Risk Management: College's Strategic Response to the COVID-19 Pandemic	Information	✓	
Break - 15 min				
9.0	Governance			11:00
	9.1 Elections Update – Districts 1 & 2	Information	✓	
	9.2 Committee Structure Changes	Decision	✓	
	9.3 Proposed Bylaw Amendments	Decision	✓	
	9.4 Appointment of Non-Council Members - ICRC	Decision	✓	
Lunch – 30 min				
10.0	Council Education			1:00

Agenda Item		Objective	Attachment	Time
	10.1 Presentation: <i>Looking Back to Move Forward</i> by: Lindsay DuPré & Dallas Fiddler	information		
Break – 15 min				
11.0	New Business			2:00
	11.1 Revised Standards for Assessments	Decision	✓	
	11.2 Revised Code of Ethics	Decision	✓	
12.0	Other Business			
	12.1 Council Meeting Evaluation	Complete & Submit	<i>Link to follow meeting</i>	
13.0	Next Meetings			
	Council Meeting: Thursday, January 28, 2021. 9:00 AM – 3:30 PM, Location TBA Council Meeting and Officer Elections: Thursday, March 25, 2021, 9:00 AM – 4:00 PM, Location TBA Council Meeting: Thursday, June 24, 2021, 9:00 AM – 3:30 PM, Location TBA			
14.0	Adjournment			



DRAFT COUNCIL MINUTES *(with Appendix)*

DATE: Tuesday, June 23, 2020 **FROM:** 9:00 a.m. – 2:30 p.m.

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In Attendance:

MEMBERS

Jeannine Girard-Pearlman, *Chair*
Donna Barker
Evelyn Chau
Michael Dauncey *(1.0-6.1, 6.3-7.1, 8.0-14.0)*
Mary Egan
Allan Freedman
Jennifer Henderson
Heather McFarlane
Carol Mieras *(2.0-8.1, 9.1-9.6)*
Aruna Mitra *(4.0-6.5, 8.0-14.0)*
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Peter Shenfield
Michelle Stinson
Sophie Xu

GUESTS

Julie Maciura, *Steinecke Maciura Leblanc (2.0)*

CALLERS/OBSERVERS *(Attended for an unspecified duration of time)*

Tovi Ander
Julie Entwistle
Sarah Kibaalya, *Ministry of Health of Ontario*
Multiple other unidentified individuals

STAFF

Elinor Larney, *Registrar*
Sandra Carter, *Practice Consultant*
Aoife Coghlan, *Acting Manager, Regulatory Affairs*
Idil Sophie Egeh, *Registration Associate*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Lesley Krempulec, *Practice Consultant*
Clara Lau, *Manager, Registration*
Nabila Mohammed, *Director of Finance and Corporate Services*
David Pham, *Information and Resource Associate*
Seema Sindwani, *Manager, Quality Assurance*
Nancy Stevenson, *Director of Communications*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order and Traditional Land Acknowledgement

Chair Jeannine Girard-Pearlman welcomed everyone, called the meeting to order and reminded Council members the purpose of the work of Council is to protect the public. The Chair read the new Land acknowledgement Statement (Appendix 1) which is the result of work by the College with Indigenous leaders.

2.0 Council Orientation

The Council Orientation session was held, facilitated by Julie Maciura and Nabila Mohammed.

3.0 Declaration of Conflict of Interest

The Chair asked for any declarations of conflict of interest. Two conflicts were declared: Teri Shackleton for item 7.2.1 and Jennifer Henderson for item 9.4. The Chair stated she would ask each member respectively to leave the meeting prior to discussions on these items.

4.0 Approval of Agenda

The Chair asked for changes to the agenda. None were reported.

MOVED BY: Michelle Stinson

SECONDED BY: Vincent Samuel

THAT the agenda be approved as presented.

CARRIED

5.0 Consent Agenda

Consent agenda items were presented for approval. As reported in the Executive Committee Report, the Chair brought to Council's attention that the Executive Committee, on behalf of Council, directed the Registrar to hold elections in Districts 1 & 2 to fill two vacancies for professional members.

Consent Agenda items included in this motion:

- *Draft Council Minutes of March 26, 2020*
- *Draft Council Election Minutes of March 26, 2020*
- *Draft Special Council Minutes of April 7, 2020*
- *Registrar's Report of June 23, 2020*
- *Executive Committee Report of June 23, 2020*
- *Practice Issues Committee Report of June 23, 2020*
- *Quality Assurance Committee Report of June 23, 2020*
- *Discipline Committee Report of June 23, 2020*
- *Inquiries, Complaints and Reports Committee Report of June 23, 2020*
- *Fitness to Practise Committee Report of June 23, 2020*
- *Registration Committee Report of June 23, 2020*
- *Patient Relations Committee Report of June 23, 2020*

MOVED BY: Carol Mieras

SECONDED BY: Allan Freedman

THAT Council approves the consent agenda items as presented.

CARRIED

6.0 Registrar's Report**6.1 Presentation: College's Strategic Response to COVID-19**

The Registrar provided an overview of the impact of the COVID-19 pandemic on College programs and activities over the last quarter. Council members joined in expressing sincere

appreciation to the Registrar and College staff for their hard work and commitment to continue to meet the College's mandate of public protection during this difficult time.

6.2 Presentation: *Operational Status Report for Q4 2019-2020*

The Registrar reported on specific operational areas of focus for Q4 (March 1, 2020 – May 31, 2020) related to the 2019-2020 Strategic Plan.

6.3 Presentation: *2019-2020 (Y3) Outcomes, Operational Plan for 2020-2023*

The Registrar reported on outcomes for Y3 of the 2017-2020 strategic plan, and operational initiatives for the 2020-2023 strategic plan.

6.4 Priority Performance Report

Council reviewed performance data for Q4 2019-2020 related to the College's progress on objectives as outlined in the 2017-2020 Strategic Plan. Indicators overall remained the same except for a marked increase in website traffic notably to the COVID-19 web page.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

THAT Council receives the Priority Performance Report for the fourth quarter of 2019-2020.

CARRIED

6.5 Risk Management Report

Elinor informed Council that the Executive performed the annual review of the Risk Register at their last meeting in June. Today's report highlights the five main risks and changes during this reporting period. With the appointment of three new public members in May, the risk of becoming not constituted was reduced and consequently, this item was downgraded and removed from the report. Finances and budget were upgraded to the high-risk level, while other risks and levels remain unchanged.

MOVED BY: Stephanie Schurr

SECONDED BY: Carol Mieras

THAT Council receives the Risk Management Report.

CARRIED

6.6 Registrar Evaluation Process

The Chair informed Council that the annual registrar evaluation will be conducted electronically during the month of July. She asked that members provide feedback to the best of their ability. Executive will review the results in mid-August and the Chair will meet with the Registrar for the one-on one performance review shortly thereafter.

7.0 Finance

7.1 June 2019 – April 2020 Financial Report

Nabila Mohammed presented the financial report and responded to questions.

MOVED BY: Peter Shenfield

SECONDED BY: Heather McFarlane

THAT Council receives the June 2019-April 2020 Financial Report, Statement of Financial Position and Statement of Operations, as presented.

CARRIED

7.2 FY20/21 Projected Budget

Nabila presented the 2020-2021 draft budget and responded to questions. Discussions focused on COVID-19 and the anticipated financial impact on cash flow and College operations, programs and activities. With Annual Renewal extended to August 31, a clearer financial picture will inform decisions after that date.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

THAT Council approves the projected budget for FY2020-2021.

CARRIED

7.2.1 Targeted Relief through a Financial Hardship Process

Teri Shackleton left the meeting with respect to her expressed conflict of interest with this item. The motion was set aside. Council held a lengthy discussion in response to a letter from the Ontario Society of Occupational Therapists (OSOT) on behalf of OTs, requesting a number of considerations, including a decrease in renewal fees for fiscal 2020-2021 because of financial hardship due to the COVID-19 pandemic, or a targeted decrease for those with the most financial hardship and the option of payment by installments. Council expressed compassion for those affected and considered the options requested and discussed other possible options. The college ruled out targeted decreases based on advice received from the College auditors and legal counsel, as they were deemed to put the College at legal risk. A general fee decrease was deemed not financially feasible as the College even now expects a general revenue decrease due to the extension of the renewal period and its resulting financial implications. Registrants have already been given the option of payment by installment. Council directed the Registrar to draft and send a response letter to OSOT.

8.0 Council Education

8.1 & 8.2 Presentation: *Making Risk-Based Regulation a Reality*

Seema Sindwani presented on the new OT Continuing Competency Assessment Process and responded to questions.

MOVED BY: Stephanie Schurr

SECONDED BY: Aruna Mitra

THAT Council approves the proposed new OT Continuing Competency Assessment Process

CARRIED

9.0 Governance

9.1 Reappointment of Non-Council Member – Patient Relations

Council reviewed the recommendation to reappoint Tina Siemens to the Patient Relations Committee.

MOVED BY: Peter Shenfield

SECONDED BY: Jennifer Henderson

***THAT** Council approves the reappointment of Tina Siemens as non-Council committee member of the Patient Relations Committee, for a second 3-year term, to commence on July 1, 2020.*

CARRIED

9.2 Reappointment of Non-Council Member – Practice Issues Subcommittee

Council reviewed the recommendation to reappoint Janet Becker to the Practice Issues Subcommittee.

MOVED BY: Jennifer Henderson

SECONDED BY: Peter Shenfield

***THAT** Council approves the reappointment of non-Council member, Janet Becker, to the Practice Issues Subcommittee for a second 3-year term commencing on October 1, 2020*

CARRIED

9.3 Reappointment of Non-Council Member – Practice Issues Subcommittee

Council reviewed the recommendation to reappoint Matt Derouin to the Practice Issues Subcommittee.

MOVED BY: Jennifer Henderson

SECONDED BY: Carol Mieras

***THAT** Council approves the reappointment of non-Council member Matt Derouin to the Practice Issues Subcommittee for a second 3-year term commencing on October 1, 2020.*

CARRIED

9.4 Appointment of Non-Council Member – Quality Assurance Subcommittee

Jennifer Henderson left the meeting due to her expressed conflict of interest with this item. Council reviewed the recommendation to appoint Debra Kennedy to the Quality Assurance Subcommittee.

MOVED BY: Stephanie Schurr

SECONDED BY: Donna Barker

THAT Council approves the appointment of Debra Kennedy for a three-year term to the Quality Assurance Subcommittee commencing on July 1, 2020

CARRIED

9.5 Council Policy Review

Stamatis explained that three policies were reviewed as part of the regular three-year policy review cycle. Additional policies up for review will be worked on over the next year in conjunction with the governance review process and in keeping with the governance modernization initiative.

MOVED BY: Peter Shenfield

SECONDED BY: Stephanie Schurr

THAT Council approves the revisions to the following policies and guidelines:

- GP2 Council- Community Linkage
- In Camera Sessions of Council
- Anti-Violence and Anti-Harassment in the Workplace

CARRIED

9.6 Revised Terms of Reference – All Committees

Stamatis explained that the Terms of Reference for all College committees were reviewed at the committee level, then by the Governance Committee, as part of the regular three-year policy review cycle.

MOVED BY: Stephanie Schurr

SECONDED BY: Peter Shenfield

THAT subject to any additional stylistic edits being made by College staff for the sake of consistency, as well as the inclusion of any amendments which may be agreed to during the discussion of this item, Council approves the revised Terms of Reference as presented for the following committees:

- Executive Committee
- Registration Committee
- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Fitness to Practise Committee
- Quality Assurance Committee
- Quality Assurance Subcommittee
- Practice Issues Subcommittee
- Governance Committee
- Patient Relations Committee
- Nominations Committee

CARRIED

10.0 Business

10.1 Revised Standards for Acupuncture

Sandra reported that following Council's approval in January 2020, the revised Standards for Acupuncture were circulated to stakeholders and feedback received has been incorporated into the document.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

***THAT** Council approves the revised Standards for Acupuncture as presented, for publication.*

CARRIED

11.0 Environmental Scan

There were no comments due to time constraints.

12.0 Council Meeting Evaluation

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

13.0 Next Meetings

- Thursday, October 29, 2020, 9:00 – 3:00 via video conference
- Thursday, January 28, 2021 (Time and Place TBA)
- Thursday, March 25, 2021 (Time and Place TBA)
- Thursday, June 24, 2021 (Time and Place TBA)

14.0 Adjournment

There being no further business, the meeting was adjourned at 3:06 p.m.

MOVED BY: Peter Shenfield

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

CARRIED

Appendix 1

College Land Acknowledgement Statement:

As an important part of our commitment to reconciliation, the College of Occupational Therapists of Ontario recognizes the traditional territories on which we live and work every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potawatomi, Delaware, and the Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca. Other Indigenous Nations also have long standing relationships with the land in parts of this province including the Wendat and the Métis Nation. To meaningfully engage with this community, the College has reviewed the Truth and Reconciliation Commission's (TRC) report. Calls to Action 18-24 addresses the health disparities faced by Indigenous Peoples and how poor health outcomes are linked to the complex histories and ongoing realities of Indigenous peoples in Canada. The College and its registrants will work to reduce these health disparities by ensuring that OTs are competent to provide services that the community has a right to and is acceptable to them.



REGISTRAR'S REPORT Council Meeting of October 29, 2020

Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, this October report will include policies categorized as "C" or Governance Processes and Council-Registrar Linkages policies.

Policies that guided decisions during this period:

- GP 9 - Committee Chairperson's Role guided the discussions at the Committee Chairs meeting in September
- GP 11 – Cost of Governance has supported the audit process.
- GP-17 Elections and Appointments for Professional Members guided election process for Districts 1 and 2

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:

- RL8 – External Audit: Auditors of the office of Hilborn LLP has conducted an audit of the financial performance of the College for 2019-2020.
- RL12 – Risk Management: Guided the information to be presented to Council on the Risk Management Program.

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2020-21 Operational Planning

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

College Operations

- Computer systems security – The College has been aware of some high-profile data breaches that have occurred recently and has reviewed our operations. The College is monitored 24x7 for system failure, ransomware detection and cyber-attacks employing several security tools and only accessible through a virtual private network. Additionally, we do not retain personal financial information of our registrants. At this time, we are confident that we have done what we can and are keeping as up to date as possible with whatever counter measures are available.
- Priority Performance Report – For those of you who enjoy crunching numbers and reading all the statistics in this report, you will have to wait for January. The report is currently under revision to account for our new strategic plan, align with the College Performance Measure Framework from the Ministry of Health, and tie together information from each committee. In addition, we are changing its name to Performance Management Report.

- Renovations – Our renovations are now complete. We have had to make some amendments to accommodate for more physical distancing and to comply with public health measures that were not contemplated prior to the pandemic. We are closely monitoring the progression of the pandemic and the case numbers, and at this time, do not think any large scale opening of the office is prudent. The space allows for up to nine staff to attend the office at one time, safely, and a maximum of eight people in the board room. Some staff have been attending the office, but no regular schedule has been implemented. Due to the increasing numbers and some additional public health measures introduced by the province, we will continue with our current situation.

Staffing Update

- We were pleased to welcome Julie Entwistle in August, as our new Deputy Registrar.
- We said goodbye to Sydania Mullings, who was an associate in the Investigations and Resolutions Program on a contract basis. We wish her well on her next endeavour.

COVID – 19 Update

- Directive 2 was replaced in late May, which allowed for the beginning of the gradual restart of deferred, non-essential and elective services. Our back to work guidance was issued May 27. The return to work webinar was recorded June 4 and received 1.2K views to date.
- Much of the first quarter was spent managing return to work, and then return to school for OTs working in that system.
- Monitoring and managing activities related to COVID-19 continues to be a priority for the College. Other priorities and initiatives have resumed as much as possible.
- The College continues to operate remotely, and all programs are in full operation.

Communications Program

- Management of COVID-19 communications continues with updates delivered via the dedicated webpage, electronic newsletter and social media.
- Digital and PDF versions of the Annual Report have been created in-house and will be shared with Council at this meeting.
- New web pages to build understanding and enhance clarity about the use of College fees and the renewal requirement during the pandemic were created and launched during the renewal period: [Understanding College Fees](#) and [Fee Questions During the Pandemic](#).
- Collaborative communications activities with HPRO have resumed and the public awareness articles related to regulation will now start appearing in the electronic edition of Zoomer publication.

LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS

Registration Program

- This year, the College extended its renewal deadline to August 31, from May 31, to allow registrants additional time to return to work if their work was interrupted because of the pandemic. This will have implications for renewal for next year. We do not anticipate the need to shift renewal times next year and we do anticipate confusion from registrants about the renewal period, given the short time period from this year's renewal to next year. Staff are planning how to roll this out including communications and other operational measures.

- In addition, the normal refund process for those who resign in the first quarter (our policy has been to refund 50% of the renewal fee if people resign in the first quarter), has been impacted as people who waited until the end of August to renew and then resigned in September were upset as the refund did not benefit them. In reality, they had actually renewed for the period starting June 1, but as the dates for payment changed, they were upset and felt they were paying for less than one month.
- This dialogue with registrants has prompted a project to research refund policies to identify alternate refund practices and their impact on the College revenues and resources.

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- Staff continue to develop the 2021 PREP module on Ethics and Professionalism.
- Staff will be monitoring compliance with the new deadlines for the Professional Development Plans, Self-assessment and the 2020 PREP.
- A process for implementing the peer assessments previously on hold due to the pandemic is currently underway. Additionally, OTs will now be selected for assessment using the new risk-based approach in early 2021. These assessments can be conducted virtually.

Practice Resource Program

- The practice resource service provides information and resources to the public, employers, other professionals, OTs and other stakeholders about expectations for OT practice. They receive inquiries either by phone or email.
- The practice resource service continues to provide information to registrants related to addressing issues relating to COVID-19 and occupational therapy practice. The volume of calls for this topic has decreased throughout the first quarter.
- Practice staff will also be virtually visiting university programs for OT to provide information about the College and expectations for practising OTs.

Investigations and Resolutions Program (I and R)

- The I and R staff in conjunction with the ICRC reviewed the findings from the external audit of their program's operations and is currently in the process of implementing the improvements suggested.
- A continued goal of this program has been to reduce case completion times.
- The Discipline hearing, which was conducted virtually, has finished. We are now awaiting the decision on outcome by the discipline committee.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. We had our Board meeting, virtually, this spring and our next meeting is November 2020.
- Each ACOTRO member, or OT regulator in Canada, contributes data to the Canadian Institute for Health Information (CIHI). This information can be used for multiple purposes but can inform anyone about the supply and deployment of occupational therapists throughout Canada. This year we are

embarking on discussions with CIHI to attempt to better align this data with current practice and trends.

- ACOTRO has been in discussions with Veterans Affairs Canada (VAC) to outline how the regulatory system in Canada impacts the registration status of the many OTs who provide service in this system.
- ACOTRO has also, as part of the pandemic response, agreed to facilitate telepractice across jurisdictions. We are also exploring how to manage the increasing virtual and globalization of health services in a regulatory context.
- ACOTRO, as part of the group of the Association of Canadian Occupational Therapy University Programs (ACOTUP) and the Canadian Association of Occupational Therapists (CAOT) and the OT Foundation (Called OTC or OT Canada) will revise the previous joint statement about Diversity to an updated version.
- 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 is well underway. Currently the Steering Committee is undertaking the work to get the draft competencies, prepared by the vendor, ready for general consultation with occupational therapists and stakeholders. The website for the project is www.corecomcanada.com. The goal for completion of the project is spring 2021.
- The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) has been monitoring the impact of COVID-19 on systems that it shares – such as the National Occupational Therapy Certification Exam and the Substantial Equivalency Assessment System (SEAS) for internationally educated occupational therapists. The exam scheduled for July was postponed to September, and the November exam cancelled. The next exam will be in January 2021 and will be delivered virtually. Qualified Ontario applicants can practice under a provisional certificate of registration until they can write the first available exam. So, they are eligible for employment while they wait to write. The SEAS program is developing a process to move to remote competency assessments, so once that is completed, the full SEAS program will be back in full in operation. This is expected to commence this fall. In the meantime, the program continues to process applications, but the final stage cannot yet be completed.

Health Profession Regulators of Ontario (HPRO) *formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO)*

- I continue to act as Vice President of this organization. Being part of the management committee of HPRO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.
- HPRO has been focused on collaborative initiatives to assist colleges in fulfilling their regulatory roles. For example, HPRO has suggested that regulatory governance and the performance measurement framework are two initiatives that will benefit from collaborative efforts. In addition, colleges have been working together to share resources and information related to COVID-19.

Ministry of Health (MOH)

- Public Member appointments – As you will all know, we have recently had three new public members appointed to our Council. We are now in a good position for optimum functioning with 7 of 7 public member positions filled. However, 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. Next spring, 5 of 7 public members will have their terms expire. I will be working in

November and December this year to confirm with those public members who agree to submit an application to the public appointments' office for re-appointment.

- College Performance Measurement Framework (CPMF) – The College has now received the finalized CPMF. The letter from the Ministry of Health is attached. Our first meeting with the Ministry will be in November to discuss the more qualitative indicators around system partnerships and collaboration. HPRO will work together to support each other in this process by facilitating a way to share information and develop common information together. The College is anticipating a significant impact of this initiative on our resources. The enterprise system planning underway will assist the college to address data and information needs now and into the future.
- Privacy Legislation - The Ontario government is currently exploring through public consultation, whether to introduce new privacy legislation aimed at filling gaps identified in existing privacy laws including the *Personal Information and Electronic Documents Act* (PIPEDA), the *Ontario Freedom of Information and Protection of Privacy Act* (FIPPA), and the *Personal Health Information Protection Act* (PHIPA). One of the proposals under examination is expanding the scope and application of privacy laws to include non-commercial organizations, including not-for-profits such as the College. If this proposal is introduced, in addition to the confidentiality requirements set out in section 36 of the RHPA and any privacy rights afforded to individuals through the common law and the constitution, the College would be regulated by the Information and Privacy Commissioner of Ontario (IPC) as it relates to compliance with any privacy legislation which may be introduced. In the absence of a bill, it is hard to assess the impact of this proposal on the College, however, some of the other proposals currently under examination include the right for individuals (which would likely include registrants and the public) to obtain their data in a standard and portable digital format, the right for individuals to request information related to them be deleted or de-indexed, subject to limitations, and oversight, compliance and enforcement powers for the Information and Privacy Commissioner to support compliance with the law, including the ability to impose penalties where necessary. The College will be closely monitoring any developments on this consultation, and will make submissions on any bill proposed, as may be required. The College currently follows many privacy recommendations from the IPC including responding to and containing a privacy breach.

See you at the meeting! Elinor

Attachments

1. Letter from the Ministry re: College Performance Management Framework

MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
A/Assistant Deputy Minister

DATE: September 1st, 2020

RE: **College Performance Measurement Framework Implementation**

I am pleased to inform you that the Ministry of Health (ministry) will be implementing the College Performance Measurement Framework (CPMF) this Fall.

As you are aware, the ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's regulated health colleges and the public. The CPMF will assist the ministry in achieving these goals.

The CPMF that you helped to develop, will for the first time in Ontario, measure and report in a standardized manner how each of you is acting in the public interest. It will report on how well Colleges have met a set of best practices (Standards) related to their key statutory functions and key organizational aspects that enable a College's ability to carry out its functions well.

The ministry recognizes that Colleges might not have implemented all CPMF Standards at this point in time. The purpose of the first CPMF reporting cycle is to provide baseline information on the structures and processes each College currently has in place along with the activities that are currently being undertaken respecting the CPMF Standards and to demonstrate a College's commitment to continuously improve its performance.

The implementation of the CPMF will begin with a soft launch of the Framework in September 2020 which will provide the Colleges with the opportunity to ask any questions about the reporting expectations outlined in the attached CPMF Reporting

Tool and accompanying Technical Specifications document for calculating the quantitative measures. The official launch will occur in October 2020 and following this official launch, the ministry will ask each College to:

- Start completing the CPMF Reporting Tool.
- Meet with the ministry to discuss the “System Partner” Standards.
- Post the completed CPMF report on its website by March 31, 2021 and send a copy to the ministry.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing. However, the ministry will:

- Meet with each College to discuss its report, provide performance feedback and potentially set expectations to improve.
- Draft and post a report on the ministry website that will summarize the CPMF results at system level (as opposed to the performance of each individual college).

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you for your advice and support to date in developing the CPMF and the ministry looks forward to continuing to work with you on this very important work.

Sincerely,



Sean Court
A/Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH



COMMITTEE REPORT TO COUNCIL

Committee: Executive Committee
Chair: Jeannine Girard-Pearlman
Date: October 29, 2020

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Tasks completed since the last Council Meeting

The Executive Committee held three meetings via video conference since the last Council meeting on June 23, 2020

Activities included:

- Reviewed the FY20/21 Work Plan for the Executive Committee
- Discussed implications for OTs, College services and staff, and the College strategic response related to the COVID-19 pandemic
- Discussed the petition to reduce fees and formulated response
- Reviewed the Risk Management Report for approval by Council
- Reviewed and discussed the draft Performance Management Report
- Reviewed the Priority Performance Report
- Discussed the results of the Council elections in Districts 1 & 2 and appointed newly-elected members Paola Azzuolo to the Registration Committee and Neelam Bal to the Quality Assurance Committee
- Met with the auditor and reviewed the August 2020 (Q1) Audited Financial Statements
- Reviewed Five-Year Financial Forecast
- Reviewed FY19/20 Employee Merit Adjustments
- Reviewed FY20/21 Work Plan for the Practice Issues Subcommittee
- Discussed viability of reimbursing Council and Committee Members for internet costs
- Discussed the implications and plan for new reporting requirements related to the College Performance Management Framework (CPMF)
- Discussed and established plan for renewal of Governance Policies
- Reviewed and revised the recommended changes to the Bylaws
- Reviewed and recommended to Council the approval of the 2020 Annual Report
- Reviewed the June 2020 Council Meeting Evaluation.
- Conducted the Registrar Annual Performance Review
- Reviewed and recommended to Council the approval of the revised Standards for Assessments
- Reviewed and recommended to Council the approval of the revised Code of Ethics
- Reviewed results of the Committee Effectiveness Survey
- Discussed and planned the Council Education Session
- Finalized the October Council agenda

Key Priorities

Oversight of Council Elections
Oversight of Financial Statements
Oversight of the Risk Management Program
Oversight of the Annual Financial Audit
Oversight of Practice Resource Documents

Leadership Priorities

1. Public Confidence:

Governance Modernization

2. Qualified Registrants:

3. Quality Practice:

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

4. System impact:

Discussion of Governance proposals at other Colleges, with the Federation of Health Regulatory Colleges and the Ministry of Health and Long-Term Care

Items for Decision/Discussion

- Priority Performance Report
- Risk Management Report
- 2020 Annual Report
- Q1 FY20/21 Financial Statements
- Five-Year Financial Forecast
- Executive Committee Terms of Reference
- Practice Issues Subcommittee Terms of Reference
- Revised Standards for Assessments
- Revised Code of Ethics
- Revised Bylaws



COMMITTEE REPORT TO COUNCIL

Committee: Practice Issues Subcommittee
Chair: Jennifer Henderson
Date: October 29, 2020

Page 1 of 2

Tasks completed since the last Council Meeting

- Practice Issues Subcommittee had two online virtual meetings on September 16th, 2020 and October 14th, 2020.
- Practice Issues Subcommittee reviewed and provided feedback for the final draft of the Standards for Assessments.
- Subcommittee commented on the draft questions for the Citizen Advisory Group's review of the Guide to Discontinuation.
- Subcommittee provided valuable input into resource development for a document on diversity, inclusivity, equity, anti-racism, and social justice.

Key Priorities

The Subcommittee continues to work on priority items as identified in the 2020-2021 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 2020-2021:

- Standards for Assessments (final review)
- Guide to Discontinuation of Services (under review)
- Practice Guideline: Using Social Media (under review)
- Standards for Record Keeping (2021)
- Guidelines for Telepractice in Occupational Therapy (2021)
- Guidelines for Medical Assistance in Dying (2021)

3. System impact through collaboration - N/A

Items for Decision/Discussion:

- The revised draft Standards for Acupuncture is before Council for review and approval for publication.
- The Standards for Assessments are before Council for final review and approval.



COMMITTEE REPORT TO COUNCIL

Committee: Quality Assurance Committee
Chair: Stephanie Schurr
Date: October 29, 2020

Page 1 of 2

Response to Council Question from June Meeting:

In June Council received a presentation and approved the new Competency Assessment process for the Quality Assurance (QA) program. During the discussion that followed the presentation, a Council member asked a question about one of the risk indicators being used as part of the risk-based selection algorithm. The question was if the employer-related risk refers to multiple employers at one time, or multiple employers over time?

In response, this risk area refers to multiple employers at one time. The rationale as to the use of this risk and key assumptions made include:

- Evidence indicates that the more employers an OT has, the less competent they may be at each position, considering the time that needs to be divided between the roles.
- Currently, the design of our system does not allow tracking of an OT's employers over time.
- Frequent employment turnover could also pose a risk; however, our system would need to be redesigned to track this information before being able to study the risk implications.

Tasks completed since the last Council Meeting:

Committee participated in one virtual meeting on July 2, 2020 and participated in an e-vote on July 31, 2020 to approve Roxane Siddall to continue as Chair of the Quality Assurance Subcommittee until the end of her final term in February 2021.

At the July 2, 2020 Virtual Meeting, the QAC:

- **Issued Decisions on nine QA Case Files:**
 - One case, QAC final decision: requiring the registrant to participate in a peer and practice assessment
 - One case, QAC final decision: written notice reminding the registrant to meet annual QA requirements going forward
 - Seven cases, QAC final decision: Take No Action with reminders relating to:
 - proper use of title
 - appropriate use of encryption and password protecting documents
 - documenting informed consent
 - document retention requirements, and
 - discussing discontinuation of service with clients.

Key Priorities:

- Decision-making on QA case files, including:
 - non-compliance with the 2020 Self-Assessment and Prescribed Regulatory Education Program (PREP)
 - peer and practice assessment results for those that have now been resumed after being suspended due to COVID-19
 - peer and practice assessment results for those to be approved for 2021 using the new risk-based selection criteria
- Continued oversight of the competency assessment project:
 - Pilot of risk-based selection algorithm (phase 1)
 - Procurement of vendor for development of screening step (phase 2)
- Enhancing capacity through the approval of more peer assessors to support the new direction of the QA program
- Approval of updated peer assessment policies and resources, which incorporate use of virtual peer and practice assessments
- Continued oversight of the development of the 2021 PREP: Ethics and Professionalism

Leadership Priorities:

1. Public Confidence: Committee continues to offer timely support and careful decision-making regarding:
 - QA case files
 - Managing registrant non-compliance with annual QA requirements
 - Providing ongoing oversight of the College's new risk-based competency assessment process
 - Providing direction for peer and practice assessment processes during the pandemic and while the new risk-based competency assessment process is being developed
2. Qualified Registrants: N/A
3. Quality Practice:

Committee continues to guide implementation of an evidence and risk-based, innovative competency assessment process designed to best identify OTs who require support to ensure quality and competent practice.

Committee's approval of the 2021 PREP topic on Ethics and Professionalism provides direction for resource development that will strengthen the knowledge base and foundation upon which OTs can shape their practice to be safe and competent.
4. System Impact:

Committee continues to support stakeholder consultation as part of the competency assessment project to collaborate on the sharing of best practices.

Items for Decision/Discussion:

N/A

Attachments:

N/A



COMMITTEE REPORT TO COUNCIL

Committee: Discipline Committee

Chair: Donna Barker

Date: October 29, 2020

Page 1 of 1

Tasks completed since the last Council Meeting:

Since the Discipline Committee last reported to Council, it has held one hearing. This hearing occurred virtually on July 20, 21, 23, 24, 27, 28, 31, August 4, and September 24, 2020. The discipline panel's decision for that matter has yet to be released.

No new referrals from the Inquiries, Complaints and Reports Committee (ICRC) were received since the Committee's last report to Council and no 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. Public Confidence: No new update
2. Qualified Registrants: No new updates
3. Quality Practice: No new updates
4. System Impact: No new updates

Items for Decision/Discussion:

None

Attachments:

N/A



COMMITTEE REPORT TO COUNCIL

Committee: Inquiries, Complaints and Reports Committee (ICRC)

Chair: Heather McFarlane

Date: October 29, 2020

Page 1 of 2

Tasks completed since the last Council Meeting:

Since the last report to Council, the ICRC has held 2 group meetings for the entire Committee on September 17, 2020 and October 14, 2020.

In addition, both Panel A and Panel B each met once virtually. Another meeting of Panel A is scheduled for October 23, 2020 (via videoconference) and as of the date of preparing this report, has not yet taken place.

A summary of the ICRC's case reviews is detailed in the table below:

Date of Meeting	Type of Case	Source of Case	Oral Decisions
July 15, 2020 Panel A	1 Complaint 4 Registrar's investigations	1 complaint from client 2 investigations based on mandatory report from former employer 1 investigation based on information from a client's family member 1 investigation based on information from a regulated health professional	3 Advice and Guidance 2 Remedial Agreements
August 27, 2020 Panel B	4 Registrar's Investigations	2 investigations based on mandatory report from former employer 2 investigations based on information from College staff	1 Undertaking 1 Health Undertaking 2 Remedial Agreements
October 23, 2020 Panel A	6 Registrar's Investigations	1 investigation based on mandatory report from former employer 1 investigation based on mandatory report from a regulated health professional 4 investigations based on information from College staff	Outcomes not known at the date of writing this report

At its virtual group meeting on September 17, 2020, the Committee discussed the results of the ICRC processes external audit and received a legal update on how courts are treating delays in administrative cases.

The ICRC also met via videoconference on October 14, 2020 to discuss potential candidates for Professional, Non-Council Committee member appointments to the Committee. The ICRC is recommending two OTs be appointed by Council which is addressed in a separate briefing note.

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.

Leadership Priorities:

1. Public Confidence: No new updates
2. Qualified Registrants: No new updates
3. Quality Practice: No new updates
4. System Impact: No new updates

Items for Decision/Discussion:

The ICRC is bringing forward for Council's approval the appointment of two Professional, Non-Council Committee members. This matter is addressed in a separate agenda item.

Attachments:

N/A



COMMITTEE REPORT TO COUNCIL

Committee: Fitness to Practise Committee

Chair: Teri Shackleton

Date: October 29, 2020

Page 1 of 1

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.

No referrals from the Inquiries, Complaints and Reports Committee (ICRC) were received since the Committee last reported to Council.

Key Priorities:

There are no new updates since the Committee's last report to Council.

Leadership Priorities:

1. Public Confidence: No new updates.
2. Qualified Registrants: No new updates
3. Quality Practice: No new updates.
4. System Impact: No new updates.

Items for Decision/Discussion:

There are no items that require discussion at this time.

Attachments:

N/A



COMMITTEE REPORT TO COUNCIL

Committee: Registration Committee

Chair: Vincent Samuel

Date: October 29, 2020

Page 1 of 2

Tasks completed since the last Council Meeting:

The Registration Committee participated in two virtual meetings – one on July 10, 2020 and one on September 25, 2020.

At the July 10, 2020 virtual meeting, the Registration Committee:

- Reviewed 3 cases as follows:
 - Exam requirement
 - Suitability to practice
 - Currency
- Reviewed and approved the following policies to be written in Plain Language and Design
 - Accommodation Requests in the Registration Process (8-190)
 - Currency Requirements – Initial Applicants (8-40)
 - Determining Suitability at Registration (8-72)
 - Education & Fieldwork Requirements for Canadian Educated Applicants (8-10)

At the September 25, 2020 virtual meeting, the Registration Committee:

- Reviewed and made a recommendation on one case regarding a registrant's currency requirement for maintaining registration with the College
- Reviewed and approved the following policies to be written in Plain Language and Design
 - Education & Fieldwork Requirements for Internationally Educated Applicants (8-21)
 - Examination Requirement (8-6)
- Received an update on the Registration program and measures that were implemented to annual renewal and currency requirements which were affected by the COVID-19 pandemic.

Health Professions Appeal and Review Board

None in process

Key Priorities:

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

Leadership Priorities:

1. Public Confidence: No new updates
2. Qualified Registrants:
 - The Committee continues to offer timely support and decision-making for applicants wishing to practice occupational therapy in Ontario
3. Quality Practice: No new updates
4. System Impact: No new updates

Items for Decision/Discussion:

None



COMMITTEE REPORT TO COUNCIL

Committee: Patient Relations Committee

Chair: Jeannine Girard-Pearlman

Date: October 29, 2020

Page 1 of 2

Tasks completed since the last Council Meeting:

Patient Relations Committee has met once, virtually, since Council's June 23, 2020 meeting.

Key Priorities:

The Committee's key priorities are to effectively oversee the management of the Patient Relations Program which aims to enhance relations between registrants and clients, implementation of the enacted provisions of the *Protecting Patients Act, 2017*, proactive planning for proposed regulations under the Act, and meeting the legislative mandate of the Committee as it pertains to the administration of the sexual abuse counselling fund and the measures implemented for preventing and dealing with the sexual abuse of patients/clients.

In July 2020, the Committee was given the opportunity to provide input by email on website content developed to help the public understand what they can expect from their OT during the pandemic.

At its September 30, 2020 meeting, the Committee motioned to recommend to Council that it approve the revised Code of Ethics which is being brought forward for consideration by Council under a separate agenda item. The Committee also reviewed a revised workplan and agreed on what activities it could reasonably complete in this fiscal year.

Its next meeting will occur sometime in early December 2020.

Leadership Priorities:

1. Public Confidence:

Develop a Patient/Client Bill of Rights with input from the Citizen Advisory Group, setting out what the public can expect from an OT. Oversee the delivery of sexual abuse training to College staff, informed by recommendations from the government taskforce review on sexual abuse and the Health Profession Regulators of Ontario, to ensure staff continue to be equipped to appropriately respond to concerns of this nature.

2. Qualified Registrants:

Commence phase 1 of a public register redesign project by identifying high level requirements to enhance the register so the public is better supported in their ability to identify a suitable, qualified occupational therapist to provide services.

3. Quality Practice:

Commence reviewing the Standards for Prevention and Management of Conflict of Interest.

4. System Impact:

No new updates.

Items for Decision/Discussion:

There are no items for decision at this time.



COMMITTEE REPORT TO COUNCIL

Committee: Governance Committee

Chair: Peter Shenfield

Date: October 29, 2019

Page 1 of 2

Tasks completed since the last Council Meeting:

- The Governance Committee met by video conference on September 23, 2020.
- Discussed and reviewed future role of Executive Committee. Current role and responsibilities of Executive related to finance and audit will be delegated to a Finance, Audit and Risk Committee and the role of elections and nominations will move to the restructured Governance Committee, to commence in April 2021.
- Finalized proposed bylaw revisions for Council circulation approval.
- Reviewed Governance workplan.
- Committee was informed of a couple of recent governance reports:
 - Steering Committee recommendations for the modernization of the regulation of health professions in British Columbia
 - Proposal to amend the Health Professions Act (Alberta)

Key Priorities:

Improving how the College is governed by incorporating best practices will strengthen our protection of the public and enhance public confidence in the regulatory system. This includes reviewing all governance policies and processes and recommend to Council changes including bylaws and all governance policies.

Leadership Priorities:

1. Public Confidence:
 - College governance is responsive, effective, competency-based and accountable.
 - College decision-making processes are open, transparent, and accountable.
2. Qualified Registrants: N/A
3. Quality Practice: N/A
4. System Impact: N/A

Items for Decision/Discussion:

- The Committee brought forward a motion to Council recommending Committee structure changes
-

- **The proposed bylaw amendments are before Council for approval to circulate**

Attachments:

1. Briefing note on Committee structure changes
2. Briefing note on Bylaw review

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

MAY 31, 2020

Independent Auditor's Report

To the Council of the College of Occupational Therapists of Ontario

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the College of Occupational Therapists of Ontario (the "College"), which comprise the statement of financial position as at May 31, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at May 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information included in the annual report but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.



Toronto, Ontario
September 21, 2020

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Financial Position

May 31	2020 \$	2019 \$
ASSETS		
Current assets		
Cash (note 3)	1,997,651	4,317,873
Investments (note 4)	605,233	1,538,244
Prepaid expenses	45,147	38,081
	2,648,031	5,894,198
Long-term investments (note 4)	2,484,488	2,644,379
Capital assets (note 5)	238,823	104,816
	2,723,311	2,749,195
	5,371,342	8,643,393
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	681,577	730,427
Deferred registration fees (note 3)	714,742	3,977,455
	1,396,319	4,707,882
NET ASSETS		
Invested in capital assets	238,823	104,816
Internally restricted for hearings and independent medical exams (note 8)	400,000	350,000
Internally restricted for premises (note 9)	800,000	800,000
Internally restricted for sexual abuse therapy and counselling (note 10)	25,000	18,000
Internally restricted for contingencies (note 11)	1,600,000	1,590,000
Internally restricted for enterprise wide IT system (note 12)	435,000	125,000
Unrestricted	476,200	947,695
	3,975,023	3,935,511
	5,371,342	8,643,393

The accompanying notes are an integral part of these financial statements

Approved on behalf of Council:

President

Member-at-Large, Finance

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Operations

Year ended May 31	2020 \$	2019 \$
Revenues		
Registration fees	4,228,552	4,109,493
Application fees	92,304	77,657
Investment income	169,048	152,985
Other	10,566	10,209
	4,500,470	4,350,344
Expenses		
Payroll		
Salaries and benefits	2,606,565	2,341,589
Programs		
Quality assurance	92,070	68,796
Investigations and resolutions (note 7)	329,205	111,999
Registration	33,718	108,545
	454,993	289,340
Communications		
Newsletter and publications	39,305	44,278
Other	29,160	15,155
	68,465	59,433
Council		
Professional members	69,729	81,197
Non-council members	51,970	33,728
Other	29,257	34,004
	150,956	148,929
Operations		
Rent	292,971	271,472
Information technology and systems	153,135	196,230
Operational initiatives	199,903	143,823
Professional fees	214,809	116,865
Amortization	28,086	50,049
Equipment maintenance and rental	82,839	43,874
Staff travel and accommodations	24,881	35,761
Other	183,355	169,811
	1,179,979	1,027,885
	4,460,958	3,867,176
Excess of revenues over expenses for year	39,512	483,168

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended May 31, 2020

	Invested in capital assets \$	Internally restricted for hearings and independent medical exams \$	Internally restricted for premises \$	Internally restricted for sexual abuse therapy and counselling \$	Internally restricted for contingencies \$	Internally restricted for enterprise wide IT system \$	Unrestricted \$	Total 2020 \$
Balance, beginning of year	104,816	350,000	800,000	18,000	1,590,000	125,000	947,695	3,935,511
Excess of revenues over expenses for year	-	-	-	-	-	-	39,512	39,512
Purchase of capital assets	162,093	-	-	-	-	-	(162,093)	
Amortization of capital assets	(28,086)	-	-	-	-	-	28,086	-
Inter-fund transfers (notes 8, 10, 11 and 12)	-	50,000	-	7,000	10,000	310,000	(377,000)	-
Balance, end of year	238,823	400,000	800,000	25,000	1,600,000	435,000	476,200	3,975,023

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended May 31, 2019

	Invested in capital assets \$	Internally restricted for hearings and independent medical exams \$	Internally restricted for premises \$	Internally restricted for sexual abuse therapy and counselling \$	Internally restricted for contingencies \$	Internally restricted for enterprise wide IT system \$	Unrestricted \$	Total 2019 \$
Balance, beginning of year	154,865	350,000	500,000	18,000	1,590,000	-	839,478	3,452,343
Excess of revenues over expenses for year	-	-	-	-	-	-	483,168	483,168
Purchase of capital assets	-	-	-	-	-	-	-	-
Amortization of capital assets	(50,049)	-	-	-	-	-	50,049	-
Inter-fund transfers (notes 9 and 12)	-	-	300,000	-	-	125,000	(425,000)	-
Balance, end of year	104,816	350,000	800,000	18,000	1,590,000	125,000	947,695	3,935,511

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Cash Flows

Year ended May 31	2020 \$	2019 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	39,512	483,168
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	28,086	50,049
Unrealized (gain) loss on investments	34,643	(25,998)
	102,241	507,219
Change in non-cash working capital items		
Decrease (increase) in prepaid expenses	(7,066)	4,604
Decrease in accounts payable and accrued liabilities	(48,850)	(161,195)
Increase (decrease) in deferred registration fees	(3,262,713)	107,431
	(3,216,388)	458,059
Cash flows from investing activities		
Purchase of long-term investments	(385,975)	(1,976,867)
Proceeds from disposal of long-term investments	1,444,234	601,488
Purchase of capital assets	(162,093)	-
	896,166	(1,375,379)
Net change in cash	(2,320,222)	(917,320)
Cash, beginning of year	4,317,873	5,235,193
Cash, end of year	1,997,651	4,317,873

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements

May 31, 2020

Nature and description of the organization

The College of Occupational Therapists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act ("RHPA").

As the regulator and governing body of the occupational therapy profession in Ontario, the major function of the College is to administer the Occupational Therapy Act in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being June 1 to May 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Application fees

Application fees are recognized as revenue when services are rendered.

Investment income

Investment income comprises interest from cash and investments, realized gains and losses on the disposal of investments and unrealized gains and losses in the fair value of investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2020

1. **Significant accounting policies (continued)**

(b) **Investments**

Investments consist of fixed income investments whose term to maturity is greater than three months from date of acquisition. Investments maturing within twelve months from the year-end date are classified as current.

(c) **Capital assets**

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, using the straight-line method at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Furniture and fixtures	5 years
Computer equipment	3 years

Amortization of leasehold improvements is provided for on a straight-line basis over the remaining term of the lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

Notes to Financial Statements (continued)

May 31, 2020

1. **Significant accounting policies (continued)**

(d) **Financial instruments**

Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument. Transaction costs of those financial assets and financial liabilities subsequently measured at fair value are recognized in income in the year incurred.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost, with the exception of investments, which are measured at fair value. Changes in fair value are recognized in income in the year the changes occur. Fair values are determined by reference to published price quotations in an active market at year end.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash.

Financial assets measured at fair value include investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2020

1. Significant accounting policies (continued)

(d) Financial instruments (continued)

Impairment (continued)

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(e) Management estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from the estimates, the impact of which would be recognized in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
			Currency	Interest rate	Other price
Cash	X			X	
Investments	X			X	
Accounts payable and accrued liabilities		X			

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2020

2. Financial instrument risk management (continued)

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2020 \$	2019 \$
Cash	1,997,651	4,317,873
Investments	3,089,721	4,182,623
	5,087,372	8,500,496

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through its investment policy which restricts the types of eligible investments.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instrument will fluctuate due to changes in market interest rates.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2020

2. Financial instrument risk management (continued)

Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

3. Impact of COVID-19

During March 2020, the global pandemic of the virus known as COVID-19 led the Canadian Federal government, as well as provincial and local governments, to impose measures such as mandating self-isolations and physical distancing and closing non-essential businesses.

In recognition of the challenges the pandemic posed, the College extended the annual renewal deadline for all registrants from May 31, 2020 to August 31, 2020. As a result, there have been decreases to cash and deferred registration fees as at May 31, 2020.

Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the financial effect, if any, on the College. No adjustments have been made in the financial statements as a result of these events.

4. Investments

	2020 \$	2019 \$
Provincial and municipal bonds	1,374,791	1,672,171
Guaranteed investment certificates	1,714,930	2,510,452
	3,089,721	4,182,623
Less: current portion	605,233	1,538,244
Long-term portion	2,484,488	2,644,379

The fixed income investments have effective interest rates ranging from 2.03% to 4.01% (2019 - 1.75% to 4.37%), with maturity dates ranging from June 2020 to August 2026 (2019 - June 2019 to August 2026).

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2020

5. Capital assets

	Cost \$	Accumulated Amortization \$	2020 Net \$
Furniture and fixtures	320,126	309,487	10,639
Computer equipment	417,747	417,747	-
Leasehold improvements	472,457	244,273	228,184
	1,210,330	971,507	238,823

	Cost \$	Accumulated Amortization \$	2019 Net \$
Furniture and fixtures	386,059	352,055	34,004
Computer equipment	417,747	417,747	-
Leasehold improvements	310,364	239,552	70,812
	1,114,170	1,009,354	104,816

During the year, furniture and fixtures with a cost of \$65,933 and accumulated amortization of \$65,933, was disposed of for nil proceeds.

6. Accounts payable and accrued liabilities

	2020 \$	2019 \$
Accounts payable and accrued liabilities	325,850	152,198
Accrued liabilities - investigations and resolutions	290,000	95,000
Government remittances	65,727	483,229
	681,577	730,427

7. Investigations and resolutions

	2020 \$	2019 \$
Costs incurred	134,205	121,999
Adjustment of estimate to resolve open cases	195,000	(10,000)
	329,205	111,999

Investigations and resolutions include an estimate of costs to resolve open cases at year end. These estimates are determined based on historical average costs and relevant case facts available. The actual outcome of each case may differ from the initial estimate.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2020

8. **Net assets internally restricted for hearings and independent medical exams**

The Council of the College has internally restricted net assets to cover costs for conducting discipline hearings, fitness to practice hearings, Health Professions Appeal and Review Board appeal hearings, other hearings that may arise related to the regulation of the profession, and independent medical exams.

During the year, Council approved a transfer of \$50,000 from unrestricted net assets to net assets internally restricted for hearings and independent medical exams.

The internal restriction is subject to the direction of Council upon the recommendation of the Executive Committee.

9. **Net assets internally restricted for premises**

The Council of the College has internally restricted net assets to minimize the impact of major expenses related to College property such as leasehold improvements and other capital expenditures.

During the prior year, Council approved a transfer of \$300,000 from unrestricted net assets to net assets internally restricted for premises.

The internal restriction is subject to the direction of Council upon the recommendation of the Executive Committee.

10. **Net assets internally restricted for sexual abuse therapy and counselling**

The Council of the College has internally restricted net assets to cover costs for the funding of therapy and counselling of occupational therapist clients.

During the year, Council approved a transfer of \$7,000 from unrestricted net assets to net assets internally restricted for sexual abuse therapy and counselling.

The internal restriction is subject to the direction of Council upon the recommendation of the Executive Committee.

11. **Net assets internally restricted for contingencies**

The Council of the College has internally restricted net assets to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget or to fund the obligations of the College in extreme circumstances as determined and approved by Council, including the cessation of the College.

The amount internally restricted is between three to six months of expected operating expenses or such other amount as determined by Council.

During the year, Council approved a transfer of \$10,000 from unrestricted net assets to net assets internally restricted for contingencies.

The internal restriction is subject to the direction of Council upon the recommendation of the Executive Committee.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2020

12. Net assets internally restricted for enterprise wide IT system

The Council of the College has internally restricted net assets to provide for the cost of implementing and/or maintaining an enterprise-wide, registrant-based information technology system that will support the delivery of the statutory College mandate in an efficient and effective manner.

During the year, Council approved a transfer of \$310,000 from unrestricted net assets to net assets internally restricted for enterprise wide IT system.

During the prior year, Council approved a transfer of \$125,000 from unrestricted net assets to net assets internally restricted for enterprise wide IT system.

The internal restriction is subject to the direction of Council upon the recommendation of the Executive Committee.

13. Commitment

The College is committed to lease its office premises until September 2033. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2021	350,765
2022	354,163
2023	364,428
2024	380,852
2025	389,064
Subsequent years	3,570,680
	<u>5,409,952</u>

HILBORN

LISTENERS. THINKERS. DOERS.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

SUMMARY FINANCIAL STATEMENTS

MAY 31, 2020

HILBORN_{LLP}

Report of the Independent Auditor on the Summary Financial Statements

To the Council of the College of Occupational Therapists of Ontario

Opinion

The summary financial statements, which comprise the summary statement of financial position as at May 31, 2020, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Occupational Therapists of Ontario (the "College") for the year ended May 31, 2020.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria described in the note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated September 21, 2020.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.



Toronto, Ontario
September 21, 2020

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Summary Statement of Financial Position

May 31	2020 \$	2019 \$
ASSETS		
Current assets		
Cash	1,997,651	4,317,873
Investments	605,233	1,538,244
Prepaid expenses	45,147	38,081
	2,648,031	5,894,198
Long-term investments	2,484,488	2,644,379
Capital assets	238,823	104,816
	2,723,311	2,749,195
	5,371,342	8,643,393
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	681,577	730,427
Deferred registration fees	714,742	3,977,455
	1,396,319	4,707,882
NET ASSETS		
Invested in capital assets	238,823	104,816
Internally restricted for hearings and independent medical exams	400,000	350,000
Internally restricted for premises	800,000	800,000
Internally restricted for sexual abuse therapy and counselling	25,000	18,000
Internally restricted for contingencies	1,600,000	1,590,000
Internally restricted for enterprise wide IT system	435,000	125,000
Unrestricted	476,200	947,695
	3,975,023	3,935,511
	5,371,342	8,643,393

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Summary Statement of Operations

Year ended May 31	2020 \$	2019 \$
Revenues		
Registration fees	4,320,856	4,187,150
Investment and other income	179,614	163,194
	4,500,470	4,350,344
Expenses		
Salaries and benefits	2,606,565	2,341,589
Quality assurance	92,070	68,796
Investigations and resolutions	329,205	111,999
Communications	68,465	59,433
Council	150,956	148,929
Occupancy cost	292,971	271,472
Operational initiatives	199,903	143,823
Amortization	28,086	50,049
All other operating expenses	692,737	671,086
	4,460,958	3,867,176
Excess of revenues over expenses for year	39,512	483,168

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Note to Summary Financial Statements

May 31, 2020

1. **Basis of presentation**

These summary financial statements are derived from the audited financial statements of the College of Occupational Therapists of Ontario (the "College") for the year ended May 31, 2020, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Management prepared these summary financial statements using the following criteria:

- (a) the summary financial statements include a statement for each statement included in the audited financial statements, except for the statements of changes in net assets and cash flows;
- (b) information in the summary financial statements agrees with the related information in the audited financial statements; and
- (c) major subtotals, totals and comparative information from the audited financial statements are included.

The audited financial statements of the College are available to members upon request from the College.





COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Executive Committee
Subject: Acceptance of Annual Report

Page 1 of 1

Recommendation

THAT Council accepts the Annual Report for the 2019-2020 fiscal year.

Background

At its October 8, 2020 meeting, Executive Committee recommended the Annual Report be put forth to Council for approval.

A digital version of the annual report <https://readymag.com/collegeofots/2020-ar-draft/> and an English PDF version were circulated to all Council members for review on October 22, 2020.

As part of the development process, Committee Chairs reviewed and approved reports prior to inclusion in the Annual Report.

Discussion

The Annual Report for the 2019-2020 fiscal year has been prepared and is presented to Council for acceptance.

Implications

If accepted by Council, the report will be distributed electronically to registrants, the Ministry of Health, and stakeholders. In addition, it will be posted on the College's website.

Attachment

- 2020 Annual Report



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



2020 Annual Report



Our Mission, Vision and Values

Our Mission

The College of Occupational Therapists of Ontario protects the public through effective regulation and instills confidence and trust by ensuring that occupational therapists are competent, ethical and accountable.

Our Vision

Excellence in regulatory leadership.

Our Values and Commitments

Partnering for quality

We work together to ensure quality occupational therapy services across the province.

Maintaining trust and confidence

We are fair, open and responsive. We are proactive. We hold ourselves accountable for our decisions and actions.

Treating everyone with dignity and respect

We listen. We consider the uniqueness of each situation. We respond respectfully and sensitively. We respect and support equity, diversity and inclusion.

The President's Message



“Trust is essential in health care. Patients need to have faith in the individuals providing services to them.

As occupational therapists, you live up to that expectation by performing to competent, safe and ethical standards.

The College adds to that trust by regulating the profession in the public interest...”

Trust is essential in health care. Patients need to have faith in the individuals providing services to them. As occupational therapists, you live up to that expectation by performing to competent, safe and ethical standards. The College adds to that trust by regulating the profession in the public interest thereby enhancing confidence in occupational therapists. For the past six years, I have seen how all Council members — professional, public and academic — are committed to that mandate. I am grateful to my Council colleagues for entrusting me to help drive continued regulatory excellence for the profession by electing me as only the second public member to become President. You have my word that I will work tirelessly to support the College mandate.

Last year the Council and College embarked on a review of our governance structure. This extremely important and ongoing review will ensure that all College procedures and processes remain current and meet the objectives and needs of a changing regulatory environment. A new structured governance will be a significant enabler in assisting the College to remain squarely focused on our public protection mandate.

The College is also embarking on a new three-year strategic plan. Strategic planning is important in all organizations as it establishes the direction or the roadmap for the duration of the strategic plan, in this case three years. A strategic plan provides a framework for decision making and resource allocation to support the direction of the strategic plan. The focus of the strategic plan for the next three years is reflective of our public protection role in an evolving health care system. Learn more about the direction on coto.org.

It is also important to acknowledge the ways in which the College supports occupational therapy practice and how these programs are also revised periodically. The College's Quality Assurance program is a good example. The program has been developing a new, risk-based competency assessment process to help ensure we are identifying registrants who may require support or remediation to ensure quality practice. Further details about this innovative project are available on [page 27](#).

No message in 2020 can miss discussing the serious impact of COVID-19 on each and every one of us in all aspects of our life. We have all been profoundly challenged professionally and personally. We continue to be grateful for the tremendous efforts of occupational therapists to ensure public health and safety during this unprecedented time. The College recognizes some registrants have faced professional, financial, and personal challenges associated with the COVID-19 pandemic. Council carefully considered requests for financial relief and made adjustments to address those concerns and needs. Further information appears on [page 16](#) or coto.org.

The College is a well-respected organization thanks to the dedication and efforts of the Registrar, her staff and my fellow Council members but also thanks to you who deliver high quality competent and ethical care to the people of Ontario.

Jeannine Girard-Pearlman, PhD
President

The Registrar's Message

This has been a notable year for the College, for reasons both expected and unplanned. Start with the highly anticipated. We've reached the end of our three-year strategic plan. This year, and looking back at the span, we can point to major progress in our four priority areas: confidence in occupational therapy regulation; quality practice; system impact through collaboration; and effective financial, organizational and governance practices.

Just to highlight a few, we had a strong focus on outreach and public education. From our website to social media channels, we increased the understanding of what people should expect from their occupational therapist. Those expectations can be met as registrants continue to advance their competence and apply their high professional standards.

We reached a milestone in late 2019 with the government's approval of the controlled act of psychotherapy. This marks a first for occupational therapists, and required much collaboration with the Ministry, the profession, and other Colleges who have this act. We'll work to ensure there is an ongoing understanding of expectations for this practice area.

On the governance side, our objective is to be responsive, efficient, effective and accountable. That was tested during the unexpected challenge that we and everyone faced this year — COVID-19.

Occupational therapists help people to adapt, and that's what our College had to do too. Regulatory work can't be paused, and we pivoted quickly. Staff worked diligently from home, Council met virtually, and we provided key guidance to registrants.

Our team worked harder than ever. I thank them for their dedication. The province's occupational therapists also demonstrated their concern for the wellbeing of their patients. All health professionals were all trying to do the right thing, in a safe way within the rules that were set. I appreciate the adaptability and commitment of our registrants during the pandemic.

This experience has shown how our investments in the sustainability of the College, including our many systems, has paid off. Everything we spend – in our time, energy, and the fees we collect — goes towards serving the best interests of the public.

Our staff, management and leadership share that singular goal. I know that Ontario's occupational therapists do as well.

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



“Occupational therapists help people to adapt, and that’s what our College had to do too.”

Regulatory work can’t be paused, and we pivoted quickly.”

College Council Members



Donna Barker

Professional Academic
Member
Former Member at Large,
Education
(until March 26, 2020)



Evelyn Chau

Public Member,
Term began April 24, 2020



Michael Dauncey

Public Member,
Term began May 13, 2020



**John-Paul
Dowson**

Public Member,
Term ended May 1, 2020



Mary Egan

Professional Academic
Member



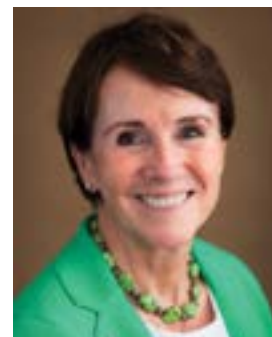
Julie Entwistle

Professional Member,
District 2 - Central West
Former President
(until April 6, 2020)



Allan Freedman

Public Member



**Jeannine
Girard-Pearlman**

Public Member President
(from April 7, 2020)
Former Vice President
(until April 6, 2020)



Debbie Hebert

Professional Member,
District 1 - Central East
(until March 19, 2020)



Jennifer Henderson

Professional Member,
District 2 - Central West
Member at Large, Education
(from March 26, 2020)



Patrick Hurteau

Professional Member,
District 4 - Eastern
Term ended March 26, 2020



**Kurisummoottil
Joseph**

Public Member,
Term ended June 30, 2019



Heather McFarlane
Professional Member,
District 5 - North East



Carol Mieras
Professional Member,
District 4 - Eastern
Term began March 26, 2020



Aruna Mitra
Professional Member,
District 1 - Central East



Vincent Samuel
Public Member



Stephanie Schurr
Professional Member,
District 6 - North West
Vice President (from April 7, 2020)



Teri Shackleton
Professional Member,
District 3 - South West



Peter Shenfield
Public Member
Member at Large, Finance



Michelle Stinson
Professional Member,
District 1 - Central East



Sophie Xu
Public Member, *Term
began April 24, 2020*



It is with deep sadness that we note the passing of Debbie Hebert on March 19, 2020. Debbie brought a great deal of knowledge and leadership to her work with the College. She was committed to professional development and best practice, and her insights, experience, and passion will be greatly missed.



Thank you to Julie Entwistle, OT Reg. (Ont.), who served as Council President during the past fiscal year, from June 2019 until April 2020, when she stepped away from the position. Her perspective, guidance and collaborative spirit have served the College well.

College Committee Members

Hunaida Abboud

Fitness to Practise Committee

Leanne Baker

Inquiries, Complaints and Reports Committee

Janet Becker

Practice Issues Subcommittee

Andy Beecroft

Quality Assurance Subcommittee

Elizabeth Bell

Quality Assurance Committee

Sylvia Boddener

Practice Issues Subcommittee, *Term ended June 15, 2019*

Anne Cooper-Worsnop

Quality Assurance Subcommittee, *Term ended April 30, 2020*

Matt Derouin

Practice Issues Subcommittee

Elizabeth Eacrett

Quality Assurance Subcommittee

Frances Eller

Practice Issues Subcommittee

Daniel Fyke

Inquiries, Complaints and Reports Committee

Shannon Honsberger

Practice Issues Subcommittee

Shaheeza Hirji

Inquiries, Complaints and Reports Committee

Zuher Ismail

Discipline Committee

Heather Jones

Quality Assurance Subcommittee

Avelino Maranan

Quality Assurance Committee

Jennifer Nieson

Patient Relations Committee

Leona Pereira

Practice Issues Subcommittee, *Term began June 15, 2019*

Hricha Rakshit

Inquiries, Complaints and Reports Committee

Roxane Siddall

Quality Assurance Subcommittee

Tina Siemens

Patient Relations Committee

Christine Sniatala

Quality Assurance Subcommittee

Julie Sutton

Inquiries, Complaints and Reports Committee

Joshua Theodore

Registration Committee

Strategic Objectives 2017-2020



- 1** Confidence in Occupational Therapy Regulation
- 2** Quality Practice by Occupational Therapists
- 3** System Impact Through Collaboration
- 4** Effective Financial, Organizational and Governance Practices

Year In Review



The achievements of 2019-2020 are framed by the College's four strategic priorities:

- Confidence in occupational therapy regulation
- Quality practice by occupational therapists
- System impact through collaboration
- Effective financial, organizational and governance practices

This year marks the final year of our three-year plan. Of course, even with the best planning, circumstances can shift priorities. That was the case early in 2020, as COVID-19 re-shaped the College's activities. Throughout this annual report, you will see reference to the College response during this unprecedented time.

Confidence in occupational therapy regulation

Part of trusting occupational therapists is having confidence in the body that regulates them. It's vital for clients, patients, caregivers and others to understand the role of the College and its value. The way we operate, make decisions and engage the public — open and transparently — also shows our own accountability to the public. Over the past three years, we have introduced new processes and evolved existing ones to ensure we continue to deliver on those commitments.

Supporting Indigenous Communities

In 2015, the [Truth and Reconciliation Commission \(TRC\) released its final report](#), which included 94 [Calls to Action](#). These Calls to Action offer direction on where systemic change is needed to further reconciliation between Canadians and Indigenous Peoples.

Of particular relevance to the College of Occupational Therapists of Ontario is the [section on health, including Calls to Action 18-24](#). These parts of the report address the health disparities faced by Indigenous Peoples and acknowledge how poor health outcomes are linked to the history of colonization in Canada. Recommendations for how to begin addressing these gaps include increasing the number of Indigenous professionals working in health care.

One of the steps the College would like to take is to help to increase the number of Indigenous occupational therapists in Ontario. To this end, the College would like to know how many Indigenous occupational therapists are practising in Ontario currently. Registrants were invited to voluntarily self-identify during 2019-2020 annual renewal. This information will help us to monitor progress over time. All information is confidential and data collected will be used in aggregate only.

“Part of trusting occupational therapists is having confidence in the body that regulates them.”



Improving processes

The College's risk management program has now been fully integrated across the organization. The program informs the College's strategy, operations and project selection, with quarterly reports to Council. Similarly, with a goal of mitigating risk, the College has streamlined its processes for ensuring all occupational therapists maintain professional liability insurance. Reducing insurance lapses adds to public protection: A November 2019 audit indicated 98.5% compliance with insurance requirements.

To register in Ontario, occupational therapists (OTs) must provide evidence as to whether they've been found guilty of any offence (criminal offence, or any offence relating to the practice of occupational therapy). OTs must also have nothing in their previous conduct that will impact their ability to practice occupational therapy safely and ethically. One of the ways that the College learns about this type of information is through a Vulnerable Sector Check. Vulnerable sector screening has been around for three years for new registrants. A planned audit for current registrants this year was pushed to the next fiscal year due to the COVID-19 pandemic.

Building awareness and understanding

Sharing information about the role of the College in public protection is critical to our work and an ongoing focus of our communications. Social media has continued to be an effective means of connecting with audiences and was a medium leveraged early in the year with a LinkedIn pilot campaign promoting the College's employer resource page.

Videos are also an effective means of delivering messages and help to build understanding of expectations for health professionals. Two animated clips, [“What to Expect From Your OT”](#) and [“How to Share a Concern or File a Complaint”](#), were developed in-house and promoted on social media. We worked to ensure the messages were simple and followed plain language principles. Other short videos (*to launch later this year*) feature the College Practice team responding to common questions such as: “Do I Need a Referral?” and “Can an OT Help Me Transition Home From The Hospital?”


While we have embraced social and digital media, we also recognize the importance of community news and face-to-face conversation. A series of articles about the role of occupational therapists and the College were picked up by 39 community papers and the College practice team, along with other regulators, answered questions from the public at the Zoomer trade show in Toronto.


To help people become more aware of health professional regulation overall, the College helped promote [OntarioHealthRegulators.ca](https://ontariohealthregulators.ca), a multi-College public-facing website. Promotion happened at the Zoomer trade show noted above, online with Google ads, and through the Canadian Association for Retired Persons and Zoomer publications.

In early 2020, the Communications team worked to support the College's COVID-19 response. Other outreach initiatives were put on hold due to the pandemic.


“Sharing information about the role of the College in public protection is critical to our work...”

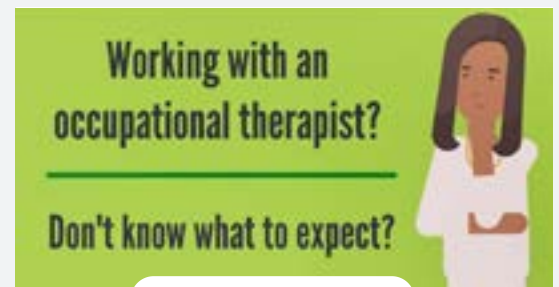


 **14** New videos on YouTube
↑ **123%** increase in subscribers

180 Posts on LinkedIn 
↑ **72%** increase in followers

 **344** Tweets on Twitter
↑ **57%** increase in followers

223 Facebook posts 
↑ **27%** increase in followers



“...the Quality Assurance program gives registrants a chance to **reflect on their practice** and focus on where they need to learn more.”



Quality practice by occupational therapists

The principles of quality, safety and ethics go together. Quality care meets (or ideally exceeds) professional expectations. Safety has to do with avoiding harm. And ethics is about serving the interests of patients first, in a way that upholds the integrity of the profession. The College continually reinforces these principles, for which occupational therapists are accountable, and engages OTs to advance them.

Advancing quality assurance

The College's Quality Assurance (QA) program measures knowledge and performance to ensure OTs are meeting the Essential Competencies and the Standards of Practice of the profession. Taking part in the QA program gives registrants a chance to reflect on their practice and focus on where they need to learn more. The program provides support, tools and feedback so registrants continue to enhance their skills.

To ensure continuing competence and quality care, each year the College randomly selects a group of registrants to participate in an assessment of their practice. Peer assessors have now implemented a coaching model, providing immediate feedback to OTs, which allows for real time adjustments to practice. The model improves public protection and service delivery. All QA materials, including assessment documents and website content, were revised to reflect this updated approach. New material was created and promoted to address the “Top 5 Myths About Peer and Practice Assessments”.



Continuing competence

Continuing competency is the process of refining one's skills and knowledge, as there can always be gaps. The College is developing a new, evidence-informed process, and tools, to assess the continuing competence of OTs across practice contexts. This process will trigger when additional assessments are required.

The first phase of the project is focused on developing and piloting the new process and tools, including the selection of OTs that participate each year. The College retained subject matter experts to complete this phase; and work began in September 2019. Future phases of the project will focus on the use of technology within the program and alignment of the new process and tools with other components of College programs.

Occupational therapists are one of six regulated professions that have been granted the authority to perform the controlled act of psychotherapy.

Controlled Act of Psychotherapy

Occupational therapists are one of six regulated professions that have been granted the authority to perform the controlled act of psychotherapy. The controlled act is defined as: *Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.* To prepare for the controlled act of psychotherapy, the College created and delivered education and resources.





Guiding practice

The College Practice team launched the “Conversations with the College” webinar series in November 2019. The inaugural webinar addressed the topic of psychotherapy and practice expectations when the controlled act regulation took effect. Two subsequent webinars addressed service delivery during COVID-19 and return to work guidance as the province reopened. Feedback has been positive with record traffic to recordings posted on the [College YouTube channel](#).

“Professional standards reflect evolving practice.”

Educating stakeholders

The College delivered 23 presentations to audiences ranging from employers to registrants to Ontario university programs over the course of the year, some in collaboration with other regulated health professionals, such as physiotherapists. We also worked with our Ministry and regulatory partners to inform development of the Ministry of Health’s Applied Behavioural Clinicians Framework. Survey response from 388 OTs informed the feedback provided by the College.

Evolving Standards

Professional standards reflect evolving practice. The College reviewed and revised the Standards for Infection Prevention & Control (formerly the Standards for Infection Control) and approved the draft Standards for Acupuncture for public and stakeholder consultation.

The revised Guide to the *Child, Youth and Family Services Act*, 2017 was updated to reflect current regulation and was also approved for release.

Practice team Q&As addressed current topics and specific practice issues identified in the interest of public protection, including OCF-18 medical cannabis treatment plans (used in the auto insurance industry), and clients requesting corrections to clinical records. These resources were shared via newsletter and are also available on the website.

System impact through collaboration

The College participates in and serves as a leader of many initiatives, and is recognized and respected for its efforts. These involvements help to share ideas, drive improvements and support quality practice by occupational therapists.

Developing competencies

[CORECOM](#) is a pan-Canadian initiative (across the academic, association and regulatory sectors) to develop one set of national occupational therapy practice competencies. The project marked its mid-point and is due to conclude in March 2021. The College is developing the implementation plan to incorporate the national competencies across all program areas. The end result of the project will be a consistently high standard of what's taught and evaluated across the country. This year, the College Registrar served as Chair of the national CORECOM project.



Effective financial, organizational and governance practices

Following best practices in how we operate is part of serving the public. In our day-to-day operations, the College constantly looks for ways to be responsive, efficient and accountable.

Enhancing technology

The enterprise system project aims to provide a streamlined and efficient system that will build a strong foundation to support the College and its mandate. The College completed phase 1 of the project, which included a request for information and a map of the current and desired state.

Modernizing governance

Modernizing our governance structure will ensure our focus remains on the College's mandate of public protection. Working group recommendations for governance reform evolved around the size, composition and selection of Council; the separation of Council and statutory committees; and the role of the Executive Committee. The recommendations were approved in principle. A three-year implementation plan was also approved.

Engaging the public

The [Citizen Advisory Group](#) (CAG) is a way to engage the public and bring the patient voice to health regulation. In-person and telephone focus groups with CAG provided public perspective to inform the development of the College's strategic plan for 2020-2023. Informed by this valuable public feedback, we held a Council strategic planning session, and developed the [2020-2023 plan priorities](#). The new strategic plan launched on June 1, 2020.

“Modernizing our governance structure will ensure our focus remains on the College’s mandate of public protection.”

Responding to COVID-19



“The COVID-19 pandemic has affected all of us and every facet of Ontario’s health care system.”

The COVID-19 pandemic has affected all of us and every facet of Ontario’s health care system. From the outset, the College has adapted. We shifted our operations, provided guidance and resources to registrants, showed flexibility as needed, and served the public interest. Together, these efforts ensured that the College and the occupational therapists we regulate are well-positioned to meet evolving needs and challenges.



Health human resource planning

As part of a broader health human resource initiative within the Ministry of Health, the College participated in the process to recruit OTs to voluntarily return to the workforce during the pandemic. This helped address potential health human resource shortages.

The College promoted this initiative directly to current and past registrants and adjusted processes to facilitate rapid registration at no extra cost.

Extended deadlines

Recognizing the impact of the pandemic on the work of many OTs, the annual renewal deadline was extended from May 31 to August 31. This decision allowed time for the health care system and services to reopen. In addition, the Registration program developed a new process to provide affected registrants with the option of renewal fee payment by monthly installment.

In recognition of increased demands on health professionals, the College:

- exempted all registrants from completing the 2019 Professional Development (PD) Plan; and
- extended the deadline to complete the 2020 Prescribed Regulatory Education Program (PREP) and Self-Assessment from October 31 to December 31.

COVID-19 has placed significant additional stress on all health professionals.



Communicating with the profession

COVID-19 has placed significant additional stress on all health professionals. Sharing up-to-the minute information and responding quickly to inquiries about appropriate practice and College expectations were critical steps to ensure safety.

A dedicated COVID-19 webpage was created to provide access to key resources, directives, and guidance. The webpage continues to be regularly updated as new information and resources becomes available.

Guidance documents for delivery of occupational therapy service were produced and released:

- *Guidance on Occupational Therapy Services During COVID-19*; and
- *COVID-19 Return to Work Guidance for Occupational Therapists* (in collaboration with the rehabilitation Colleges to help achieve consistent reopening guidance).

Through eblasts, social media posts and webinars, the College provided information about relevant policies, practices and developments.

Communicating with the public

On the College's COVID-19 webpage, we highlighted key government and Public Health Ontario resources for the public that addressed, for example, what to do if you're sick, and how to recognize symptoms. The College also provided information on mental health resources and answers to questions about what to expect when receiving virtual care and service in-person.

In partnership with our professional health regulatory partners, the College participated in a Citizen Advisory Group (CAG) focus group on the resumption of regular healthcare services. The feedback received helped ensure the patient/client voice informed the activities and guidance provided on this topic.



Coordination and consultation with outside bodies

Throughout, the College worked with health care system stakeholders and government agencies, including the Emergency Operations Centre, Public Health Ontario and the Ministry of Health, which ensured accurate and timely information was provided to OTs.

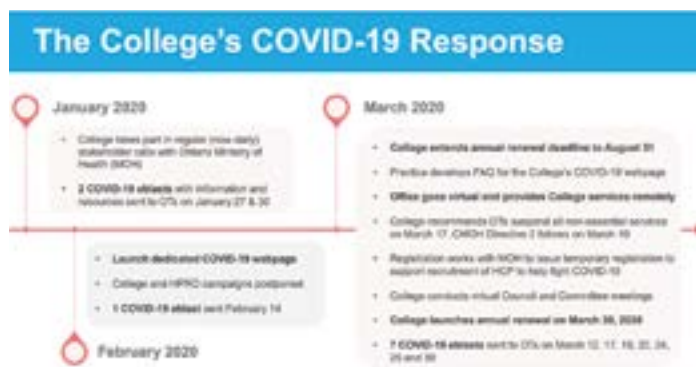
The College collaborated on two webinars with the [Ontario Society of Occupational Therapists](#). The goal was to provide guidance to OTs on key COVID-19 related developments in the auto insurance sector and hospital settings.

We also communicated with universities about the impact of COVID-19 on student practical experiences and the implications for future registration. This extended to communication with OT regulators from other provinces, as well as the Academic Accreditation Council.

The College was in regular communication with our exam provider, the [Canadian Association of Occupational Therapists](#), regarding the National Occupational Therapy Certification Exam. That assisted with decisions regarding the exam's deployment during the pandemic.

Remote operations

To fulfill health and safety obligations with respect to employees, the College began complete virtual operations on March 16, 2020. College operations were never halted, allowing us to continue to fulfill our public protection responsibilities. Additionally, to prevent the risk of contracting and spreading the virus, the College moved to virtual Council and committee meetings, with electronic meeting packages. An [in-depth timeline of our response](#) is available on our website.



Patient Relations



The **Patient Relations Committee** develops and implements the Patient Relations program at the College.

Between June 1, 2019 and May 31, 2020 the Patient Relations Committee (PRC) undertook the following projects:

- Review and revision of Code of Ethics and the accompanying Guide to the Code of Ethics
- Updating the policy related to Funding for Therapy, Counselling and Related Expenses for Clients Alleging Sexual Abuse by an Occupational Therapist

The revised Code of Ethics document was approved by Council for circulation at their

March 26 meeting. It is planned to be circulated to registrants and stakeholders for feedback as soon as appropriate, given the global pandemic. The Guide to the Code of Ethics was approved by the PRC on February 13. The guide does not need to be circulated.

The policy for Funding for Therapy, Counselling and Related Expenses for Clients Alleging Sexual Abuse by an Occupational Therapist, was passed by the PRC at their February 13, 2020 meeting and later approved by Council at the March 26 meeting.

There were no applications to the Committee for the sexual abuse fund in this fiscal year.

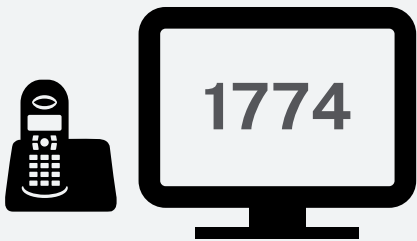
Practice Resource Service



A team of occupational therapists at the College make up the **Practice Resource Service**. The team is available to respond to inquiries and offer reliable and timely information about the practice of occupational therapists in Ontario. The public, employers, occupational therapists, and others can contact the confidential service by phone or email.

The service supports the understanding and application of practice standards to promote delivery of safe, ethical, and effective occupational therapy services.

Practice Inquiries



Calls and emails
in 2019/2020

Who's using the Practice Resource Service?

It's not just occupational therapists. We receive calls and inquiries from the public, clients and family members, students, employers and more.

Information gathered from the *Practice Resource Service* data enables the College to be *responsive to evolving practice and develop resources* to support quality, safe, and ethical practice by occupational therapists.

Top 5 Topics from the Public



**Finding
an OT**
(Using the
Public Register)



Scope of practice
What's normal? What
should I expect when
working with an OT?



Billing/Fees

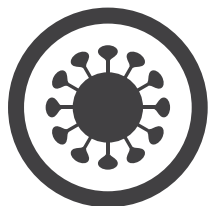


Record keeping
(Privacy and
Access)



Other

Top 5 Topics from Occupational Therapists



COVID-19



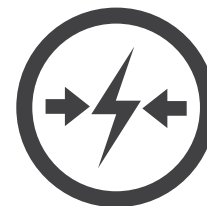
Record keeping



Consent



**Telepractice
and jurisdiction**



**Conflict of
interest**

Standards and Resources

In 2019-2020 the following College Standards and resources were updated:

- Standards for Infection Prevention and Control
- Guide: *Child, Youth and Family Services Act*
- Standards for Acupuncture
- Guide to the Controlled Acts and Delegation

Consultations

Public consultations were held to inform revisions to these two Standards:

- Standards for Infection Prevention and Control
- Standards for Acupuncture

Outreach

- Outreach to Ontario occupational therapy university programs and two OTA College Programs (Mohawk and Niagara) – Topics include: Conscious Decision Making, Record Keeping, Role of the College, Professional Boundaries and Professionalism, Controlled Acts, Scope of Practice, and Conflict of Interest
- Joint presentation with College of Physiotherapists at Michael Garron Hospital to OTs, PTs and OTA/PTAs. Topic: Standards for Supervision of OTAs and Physiotherapists Working with PTAs
- Joint presentation with Colleges of Registered Psychotherapists, Social Workers, Nurses and Physiotherapists at Cornwall Hospital. Topic: Record Keeping and Mental Health

**We're here
to help!**



Anyone can contact the **Practice Resource Service** at practice@coto.org or 416.214.1177/1.800.890.6570 x240. Service is free and confidential.



**General Questions
& Inquiries**



1.800.890.6570

Call the College:

Press 0 or email info@coto.org and you'll connect with our Information and Resource Associate.

Adapting to Change

Controlled Act of Psychotherapy

The controlled act of psychotherapy was proclaimed on December 31, 2019. The College is one of six regulatory Colleges whose members are legally allowed to practise the controlled act of psychotherapy.

In November, the Practice team hosted a **“Conversations with the College”** [webinar on psychotherapy](#) to discuss expectations for practice. More than 400+ participants joined in. An [FAQ document](#) addressing supervision, competence, and the controlled act was released following the webinar.

Student Placement

Four student placements were offered in 2019-2020: the focus included revising practice guidelines, developing practice resources, improving the way we collect and analyze practice data, and making suggestions to inform future educational opportunities for registrants.

COVID-19 Response

Starting in March 2020 the practice resource service was largely devoted to addressing issues relating to COVID-19 and occupational therapy practice. Between mid-March and May 31st, 2020, the practice service fielded over 500+ inquiries related to COVID-19.

Two **“Conversations with the College”** webinars were developed and released:

- COVID-19 and Occupational Therapy on COVID-19 (1500+ views)
- Gradual Reopening: COVID-19 and Occupational Therapy (1,200+ views).

The team also collaborated with the Ontario Society of Occupational Therapists to deliver joint webinars during COVID-19 pertaining to Auto Insurance Sector Practice and Hospital Sector.

Practice Issues Subcommittee

The Practice Issues Subcommittee is a nonstatutory committee that functions as an advisory committee on occupational therapy practice.

This Subcommittee plays a pivotal role in the development and review of Standards of Practice as directed by Council and provides insight into challenges in various practice areas.

Practice Issues Subcommittee is comprised of occupational therapists from across the province with a variety of backgrounds and experiences.



Watch our webinars

Registration



The **Registration Committee** establishes and maintains the requirements for registration with the College.

The Committee reviews and makes decisions on all applications that are referred to it by the Registrar, written reasons are issued for each decision made by the Committee.

The Committee approves all policies pertaining to the requirements of registration. This year, the following actions were taken by the Committee to enhance the College's ability to carry its mandate of public protection:

- Affirmed the College's commitment to the calls to action made by the The Truth and Reconciliation Commission of Canada (TRC) by including an option to voluntarily self identify as Indigenous on the College's annual renewal form.
- Approved plain language revisions to the following registration policies:
 - Alternative Documents for Registration
 - Applicant Access to Application File
 - Authorization to work in Canada
 - Currency Requirement for Annual Renewal
 - Language Fluency Requirement
 - Practicing without Authority
 - Vulnerable Sector Screening
- Reviewed 11 applications referred to the Committee by the Registrar

Registration Committee

Total Decisions	11
<i>Outcomes</i>	
Issue certificate of registration	5
Issue certificate of registration after additional training	5
Deny certificate of registration	0
Reviewed for recommendation only	1
<i>Appeals to the Health Professions Appeal and Review Board</i>	
Upheld	2
Withdrawn	0
In process	0

Other Registration Program Work:

- Completed the College's annual Fair Registration Practices Report to the [Office of the Fairness Commissioner](#) (OFC).



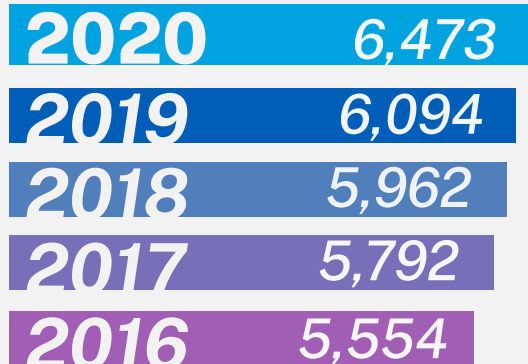
COVID-19 Response

- Assisted and managed health care staffing shortages during the COVID-19 pandemic by: approving a directive allowing the Registrar to exempt certain requirements for a temporary certificate of registration to inactive occupational therapists, and participating in the Ministry of Health's Health Workforce Matching Portal.
- Provided a registration extension to August 31, 2020 and monthly payment options for occupational therapists to help those financially impacted by the pandemic.

Professional Snapshot

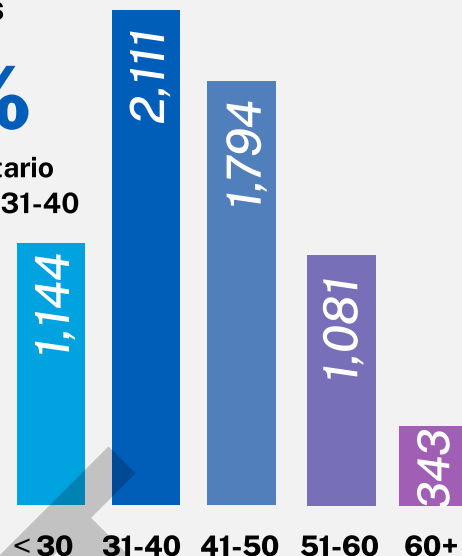
Registrants by the Numbers

6,473 OTs registered in Ontario in 2019/2020



Age of OTs

33% of OTs in Ontario are between 31-40



Certificates of Registration Issued in 2019/2020



522 certificates issued

Where were new registrants educated?

83% *Educated in Ontario*
10% *Outside of Ontario in Canada*
7% *Outside of Canada*

309

New registrants who graduated in 2019/2020

Where were our recently graduated registrants educated?

88% *Educated in Ontario*
8% *Outside of Ontario in Canada*
4% *Outside of Canada*

Top Sources for International Graduates

- | | |
|-------------------|-----------------|
| 1. United States | 5. Hong Kong |
| 2. United Kingdom | 6. South Africa |
| 3. India | 7. Ireland |
| 4. Philippines | 8. Israel |

Where were our OTs educated?



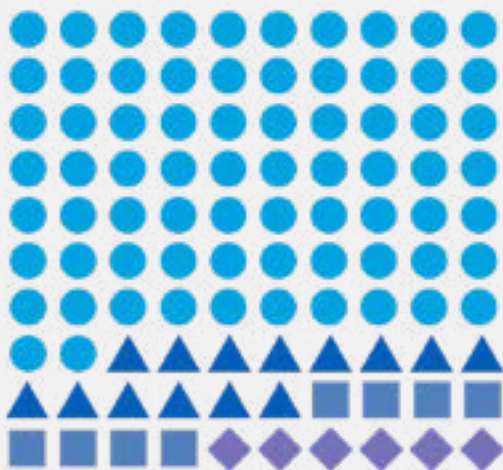
82% of registrants educated here in Ontario

9% of registrants educated outside of Ontario within Canada

9% of registrants educated internationally



Nature of Practice



72%

of registrants work in clinical practice

● Clinical	4,687
▲ Mixed	888
■ Non Clinical	528
◆ Not Stated	370

Who are OTs working with?

38%	of registrants work primarily with adults and seniors
18%	of registrants work primarily with clients of all ages
16%	of registrants work primarily with children and youth (ages 0-17)
14%	of registrants work primarily with adults (ages 18-64)
8%	of registrants work primarily with seniors (ages 65+)
6%	of registrants did not state their client age group or it was not applicable

Roles and Areas of Practice

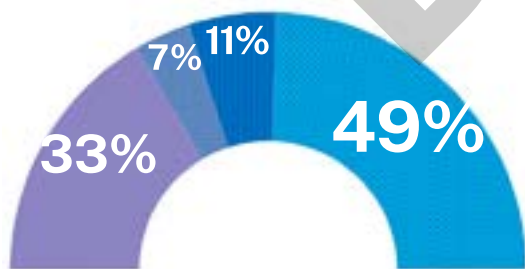
74% of registrants work as direct service providers

Other common roles include:

consultants (5%) and managers (4%)

49%

of OTs in Ontario work in physical health



Physical Health	49%	3,087
Other	33%	1,872
Mental Health	11%	682
Administration	7%	453

Quality Assurance

The College is mandated to ensure Ontarians receive safe, effective, ethical care from occupational therapists. Assuring competence is a cornerstone of the College's **Quality Assurance** (QA) program. The program supports occupational therapists to remain competent and engage in ongoing learning through an evaluation of their skills, knowledge, and judgement to promote quality practice. The program identifies occupational therapists who require support and provides that support through education and if needed, remedial action.



Over 2019-2020, the Quality Assurance Committee:

1. Guided development of the 2020 Prescribed Regulatory Education Program (PREP): Managing Risks in Occupational Therapy Practice.
2. Recommended Council approve the College's new competency assessment process. The new process assesses the continuing competence of a group of occupational therapists each year as a means of identifying those who may require support or remediation to ensure quality practice

Based on research conducted by the College and the input of experts in competency assessment, a new, innovative, risk-based process for selecting OTs and assessing continuing competency has been developed.

This process includes three steps: selection based on risk factors, screening, and assessment by a College-trained peer assessor for individuals identified as potentially having gaps in their knowledge or skills.

*Note the decision by Council was made in June 2020.

3. As the competency assessment process is in development, this year, registrants were selected to participate in the competency assessment process based on stratified random sampling. Selection criteria included: registrants who had never previously participated and who have been registered with the College for at least five years and are in a clinical practice. Peer assessors were trained in using a coaching model as part of the assessment process to provide real time feedback and support immediate changes in practice to promote safe and quality care of clients.
 - Nine peer and practice assessments were completed
 - Eight deferrals were granted
 - Thirteen assessments have been suspended due to COVID-19 with anticipated completion over 2020-2021
4. Issued decisions on 32 registrant cases (*see table for more information*).

“The College is mandated to ensure Ontarians receive **safe, effective, ethical care from occupational therapists. Assuring competence is a cornerstone of the College’s Quality Assurance program.”**

Annual QA Requirements Compliance

(June 1, 2019 – May 31, 2020)

Each year, occupational therapists are required to complete a Professional Development (PD) Plan and a Prescribed Regulatory

Education Program (PREP). Every other year, occupational therapists are also required to complete a Self-Assessment (SA).

Due to COVID-19, all registrants were exempted from completing their 2019 PD Plan.

	Registrants Required to Complete	Completed	Compliance
2019 Self-Assessment	3,474	3,422	98.5%
2019 PREP	6,056	5,998	99%
2019 PD Plan	All registrants exempt due to COVID-19	N/A	N/A

* At the October 31, 2019 PREP and SA due date, 274 registrants were new or returning and excluded from mandatory completion of the PREP and SA.



Case Decisions

The College's online quality assurance site, MyQA, provides real-time data about completion of mandatory QA requirements. This information increases accountability and supports identification of registrants who may require support or education.

The Committee issued 32 decisions in 2019-2020:

- 22 decisions regarding non-compliance with QA requirements (17 from 2019-2020; 5 from 2017-2018):

Required to complete outstanding requirements by specified due date.	10
Completed 2019 requirements after October 31, 2019 due date; considered compliant by the College but noted as late.	8
Required to complete outstanding requirements by specified due date and to participate in a Peer and Practice Assessment.	2
Take no action (TNA) as requirements unable to be completed retroactively, however reminder about policy and potential next steps with repeated non-compliance.	2

- 10 decisions regarding Peer and Practice Assessments:

Required to complete a modified Peer and Practice Assessment to support QAC decision making as registrants had completed Peer and Practice Assessments prior to 2019 with decisions that had been deferred.	2
Take no action (TNA).	3
TNA, but recommended to review Standards for Occupational Therapy Assessments.	1
TNA, but required to complete outstanding QA requirements.	1
Specified Continuing Education or Remediation Program (SCERP) issued.	2
Notice of Intent to Issue Terms, Conditions and Limitations on registrant's practice: Registrant not permitted to supervise occupational therapy students or mentor occupational therapists until SCERP requirements met.	1

COVID-19 Response

In response to the pandemic, the following decisions were made and approved by the QA Committee:

- Exempt all occupational therapists from completing the 2019 Professional Development Plan which would have been due by May 31, 2020.
- Extend the due dates for the 2020 QA requirements (the PREP and Self-Assessment) from October to December 2020.

Inquiries, Complaints and Reports Committee (ICRC)

The Inquiries, Complaints and Reports Committee (ICRC) oversees investigations into an occupational therapist's conduct, competence or capacity including all complaints, health inquiries, and Registrar's Investigations that arise from information reported to the College, including from mandatory reports.

Unless frivolous or vexatious, or the Registrar or the ICRC accepts a complainant's request to withdraw their complaint, all complaints received by the College are investigated.

Complaints

In 2019/2020, the College received 15 new complaints.

The ICRC issued decisions in 31 complaint cases in 2019/2020 (some complaints may have been initiated in prior fiscal years). One complaint in 2019/2020 was resolved through alternative dispute resolution.

The outcomes of the ICRC's 31 complaint decisions are detailed in the table (see right).

<i>Outcomes *</i>	2018/2019	2019/2020
Resolved Complaints	29	31
Take No Action (TNA)	14	21
Specified Continuing Education or Remediation Program (SCERP)	3*	0
Advice/Guidance/Recommendation	7	4
Frivolous and Vexatious	1	2
Caution-in-person	3*	0
Referred to Discipline	0	1
Remedial Agreement (RA)	2	0
Complaint Withdrawn	2	1
Undertaking	0	2

** For some complaint decisions, the ICRC may issue more than one outcome. For instance, in three complaint decisions in 2018/2019, both a SCERP and a caution-in-person were issued by the ICRC.*



Appeals to the Health Professions Appeal and Review Board (HPARB)

The Health Professions Appeal and Review Board (HPARB) reviews decisions made by the ICRC in complaint matters. The HPARB determines if the ICRC's investigation was adequate and if the decision was reasonable. Three HPARB reviews were conducted in 2019/2020. Two ICRC decisions were upheld, while HPARB has yet to release its decision for the other review conducted in 2019/2020.

Additionally, an HPARB review requested by a complainant last year was withdrawn in 2019/2020.

Fiscal Year	Reviewable ICRC Decisions Issued	Review Requests by Complainant	Review Requests by OT	HPARB Reviews Conducted	# of HPARB Decisions Upholding ICRC Decision
2018/2019	29	3	0	3	1/3
2019/2020	31	8	0	3	2/2**

Note: The HPARB reviews that are conducted in a fiscal year may relate to review requests from a previous fiscal year.

*** Of the three HPARB reviews that were conducted in 2019/2020, 2 ICRC decisions were upheld and HPARB has yet to release its decision for the other review conducted in 2019/2020.*

Registrar's Investigations

The Office of the Registrar received reports resulting in 29 investigations being opened in the 2019/2020 fiscal year. Information forming the basis of nine of these Registrar's Investigations came to the College's attention through mandatory reports received from occupational therapist employers.

The Registrar administratively closed seven Registrar's Investigations during the 2019/2020 fiscal year.

	2018/2019	2019/2020
Resolved Registrar's Investigations	71	40
Closed by the Office of the Registrar	37	7*
Take No Action (TNA)	14	13
Advice/Guidance/Recommendation	11	4
Specified Continuing Education or Remediation Program (SCERP)	2	0
SCERP and Caution-in-Person	3	0
Remedial Agreement	3	8
Remedial Agreement & Advice/Guidance	0	2
Undertaking to Resign/Never Reapply	1	1
Referred to a Panel of ICRC for Health Inquiry	0	3
Undertaking	0	2

** The difference in this category from 2018/2019 is due to a streamline in the internal process respecting occupational therapist non-compliance with the College's professional liability insurance requirements.*

Administrative Action Outcomes

Education Letter Sent to OT: 2

Matter administratively closed pending re-registration: 2

Closed with no further action: 3

Administrative action is taken where the Registrar does not have “reasonable and probable” grounds to seek the ICRC’s approval to appoint an investigator and/or where the public is adequately protected without a formal investigation being carried out.

The ICRC made 33 decisions on reports arising out of Registrar’s Investigations in 2019/2020.

Trends from Complaints and Registrar’s Investigations

The majority of complaints received concern occupational therapists working in the auto insurance sector.

33% of complaints confirmed in 2019/2020 relate to occupational therapists working in this sector and all arose out of insurer examinations performed by the occupational therapists.



- Complainants in motor vehicle accidents were most concerned about the accuracy of the occupational therapist’s assessment report, the occupational therapist’s communication with them during the assessment, and that the occupational therapist is biased in favour of the insurer.
- Mandatory reports received from occupational therapist employers primarily raised concerns related to documentation, conflict of interest, clinical reasoning, and issues surrounding privacy, billing, and professionalism.
- For Registrar’s Investigations in which the ICRC issued an outcome aside from Take No Action, the Committee generally had concerns respecting the occupational therapist’s record-keeping responsibilities, their obligation to ensure a client-centred practice and to demonstrate accountability in all their professional interactions.

Discipline and Fitness to Practice Committees

Discipline Committee

The Discipline Committee conducts hearings into allegations of professional misconduct or incompetence that are referred to it by the Inquiries, Complaints and Reports Committee (ICRC).

During the 2019/2020 fiscal year, one referral from the ICRC was received and processing of the matter commenced thereafter. There were no discipline hearings held at the College during the past fiscal year.

Fitness to Practise Committee

The Fitness to Practise Committee holds hearings to determine if an occupational therapist is physically or mentally incapacitated.

There were no Fitness to Practise hearings held at the College during the 2019/2020 fiscal year.

DRAFT

Summary Financial Statements

Report of the Independent Auditor on the Summary Financial Statements

To the Council of the College of Occupational Therapists of Ontario

Opinion

The summary financial statements, which comprise the summary statement of financial position as at May 31, 2020, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Occupational Therapists of Ontario (the “College”) for the year ended May 31, 2020.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria described in the note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor’s report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor’s report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated September 21, 2020.

Management’s Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria described in the note to the summary financial statements.

Auditor’s Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.



Toronto, Ontario
September 21, 2020

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Summary Statement of Financial Position

May 31	2020 \$	2019 \$
ASSETS		
Current assets		
Cash	1,997,651	4,317,873
Investments	605,233	1,538,244
Prepaid expenses	45,147	38,081
	2,648,031	5,894,198
Long-term investments	2,484,488	2,644,379
Capital assets	238,823	104,816
	2,723,311	2,749,195
	5,371,342	8,643,393
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	681,577	730,427
Deferred registration fees	714,742	3,977,455
	1,396,319	4,707,882
NET ASSETS		
Invested in capital assets	238,823	104,816
Internally restricted for hearings and independent medical exams	400,000	350,000
Internally restricted for premises	800,000	800,000
Internally restricted for sexual abuse therapy and counselling	25,000	18,000
Internally restricted for contingencies	1,600,000	1,590,000
Internally restricted for enterprise wide IT system	435,000	125,000
Unrestricted	476,200	947,695
	3,975,023	3,935,511
	5,371,342	8,643,393

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Summary Statement of Operations

Year ended May 31	2020 \$	2019 \$
Revenues		
Registration fees	4,320,856	4,187,150
Investment and other income	179,614	163,194
	4,500,470	4,350,344
Expenses		
Salaries and benefits	2,606,565	2,341,589
Quality assurance	92,070	68,796
Investigations and resolutions	329,205	111,999
Communications	68,465	59,433
Council	150,956	148,929
Occupancy cost	292,971	271,472
Operational initiatives	199,903	143,823
Amortization	28,086	50,049
All other operating expenses	692,737	671,086
	4,460,958	3,867,176
Excess of revenues over expenses for year	39,512	483,168

Note to Summary Financial Statements

May 31, 2020

1. **Basis of presentation**

These summary financial statements are derived from the audited financial statements of the College of Occupational Therapists of Ontario (the "College") for the year ended May 31, 2020, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Management prepared these summary financial statements using the following criteria:

- (a) the summary financial statements include a statement for each statement included in the audited financial statements, except for the statements of changes in net assets and cash flows;
- (b) information in the summary financial statements agrees with the related information in the audited financial statements; and
- (c) major subtotals, totals and comparative information from the audited financial statements are included.

The audited financial statements of the College are available to members upon request from the College.

DRAFT



Thank You

Has there ever been a time to show more gratitude?

We are so thankful to everyone – clients, caregivers, occupational therapists, students, Council, Committee and Subcommittee members, staff, members of the Citizen Advisory Group, peer assessors, volunteers, and many more – who contributed to ensuring the safe delivery of occupational therapy services to people across Ontario.

Whether shared in-person or virtually, your compassion, guidance, time and expertise have made a difference.

Thank you.



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

Contact Us

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COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Nabila Mohammed, Director of Finance and Corporate Services
Subject: FY20/21 Q1 Financial Report

Page 1 of 6

Recommendation

***THAT** Council approves the August 2020 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 August 31, 2020
 - **Statement of Operations** for the period June 1, 2020 to August 31, 2020

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

(Please refer to the attached Statement of Financial Position as at August 31, 2020)

There are several items to note with respect to the changes to assets:

- The cash position as at August 31, 2020 reflects the funds received as of the extended annual renewal deadline. Due to the timing delay in the funds reaching the bank, a significant portion of annual renewal funds were received in the first few days of September 2020. As a result, approximately \$630,000 will be reflected in the next set of financial statements presented.
- The balance in the investments will not align with the monthly BMO Investment Reports for interim financial reporting 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. Variances to prior year reflect changes in the investment portfolio, including investments purchased in June 2019 and others maturing throughout the year.
- Property and equipment have increased year-over due to the renovation as well as purchase of a new server.

Significant items to make note of with respect to liabilities for the period include:

- Accounts payable and accrued liabilities are higher compared to the same period last year due to the HST remittance pending payment. The Q1 HST filing is due at the end of September for the period of June 1, 2020 to August 31, 2020. This is significantly higher than the same period last year due to the extension of the renewal deadline, which was a decision made in light of the COVID-19 pandemic. The College collected more HST in Q1 because the majority of renewal

funds were received during this period, whereas in FY1920, these would have been received by May 31, 2020.

- Deferred registration fees consist of funds that are collected in one fiscal year but recognized as revenue in the following fiscal year. These funds are applied evenly at a quarterly rate of approximately \$149,500 per quarter. The significantly lower balance in deferred registration fees as compared to last fiscal year is another impact from the extension of the annual renewal deadline. The majority of renewal fees were received in Q1 and recognized as revenue immediately instead of as deferred registration fees.

The 'Net Assets' section of the Statement of Financial Position reflects the following:

- An increase in the reserve funds and a decrease in unrestricted amounts due to the allocation to reserve funds made in March 2020.
- An increase in the amount invested in fixed assets due to the costs associated with the renovation and purchase of a server.
- An increase the excess of revenues over expenses for the period over the prior year is due to the extension of the annual renewal deadline. Instead of smoothing the recognition of deferred registration fees over the fiscal year, renewal fees collected have been recognized in income immediately. As the fiscal year progress, College expenditures will draw down on this amount.

HIGHLIGHTS OF STATEMENT OF OPERATIONS

(Please refer to the attached Statement of Operations for the period of June 1, 2020 to August 31, 2020)

The excess of revenues over expenses for the period was \$2,143,715. The budget had projected a surplus of \$2,631,443 for this period. The results are \$530,687 unfavourable to budget.

Major items making up this variance to budget are noted below:

- Total revenues are \$727,648 unfavourable to budget. As noted above, approximately \$630,000 of annual renewal fees were received in the first few days of September due to a timing delay in the funds reaching the bank. This variance will be reduced in future periods.
- Program expenses are favourable to budget by \$91,600 mostly due to the reversal of the investigations and resolutions year end accrual. Expenses related to the ongoing hearing are being tracked in the Hearings and Independent Medical Exam fund. At the end of the fiscal year, these costs will be allocated back to the program costs.
- Communications is favourable to budget by \$22,600 due to operational need.
- Council is favourable to budget by \$17,011 as virtual meetings have continued into FY2021. The budget took into account a decrease in travel, accommodations, and other costs associated with on-site meetings, however due to the unknowns of COVID-19, to date additional cost savings have been realized.
- Other office operations is favourable to budget by \$33,310 due to required furniture modifications to enable physical distancing coming in less expensive than initially quoted during budgeting. A more affordable option was sourced and purchased. Additionally, as the College was still working remotely in Q1, this has added to a favourable variance.
- Operational initiatives are favourable to budget by \$17,395, mostly due to the governance project. Expenses for this project were less than projected in Q1 due to completing more work in-house

than planned. Expenses will catch up in Q2, however it is expected this project will be underspent overall.

- Professional fees are favourable to budget by \$31,723 due to a delay in further operational planning activities as College resources are still focused on the pandemic responses. This has also resulted in a reduction in operational need for these resources in Q1.
- Depreciation is favourable to budget by \$9,928 as the final expenses related to the renovation are pending and as such the recognition of depreciation has not started yet.

HIGHLIGHTS OF STATEMENT OF RESERVES

(Please refer to the attached Statement of Reserves as of August 31, 2020)

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

To date, the follow expenses have been incurred:

- \$122,668 for the hearing that is currently in progress. This amount is reflected in the Hearings and Independent Medical Exam Fund.
- \$16,232 has been allocated to the 'invested in fixed assets' amount and is reflective of the net additions (due to the renovation and purchase of a new server) and accumulated amortization.

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	There has been an adjustment to the exemption limit for EHT due to COVID-19. This is for the 2020 calendar year only and retroactive to January. The temporary exemption limit for 2020 is 1.95% of calendar payroll over \$1,000,000. In 2021, the exemption limit will return to 1.95% of calendar payroll over \$490,000.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Quarterly	Up to date, HST return filed up to August 31, 2020. Next filing due December 31, 2020 for the period September 1, 2020 to November 30, 2020.
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date, filed February 2020 for the year ended December 31, 2019.
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2019	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2019.	Up to date

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
 As at August 31, 2020

	08/31/2020	08/31/2019
	\$	\$
ASSETS		
Current assets		
Cash	3,516,919	3,076,653
Accounts receivable and prepaid expenses	39,109	29,908
Total current assets	3,556,029	3,106,561
Investments	3,403,321	4,191,334
Property and equipment, net of accumulated amortization	255,055	92,304
TOTAL ASSETS	\$7,214,405	\$7,390,199
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	769,917	215,807
HST payable	134	(2,981)
Deferred registration fees	448,285	2,983,092
Total current liabilities	1,218,335	3,195,917
Total liabilities	1,218,335	3,195,917
NET ASSETS		
Reserve funds	3,137,332	2,883,000
Invested in fixed assets	255,055	92,304
Unrestricted	459,968	960,207
Excess of revenues over expenses for the period	2,143,715	258,771
Total net assets	5,996,070	4,194,282
TOTAL LIABILITIES AND NET ASSETS	\$7,214,405	\$7,390,199

College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
 June 2020 through August 2020

	Q1 Actual YTD ended Aug 31 2020 \$	Q1 Budget FY20/21 \$	Variance %
REVENUES			
Registration Fees	3,032,858	3,750,807	-24%
Application Fees	26,680		
Professional Corporation Fees	5,000		
Interest Income & Other Income	1,580		
TOTAL REVENUES	3,066,119	3,750,807	-22%
EXPENSES			
Salaries and Benefits	684,719	661,627	3%
Programs	19,048	110,620	-481%
Communications	9,722	32,325	-232%
Council	21,374	38,385	-80%
Rent	84,948	85,932	-1%
Information Technology	27,971	23,498	16%
Other Office Operations	43,868	77,178	-76%
Operational Initiatives	22,105	39,500	-79%
Professional Fees	4,277	36,000	-742%
Depreciation	4,372	14,300	-227%
TOTAL EXPENSES	922,403	1,119,365	-21%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	2,143,715	2,631,443	

STATEMENT OF RESERVE FUNDS			
	Opening Balance Jun 1, 2020 \$	Spent to Date/Change \$	Closing Balance Aug 31, 2020 \$
Hearings and Independent Medical Exam Fund	400,000	(122,668)	277,332
Sexual Abuse Therapy Fund	25,000	-	25,000
Contingency Fund	1,600,000	-	1,600,000
Premises Fund	800,000	-	800,000
Enterprise Wide Systems	435,000	-	435,000
Invested in Fixed Assets	238,823	16,232	255,055
Unrestricted	476,200	(16,232)	459,968
Surplus (Deficit) for the Period		2,143,715	2,143,715
TOTAL RESERVES	3,975,023	2,021,047	5,996,070



COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Nabila Mohammed, Director, Finance and Corporate Services
Subject: Five-Year Financial Forecast

Page 1 of 4

Recommendation

This is for information purposes only.

Public interest in this issue

The College has a duty to ensure that it has the financial resources to meet its public protection mandate.

Issue

The College's revenues have been impacted by the COVID-19 pandemic and it is anticipated that this impact will be felt for future years. This is at a time when the College has several large-scale projects that need to be completed. As a result, a five-year forecast has been prepared to provide an estimate of future expenses and the financial position of the College.

Discussion

The auditor, Hilborn LLP, worked with the College finance team to develop the projection being presented. In preparing this forecast, several assumptions have been made about future revenues and expenditures. These assumptions are outlined below.

Revenue

Historically, the College has experienced an average growth of approximately 3% in total revenues year-over-year due to the increases in registrants, however for the next few years, this is not expected to continue.

For revenue, no growth has been assumed for FY2021 due to factors relating to COVID-19. The following assumptions were made:

- New Graduate registrations being delayed until after August 31, 2020, resulting in a reduced fee being collected per the College's fee schedule.
- No growth in renewal fees from professional corporations from FY1920.
- No internationally educated OT's registering due to limited travel and complications of the credentialing process due to COVID-19

For FY2122 slowed growth has been projected as it is assumed that there will be some lasting impacts from the pandemic on future registrants, including the delay in students registering and internationally

educated OTs being a continuing theme. As a result, we have projected growth, but at a slower pace than in the past.

As of FY2223 it is assumed that normal growth will be resumed.

Overall, investment income is based on the expected return on cash and investments and is assumed at 1.5% based on the current prime rate. This trends downward in future years is based on the expected deficits and that available cash will decline.

For application fee income and other income, there were no historical trends identified, so an assumption was made based on stability of prior year numbers.

Overall, this is a conservative revenue projection based on the historical data and the best information we have at this time with respect to the current environment. As more new information is available, the revenue projections will be further refined.

Expenses

The following assumptions were used when forecasting future expenditures:

- All forecasted years are presumed to approximate cash inflows and outflows as significant accrual adjustments have been excluded.
- Overall, an inflation rate of 1.8% was used to account for average annual increases to expenditures aside from salaries and benefits, rent, operational initiatives, and amortization.
- Communications expenses have been based on average costs from FY1819 and FY1920, as well as the budget for FY2021.
- Council expenses are based on average historical expenses, as well as increased costs every three years for strategic planning.
- Information technology costs take into account the following:
 - Implementation of a new enterprise system in FY2122, with an incremental cost increase of \$120,000 annually. This was based on pricing estimates provided by the top vendor in the request for information phase of the project. This is a high-level estimate and will be further refined as the project proceeds.
- Professional fees were based on an average of prior year expenditures.
- The Quality Assurance (QA) program costs are a rough estimate of the costs to run the program once the QA competency project is complete. The estimates are preliminary and being further refined, however the forecast reflects amounts based on initial discussions. The key activities budgeted for include:
 - Peer assessments
 - Development of the Prescribed Regulatory Education Program (PREP) module
 - Costs associated with myQA
- Investigations and Resolutions (I&R) expenditures are forecasted based on average historical cost. There has been an upward trend in complaints across health regulatory colleges, so this number will be further refined as more information and trend data is available.

- Registration costs are mostly related to payment processing fees related in most part to the annual renewal process. These are projected to be relatively steady, however in the future any changes to the process for payment processing will introduce variability.
- Salaries and benefits take into account the following:
 - A year-over-year average increase of 2.5% for staff merit adjustments/bonus
 - Total full-time equivalents (FTE's) are 26 and there is one part-time staff forecasted.
 - No changes to staffing, although it is anticipated the composition of staff may change with the introduction of a new enterprise system. It is too early to determine what this might look like, so no changes in staffing have been included. As more information is available, this will be further refined.
- Rent includes the rates negotiated in the new lease and inflation of 1.8% related to additional rent.
- Operational initiatives consider several factors:
 - In FY2122 it is anticipated there will be increased expenditures related to the implementation of the enterprise system. Currently, this is a rough estimate at \$500,000, however Hilborn has noted that they have seen planning, development and implementation costs range from \$300,000 to \$1M. Expenses for this would come out of the enterprise wide IT system fund. Given the project touches all areas of the College, it is not anticipated that there will be other significant operational initiatives in this year as resources will be focused on the system implementation.
 - In FY2223 onward, an assumed \$100,000 has been used as a placeholder for projects as this is unknown at this time.
- Amortization is forecasted based on known amounts and planned capital expenditures for information technology infrastructure.
- Office operations is forecasted based on average historical cost.

Overall, it is anticipated that there will be increased ongoing operational expenditures once the QA competency project and enterprise systems project are completed, which are big drivers for the future anticipated shortfalls.

Conclusion

The College has healthy levels of reserve funds to be able to manage the anticipated future budget shortfalls for the next few years. As better information related to the ongoing costs of the QA program and enterprise systems is known, the forecast will be refined further. Additionally, an analysis will be done to determine appropriate reserve fund targets for the future. This may have implications for the future and management will be keeping a close eye on the situation.

Attachments

None

COUNCIL BRIEFING NOTE

Five-Year Forecast

Page 4 of 4

College of Occupational Therapists of Ontario Five-Year Forecast

	Actual FY18/19	Actual FY19/20	Forecast FY20/21	Forecast FY21/22	Forecast FY22/23	Forecast FY23/24	Forecast FY24/25
Revenues							
Registration fees	4,109,493	4,228,552	4,272,281	4,324,049	4,380,830	4,495,884	4,613,960
Application fees	77,657	92,304	91,000	100,000	100,000	100,000	100,000
Investment income	152,985	169,048	101,172	125,465	116,552	112,018	107,650
Other	10,209	10,566	10,000	10,000	10,000	10,000	10,000
	4,350,344	4,500,470	4,474,453	4,559,514	4,607,382	4,717,902	4,831,610
Expenses							
Communication	59,433	68,465	123,500	80,000	81,446	82,918	84,416
Council	148,929	150,956	152,442	129,745	132,090	159,477	136,908
Information technology	196,230	153,135	198,996	274,828	326,181	277,557	278,959
Professional fees	116,865	214,809	116,000	118,096	120,231	122,404	124,616
Programs							
QA	68,796	92,070	45,000	300,000	313,301	327,191	341,697
I&R	111,999	329,205	220,000	148,485	155,068	161,943	169,123
Registration	108,545	33,718	194,630	120,000	122,169	124,377	126,624
Salaries and benefits	2,341,589	2,606,564	2,778,280	2,910,255	2,980,222	3,051,937	3,125,446
Rent	271,472	292,971	343,730	348,762	351,364	369,616	380,115
Operational initiatives	143,823	199,903	227,660	500,000	100,000	100,000	100,000
Amortization	50,049	28,086	33,426	26,477	24,632	16,299	24,632
Office operations	249,446	291,076	219,580	223,548	227,589	231,702	235,889
	3,867,176	4,460,958	4,653,244	5,180,198	4,934,292	5,025,422	5,128,426
Excess of revenues over expenses (expenses over revenues)	483,168	39,512	(178,791)	(620,684)	(326,910)	(307,519)	(296,816)
Non-cash adjustments:							
Amortization	50,049	28,086	33,426	26,477	24,632	16,299	24,632
Capital purchases	-	(162,093)	-	-	-	-	-
Amortization of deferred lease	-	-	-	-	-	-	-
Non-cash working capital	(156,591)	(55,916)	137,084	-	-	-	-
Change in deferred registration	107,431	(3,262,713)	3,285,258	-	-	-	-
	889	(3,452,636)	3,455,767	26,477	24,632	16,299	24,632
Net change in cash	484,057	(3,413,124)	3,276,976	(594,207)	(302,277)	(291,220)	(272,184)
Cash and investments - beginning							
Cash	5,235,193	4,317,873	1,997,651	5,274,627	4,680,420	4,378,143	4,086,922
Investments	2,781,246	4,182,623	3,089,721	3,089,721	3,089,721	3,089,721	3,089,721
	8,016,439	8,500,496	5,087,372	8,364,348	7,770,141	7,467,864	7,176,643
Cash and investment - ending	8,500,496	5,087,372	8,364,348	7,770,141	7,467,864	7,176,643	6,904,459



COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Executive Committee
Subject: Risk Management Report

Page 1 of 5

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 should review the report and recommend Council receive the current report.

The risk register in its entirety was reviewed by Executive at their June meeting. The risks that have been categorized as high or critical risks are now brought forward for review.

Discussion & Update

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.

Risks we are Monitoring – added to internal risk register

Some risks we are monitoring but haven't been raised to the high/critical level are:

- the risk of a cyber attack and ransom demands. We are aware of this occurring at other organizations and have reviewed our processes to be as robust as possible.
- The concerns of registrants related to annual renewal for the 2021 process. We are planning our processes now and the communications related to it. We hope to maintain normal timelines this year if possible.

The following five high or critical risks have been identified for review in this quarter:

Risk Category	STRATEGIC
Risk:	Regulatory Modernization – The Ministry of Health will be collecting a large number of metrics and evidence around various facets of all college operations through the College Performance Measurement Framework (CPMF). (Updated)
Control Procedure(s)	<ol style="list-style-type: none">1. Membership with Health Profession Regulators of Ontario (HPRO)2. Governance objective on the strategic plan.3. New ongoing Governance Committee with plan to align governance structures and processes with best practices.4. Establishing and sustaining positive government relationships5. Collaborating with the Ministry of Health (MOH) on the College Performance Measurement Framework
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none">1. HPRO meetings and working group participation2. Ministry updates3. College networking updates4. Governance Committee reports at Council Meeting <p>Action Plan:</p> <ol style="list-style-type: none">1. Deputy Registrar to work with Program Managers to collect necessary data2. Governance Committee work3. College Performance Measurement Framework to be implemented as per MOH timelines – first report due: Partial November 2020, full report due in March 2021.

Risk Category	QUALITY
Risk:	OTs with competency deficits may be continuing to practice, unchecked by the College, as the Quality Assurance (QA) program is undergoing redesign.
Control Procedure(s)	<ol style="list-style-type: none"> 1. QA competency enhancement requirements in place for all OTs (Prescribed Regulatory Education Program (PREP), self-assessment and professional development plan) 2. Monitoring of compliance metrics (MyQA) with mandatory annual QA requirements 3. Liability insurance requirements for all OTs being monitored 4. Complaints mechanism in place 5. QA competency assessment process project well underway: Council approved new process in June 2020 6. Interim competency assessment process that was suspended due to COVID-19 set to resume, assessments to be completed by end of 2020.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Compliance case reviews by QAC 2. Competency assessment process project progress and approval by Quality Assurance Committee 3. Project progress updates through Quarterly Registrar's Report 4. Project progress updates through Quarterly Priority Performance Report <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Resume interim competency assessment process; complete by December 2020; provide virtual option 2. Release RFP for project vendor for screening step and improvements to peer and practice assessment process - December 2020 3. Revise peer and practice assessment process to improve efficiencies and in preparation for pilot 4. Pilot first step of new competency assessment process beginning in January 2021 5. Recruit more peer assessors to build capacity 6. Review and update policies relating to the peer assessment process, and QAC's capacity and need to review all PPA reports.

Risk Category	OPERATIONAL
Risk:	Current information systems/IT infrastructure not meeting the growing organizational needs. NOTE: Risk level changed from HIGH residual risk to MODERATE (9 Dec 2019) and then changed back to HIGH (20 Feb 2020).
Control Procedure(s)	<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. 5. Enterprise system plan underway.
Action Plan & Monitoring Process	Action Plan: <ol style="list-style-type: none"> 1. Enterprise wide system phase 2, planned for the 2020-2021 fiscal year 2. External project manager contracted and work progressing according to plan 3. Ongoing financial reserves created for development and maintenance of this critical College infrastructure

Risk Category	OPERATIONAL
Risk:	College operations disrupted as a result of a pandemic (i.e. COVID-19)
Control Procedure(s)	<ol style="list-style-type: none"> 1. Pandemic planning documentation revised and updated 2. Technology in place to support operational functioning remotely 3. Pandemic task force in place to triage decision-making 4. Re-deployment of staff in priority areas as required
Action Plan & Monitoring Process	Monitor through: <ol style="list-style-type: none"> 1. Regular calls with stakeholders and pandemic task force 2. Practice team provides regular updates about challenges experienced on front line to support College priorities and communications 3. Regularly reviewing Ministry directives and guidelines to inform College communications and decisions impacting stakeholders 4. Regular monitoring of Ministry of Health actions through weekly updates Action Plan: <ol style="list-style-type: none"> 1. Review of all processes employed during wave 1 to inform ongoing actions 2. Ongoing review and monitoring of legislation to inform decision-making 3. Ongoing discussions regarding registrant challenges to further inform decision-making 4. Documents developed to assist occupational therapists to manage many of the practice changes they are experiencing 5. Updating and documenting of Pandemic plan

Risk Category	OPERATIONAL
Risk:	Revenue is less than previous years due to COVID-19
Control Procedure(s)	<ol style="list-style-type: none">1. Timely reporting of renewal numbers and bookkeeping to ensure we know how many registrants have renewed2. Monitoring of payment plans to prevent non-payment.3. Options to liquidate investments explored and strategy in place
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none">1. Regular communication with stakeholders to inform constraints and requirements for spending2. Regular forecasting to refine projections as the year progresses3. Future planning based on known and assumed changes expected to operational expenditures <p>Action Plan:</p> <ol style="list-style-type: none">1. Evaluate options for a loan/line of credit if there is anticipated cash shortfall2. Monitoring of the COVID-19 pandemic on the College's registrant base to better understand the impact3. Active planning of 2021 renewal process to prevent interruptions or delays in cashflow for the next renewal year.



COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Executive Committee
Subject: Risk Management: College's Strategic Response to the COVID-19 Pandemic

Page 1 of 3

Recommendation

This is for information purposes only.

Public Interest in this Issue

Responding to the COVID-19 pandemic continues to require considerable College resources to support occupational therapists (OTs) and the broader healthcare system. This update highlights the primary College pandemic activities since we last reported to you in June 2020.

OTs in Ontario continue to be pivotal in preventing the spread of COVID-19 through safe and responsible practices, and in providing services to those that have it through competent and ethical care. Supporting Registrants to navigate this pandemic is in the highest interest of public protection.

COVID-19 Pandemic Response – June 2020 to the Present, and Next Steps

Resources & Communications

The COVID-19 pandemic continues to place additional stress on registrants and necessitates continued and targeted communications to provide clarification, education, and guidance. All communications remain deliberate, supportive, and provide for flexible interpretation where appropriate.

Collaboration continues with healthcare system stakeholders and government agencies including the Emergency Operations Centre (EOC), Public Health Ontario and the Ministry of Health to ensure accurate and timely information is provided to OTs.

The College's dedicated COVID-19 webpage continues to be monitored and updated as this provides registrants with access to key resources, directives, and guidance. Updates to this webpage since June 2020 include:

- New FAQs to help guide the practice of OTs working in schools which were informed, in part, using a social media request for questions from OTs working in a school setting
- Revised (Version 3) of the *Covid-19 Return to Work Guidance for Occupational Therapists*
- Updated FAQs on telepractice / virtual service
- Using feedback from the Citizen Advisory Group, practice information and in consultation with Patient Relations, FAQs regarding what the public can expect from their OT during the pandemic was posted and promoted through social media and the July 2020 eNewsletter.

Through eblasts, social media posts, and webinars, the College continues to provide updates on major pandemic related developments. The two recent case studies, circulated to registrants, included information about virtual practice. The following summarizes the activities from June 23 to September 22:

Email Communications	Website News Updates	Social Media Posts	Webinars
5	12	99	1

In collaboration with other rehabilitation Colleges and Public Health Ontario, an Infection Prevention and Control webinar was delivered regarding best practice considerations at their place of employment. A recording of this webinar was made available to all registrants through the College's July 2020 eNewsletter.

With pandemic numbers fluctuating (and now increasing), the Practice team continues to manage pandemic-related calls from OTs (approximately 24% of practice calls during June, July and August). Themes arising from these calls include multi-jurisdiction practice, telepractice, interpretation of Ministry of Health guidance, platforms that are PHIPA compliant, and screening/PPE inconsistencies.

Next Steps: Communications, Policy and Practice continue to monitor the pandemic landscape (news channels, calls and inquiries, and Ministry updates) to determine additional resource and communication needs.

Evaluation and Second Wave Planning

In late June, the College began to review its pandemic response to date. The goal was to determine if improvements to our pandemic response and regulatory effectiveness could be made, and to begin future wave planning and risk mitigation strategies. To support this analysis:

Communications developed a survey for registrants focusing on communications and practice-related pandemic response activities. The survey ran from July 17, 2020 to July 31, 2020 and generated 502 responses. The feedback was analyzed and informed ongoing, and future, pandemic planning. Overall, the feedback from registrants was positive. Some key areas for improvement were highlighted including that we provide more examples of how the updated information impacts specific practice settings, and using webinars/townhalls to disseminate information.

A second survey for staff asking for input on our performance as both regulator and employer, and return-to-office preparedness, was created by the Senior Leadership Team and circulated in August. Overall, the feedback was positive and key considerations included: better clarity around roles, responsibilities, and reporting structures when primary duties are shifted. Some operational improvements were identified through this process, related to remote operations that were implemented.

A Lessons Learned meeting was also recently held with core staff who were, or are, directly engaged in the College's pandemic response. This meeting explored themes from the staff feedback, including evaluating pre-planning activities and workflow processes.

Next steps: At your October 29, 2020 meeting, feedback will also be sought to ensure effective governance continues during this health emergency. All feedback will be used to inform the re-write of the College's pandemic plan (being drafted separately from the current *Business Continuity Plan: For an Influenza Pandemic*).

Registration and Fees

Annual renewal closed on August 31, 2020. As previously reported, the deadline to renew was extended to assist OTs experiencing pandemic related financial difficulties to remain regulated and practicing during economic shutdown. Registrants were also provided with an installment payment option. In total, 157 OTs opted to pay the fee by installments. There were 68 registrants that required support after the August 31 deadline.

Remote Operations

While office renovations for space planning are complete (pending the unpacking required), health and safety obligations dictate that virtual operations continue, with staff only attending the office if it is safe and needed for certain activities (printing, mail, unpacking, etc.). A "Health and Safety during COVID-19" office policy was developed, and an overview provided to staff. This policy aligns with both Ministry guidelines and building protocols and is updated regularly.

Otherwise, the College continues to host all Council and committee meetings virtually and utilizes electronic meeting packages for efficiency and to reduce the need for staff to utilize the office.

Next Steps: Ongoing pandemic planning, office return monitoring, and committee requirements for virtual versus resuming in-person meetings, will continue.



COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Elinor Larney, Registrar
Subject: Elections Update - Districts 1 and 2

Page 1 of 2

Recommendation

This is for information purposes only.

Purpose

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

Background

The College had elections this year in District 1 (Toronto and area) and District 2 (Hamilton and area) to fill vacancies created due to the death of Debbie Hebert, and the resignation of Julie Entwistle. The election was conducted using an electronic process for nominations and elections. Six individuals from each district put forward their candidacy and were included on the ballot. Eligible voters from District 1 and 2 were each instructed to choose one candidate.

Process

The elections processes went smoothly and there were no concerns. There were numerous email reminders to encourage voter participation. The nomination and election processes were also promoted on LinkedIn and Twitter.

District 1

Year	2016	2019	2020 October
Voter Number	502	478	452
% turnout	17.88%	15.54%	14.7%
Candidates	8	4	6

District 2

Year	2017	2020 March	2020 October
Voter Number	274	No election -	216
% turnout	26.5%	Acclamation	18.8%
Candidates	3	2	6

COUNCIL BRIEFING NOTE

Elections Update – Districts 1 and 2

Page 2 of 2

College of Occupational Therapists of Ontario District 1 Council Elections

Report date: Wednesday 30 September 2020 14:03 EDT

Poll ID: 161436

As at Poll close: Wednesday 30 September 2020 14:00 EDT

Number of voters: 452 · Group size: 3084 · Percentage voted: 14.66

Vote counting method: V1 FPTP (first-past-the-post)

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16058677	Neelam Bal	112	24.78
2	16058678	Alice Kuszniir	97	21.46
3	16058675	Ameet Chera	92	20.35
4	16058679	Hazel Wood	73	16.15
5	16058676	Sarah Thorne	54	11.95
6	16058674	Shannon Orr	24	5.31

College of Occupational Therapists of Ontario District 2 Council Elections

Report date: Wednesday 30 September 2020 14:03 EDT

Poll ID: 161437

As at Poll close: Wednesday 30 September 2020 14:00 EDT

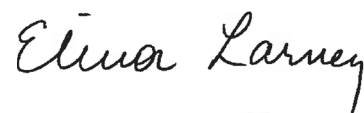
Number of voters: 216 · Group size: 1149 · Percentage voted: 18.80

Vote counting method: V1 FPTP (first-past-the-post)

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16058688	Paola Azzuolo	54	25.00
2	16058689	Darlene Venditti	43	19.91
3	16058690	Nina Munir	37	17.13
4	16058691	Tabitha Hamp	34	15.74
5	16058683	Jacquelyn Bonneville	31	14.35
6	16058685	Taylor Sanderson	17	7.87

Returning Officer: Elinor Larney





COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Governance Committee
Subject: Committee Structure Changes

Page 1 of 6

Recommendation

THAT Council approves the creation of a Finance, Audit and Risk Committee to commence in April 2021.

THAT Council approves the areas of responsibility related to governance (elections, nominations, Council effectiveness, committee appointments and chairs, investigating complaints and conduct of Council and Committee members), previously held by the Executive Committee, be moved to the restructured Governance Committee to commence in April 2021.

That Council approves that the Executive Committee authority be limited to urgent matters in between Council meetings; evaluation of Registrar performance, overseeing the functioning of Council, including setting the Council agenda and planning meetings, to commence in April 2021.

Issue

As part of the recommendations from the governance review conducted by the College in the past couple of years and supported through the recent strategic planning process, several new committees of Council, (or the future proposed Board) will need to be instituted. Many of the functions of these new committees currently reside with Executive. Best practices, as described below, would direct that these functions be separated from the Executive Committee. Council is asked to create a Finance, Audit and Risk Committee and introduce the role of elections and nominations to the restructured Governance Committee, to commence in April 2021.

Public Interest in this Issue

Improving how the College is governed will make the College decision-making processes more streamlined and effective as well as strengthen our protection of the public and enhance public confidence in the regulatory system.

Alignment with Strategic Priorities

This aligns under Public Confidence:

- 1.3 College governance is responsive, effective, competency-based and accountable.
- 1.4 College decision-making processes are open, transparent, and accountable.

Background

- In 2019, the College underwent a Governance Review, conducted by Don McCreesh of the Garnett Group. In his presentation to Council, Mr. McCreesh, outlined his findings on several governance areas and made recommendations for improvement.
- In the January 2020 Council meeting, Council voiced support for the plan to implement the College's governance review project. Recognizing that the *Occupational Therapy Act, 1991* provides some flexibility, all governance reform changes Council approved in January will be made within the current legislative framework and do not require legislative change.
- The main elements of the College's governance reform plan are as follows:
 1. **Reduction of Council size:** From the current 18 members to 12-14 (6 professionals, 1 academic and 5-7 public members)
 2. **Council composition:** Striving for a balanced number of public and professional members.
 3. **Selection of Council:** Registrants seeking election to the Council will be screened based on an individual's skills and competencies and these appointments will be codified through an election which is required under the *Occupational Therapy Act, 1991*. College will also introduce a transparent, independent governance process to oversee the recruitment, selection, evaluation and orientation and training for both Council and Committee members.
 4. **Separation of Council and Statutory Committees:** As much as it is permitted by the Health Professions Procedural Code, the College will recruit professional members and, members of the public (who are not public appointees appointed by the Lieutenant Governor in Council) to College committees to represent the public voice.
 5. **Role of the Executive Committee:** Council will need to expressly identify its expectations of this committee based on best practices for this type of committee which includes defining what is urgent or considered an emergency.
 6. **Changes of titles and terminology:** Council will be known as the Board of Directors and the President and Vice-President will be known as Chair and Vice Chair to better reflect the fundamental role of the positions.
- Research in governance benchmarking and best practice of Council is clearly showing a significant reduction in the use of Executive Committees. Emerging governance trends suggest that we should change or eliminate our executive committees. Though the RHPA does require all regulatory colleges to have an Executive Committee, and working within legislative framework, we need to rethink and engage in an evaluation of the impact of our Executive Committee, as well as learn from the challenges experienced by other similar organizations.

Analysis

- The authority of the Executive Committee is set out in the Procedural Code to the RHPA, and their only legislated function is that they act on behalf of Council between meetings. Currently, Executive performs additional functions including monitoring the finances of the Council, appointing council members to statutory committees, dealing with election disputes, investigating complaints

of conduct of council members and carrying out human resource tasks. (See appendix 1 for the current roles and responsibilities of Executive Committee in the terms of reference).

- There are a variety of approaches taken by the Executive Committees of other professional regulators. Some are quite active and make many decisions between Council meetings and prepare strong recommendations for Council approval. Other Executive Committees tend to view themselves as servants of Council, who make few decisions on their own and who primarily facilitate Council decision making on policy issues.
- In this College, a middle of the road approach has been taken such that the Executive Committee undertakes work on behalf of the Council on some occasions, will approve matters that are deemed to be urgent and unable to wait for the next Council meeting, and provides feedback to the Registrar on matters as requested.
- In the Ontario health regulatory environment, the Executive Committee is unique as it is usually the only committee that can act on behalf of the full Council before meetings. It is usually composed of an election of officers made up of 4-5 persons and includes the President and Vice President. At this College, the Council meets every quarter while the Executive Committee meets about six to eight times per year.
- Because of these powers and composition, the Executive Committee tends in practice to become a “super-committee” which plays a “gate-keeper” role (deciding what needs to go to the Council, when and how), and also fulfilling the liaison role between the Council and Registrar, acting as a “sounding board” for the Registrar, and even a proxy for the Council in fulfilling its “employer” role with the Registrar (evaluation and compensation).
- In addition, concerns about the function of an Executive Committee have been identified in numerous governance reports and include:
 - Creates a two-tiered class of Council Members, insiders and outsiders, and this division can be damaging to governance. The outsiders either get frustrated and disempowered because they are not on the inside, or else they defer unduly to the insiders and so fail to fulfill their duties as Council Members.
 - Causes duplication of effort: The Executive Committee meets to discuss items in detail, only to meet again as a Council and those same items are then fully discussed all over again.
 - Forces some Executive Committee Members deeper into operations than they should be. Having a seat on the Executive provides them with the power and temptation to cross the council-operations line.

Literature Review and Environmental Scan

- Recent governance reviews of regulators by the [College of Nurses of Ontario](#) and the [Ontario College of Teachers](#) have reached similar conclusions to eliminate the Executive Committee.
- A central theme of the most governance reform has been on how best to ensure the independence, competence and diligence of the governance process and so Council's work. A significant conclusion reached is that Councils need to delegate work to multiple committees to fully accomplish this.

- The most prevalent committees being formed are Finance/Audit, Governance and Human Resources Committees. These new committees have accelerated the trend towards more focused standing committees.
- This College has already established a Governance Committee at the beginning of the year. The chart below is a breakdown of other Ontario health colleges who have created a Finance/Audit; Governance/Nominations; and Human Resources Committee:

Finance/Audit	Governance/Nomination	Human Resources
CASLPO	Dental Technologists	Dietitians
Dentists	Dentists	Optometrists
Dietitians	Medical Radiation	
Kinesiologists	Optometrists	
Medical Radiation	Naturopaths	
Naturopaths	Pharmacists	
Nurses	Physicians	
Optometrists	Psychotherapists	
Pharmacists		
Physicians		
Physiotherapists		
Psychologists		

- Colleges with a governance/nomination committee are set up with different roles and responsibilities and are not consistent. Most College's have set their committees to focus on elections and dealing with election disputes and eligibility/disqualification requirements.
- Dietitians and Optometrists are the only colleges with a dedicated Human Resources Committee. Typically, this committee deals with Registrar Evaluation/Compensation and succession planning.

Discussion

Recommendation #1: THAT the Governance Committee recommends to Council the creation of a Finance, Audit and Risk Committee to commence in April 2021.

- In Harry Cayton's recent [report](#) on the Dental College in British Columbia, some of his most pointed criticism was levelled at the College's obscure approaches to reporting on and being accountable for finances.
- Though Council is ultimately accountable, almost half the Ontario health regulatory colleges have a finance/audit committee with the obligation to monitor financial reporting and ensuring proper systems are in place to manage the College's assets and reserves and to ensure the College is audited and identified issues are addressed.
- It is imperative the College support effective Council oversight for its finances to fulfill its fiduciary and stewardship responsibilities.

- Finance/audit, like governance, is a specialized area of knowledge. Effective financial planning and oversight may require a deeper level of understanding and analysis than a full Council can provide in quarterly meetings.
- A Finance, Audit and Risk Committee can add value through research and recommendations about best practices in a variety of areas. It can spearhead research and revisions to financial policies. As a group, such a committee can develop an expertise that individual Council members may not have originally brought to the table.
- Since the College has adopted risk management in the past, the Governance Committee sees the benefit of including this responsibility to the Committee to receive and review reports from the Registrar on risk, how it is being managed and what needs to be reported to Council, especially since many risks come with a financial implication.
- The purpose of and activities for a Finance, Audit and Risk Committee could include the following:
 - Financial Management and Reporting:
Review of the College's annual operating budget and reserves; review of the College's investments and investment strategies; makes recommendations of College fees; reviews the appropriateness of Council and Committee expense policy and per diems.
 - External Audit:
Make recommendations to Council on the appointment of external auditors; determine whether the performance of the external auditor is satisfactory; reviews problems, if any, experienced by the external auditor in performing the audit; through discussion with Registrar and External Auditor obtains reasonable assurances the College has implemented appropriate systems of internal control over information technology, data security and protection of personal information and privacy.
 - Risk Management:
Leads Council's oversight of the College's risk management program; oversees the risk register and includes financial, operational, legal, reputational, IT and evaluates risk mitigation strategies; reviews the College's insurance coverage and business continuity plans.

Recommendation #2: *THAT the Governance Committee recommends to Council areas of responsibility related to governance (elections, nominations, Council effectiveness, committee appointments and chairs, investigating complaints and conduct of Council and Committee members) previously held by the Executive Committee be moved to the restructured Governance Committee to commence in April 2021.*

Recommendation #3: *THAT the Governance Committee recommends to Council the Executive Committee authority be limited to urgent matters in between Council meetings; evaluation of Registrar performance, overseeing the functioning of Council, including setting the Council agenda and planning meetings, to commence in April 2021*

- As noted in this paper, the need for an Executive Committee has been waning and a significant conclusion reached is that Council needs to delegate work to multiple committees in order to fully accomplish their oversight role.

- The issue of public perception also arises. The current governance system has consolidated considerable power to a subset of Council; that being the Executive Committee.
- The proposed changes would also alleviate the workload currently on Executive and the new Committees could better focus and expand the work in their given areas, especially concerning risk and control oversight, and College Council and committee member recruitment.
- Oversight committees are usually structured in this way to deal with financial, governance and risk management. This is the growing trend in terms of new governance practices. If no change is made, this could be considered divergent to best practices of Council governance.

Next Steps

- If approved, the roles of Executive, Governance, and Finance, Audit and Risk Committees would separate respective responsibilities and new terms of references and bylaw changes would be drafted and prepared for Council approval in January 2021.
- The restructured committees will commence in April 2021.

Attachments

1. Current Terms of Reference of Executive Committee.



Policy Type: Governance Process
Policy Title: Terms of Reference – Executive Committee
Reference: GP10d
Date Prepared: December 2009
Date Revised: March 2010, October 2012, June 2015, June 2017, March 2020
June 2020
Date Reviewed:

Committee Category:

Statutory

Mandate

The Executive Committee of the Council of the College of Occupational Therapists of Ontario (the “College”) enhances the effectiveness of Council by providing a degree of flexibility and ability to respond to time sensitive business and legal matters between regularly scheduled Council meetings.

Accountability and Authority

The Executive Committee is a statutory committee of the College and is established pursuant to section 10(1)(1) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

The Committee is empowered to act on behalf of Council between meetings on matters that require immediate attention except for anything relating to the making, amending, or revoking of a College bylaw or regulation. Council members will be apprised of any action taken by the Committee on the Council's behalf in a timely manner, with an opportunity being provided for the Council to review such decisions at the Council's next scheduled meeting.

The Committee is also authorized to dispose of reinstatement applications on behalf of the College in accordance with section 74 of the Code; as well as carry out any powers and duties delegated to it by the Council through the College bylaws.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Monitoring proper operations of the College in cooperation with the Registrar;
- Advising the Council on the financial affairs of the College and making recommendations to the Council on financial matters;
- Establishing and administering a process for assessing the effectiveness of Council, and its Committees;
- Appointing Committee Chairs to Statutory Committees;
- Appointing Council Members to Statutory Committees;



- Initiating and holding an inquiry should there be reasonable grounds to doubt or dispute the validity of the election of any member of Council;
- Conducting the evaluation of the Registrar's performance in accordance with agreed upon strategic priorities and review and decide on compensation;
- Regularly reviewing, considering and making recommendations to Council for changes to applicable legislation, regulations, College bylaws, policies, strategic goals, programs, Rules of Procedure, standards and guidelines, that fall within the scope and purpose of the Committee; and,
- Performing such other duties and tasks as assigned to the Committee by Council or as authorized under the Code.

Composition of Committee

The Committee shall be composed of the Chair, the Vice-Chair and two (2) members-at-large and is constituted by:

- a. two members of Council who are registrants of the College; and,
- b. two members of Council appointed to Council by the Lieutenant Governor in Council.

Term of Office

The Committee shall be elected annually by Council.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitutes quorum.

Selection of the Chair

The Chair of the Executive Committee shall be the Chair of Council.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.



Reporting

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.



COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Governance Committee
Subject: Proposed Bylaw Amendments

Page 1 of 3

Recommendation

THAT Council approves in principle the amended bylaws, and as required by the RHPA, to circulate the bylaws to stakeholders and registrants for consideration prior to final approval.

Issue

Council is asked to review proposed bylaw amendments which start to implement some of the changes set out in the College's governance changes workplan. This is a key item on the strategic plan related to public confidence.

Public Interest in this Issue

Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system. The proposed bylaws will allow the College and its Council to move towards best practices with the goal of strengthening the ability of the Council to provide oversight that is transparently aligned with the mandate of the College to serve and protect the public interest.

Background

- At the January 2020 Council meeting, Council voiced support for the plan to implement the College's governance review project. Recognizing that the *Occupational Therapy Act, 1991* provides some flexibility, all governance reform changes that Council approved in January will be made within the current legislative framework and do not require legislative change.
- The steps taken in the bylaw review have included the following:
 - Reviewing several third-party governance reports and recommendations of other regulators on governance best practices;
 - Benchmarking the College's bylaws against the bylaws of other Colleges including Pharmacy, Optometrists, Medical Laboratory Technologists and Opticians;
 - Undertaking an internal staff review to identify issues with the bylaws that have been problematic from an internal perspective; and
 - Legal review by Julie Maciura, College Legal Counsel.

Discussion

- Amendments have been proposed to Parts 1 (Definitions); 5 (Election of Council Members); 6 (Academic Appointments); 7 (Officers); 8 (Council); 12 (Non-Council Members of Council); 13

(Statutory Committee and Standing Committees); and, 14 (Provisions Applicable to All Committees).

Highlights of Proposed Changes

Part 1 Definitions

- Changing the titles of Council roles and terminology

Current Terminology	Proposed Terminology
Council	Board or Board of Directors
Council Member(s)	Director(s)
Public Member	Public Director
President of Council	Chair of the Board of Directors
Vice-President of Council	Vice-Chair of the Board of Directors
Non-Council Member	Professional Committee Appointee

- Adding new terminology “Community Appointee” to allow additional members of the public to sit on committees.

Part 5 Election of Council Members

- Expanded the list of criteria for a registrant to be excluded from running for election. For example, the criteria for exclusion includes a 3-year cooling off period for a registrant from holding a position of responsibility with an association, and participation in a legal proceeding against the College.

Part 6 Academic Appointments to Council

- Make transparent the appointment process of an Academic appointee and also expanded the list of criteria for an Academic Appointee to be excluded from being appointed.

Part 7 Officers

- Removal of the member at large terminology.

Part 8 Council

- Expanded the list of criteria for disqualification of elected professional members and academic appointees.
- Process for appointing Committee members and Chairs to be shifted to the Governance Committee and from the Executive Committee. Practically, the process should include Council decision making, however, this will only make sense once the council members are no longer on statutory committees.
- A temporary suspension from Council or Committee meeting activities provision is added for a Council member who is subject to a proceeding (complaint, mandatory report, disciplinary or incapacity proceeding) until the matter is resolved.

Part 12 Non-Council Members of Committees

- Expanded the list of criteria for a non-council member to be excluded from being appointed. (Criteria is similar as that for elected council members).
- New amendments have been added to expand committee membership and incorporate members of the public as Community appointees. A list of criteria is included.

Part 13 Statutory Committees & Standing Committees

- Committee composition of statutory and has been updated. Outdated standing committees have been removed.

Part 14 Provisions Applicable to all Committees

- Provisions have been updated to reflect current terms of references.

The complete list of all proposed changes with a rationale is included in Appendix 1 of this document.

Attachments

1. Appendix 1 – Proposed bylaw changes.



Attachment 1 – Proposed Bylaw Amendments

Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
Part 1: Definitions and Application	Part 1: Definitions and Application	
1.01 Definitions The following definitions shall apply to all parts of these bylaws unless otherwise defined or required by the context:	1.01 Definitions The following definitions shall apply to all parts of these bylaws unless otherwise defined or required by the context:	
None.	<u>Board or Board of Directors</u> <u>Means the Council of the College within the meaning of section 1(1) of the Code and section 5 of the Act.</u>	<u>Added to reflect the change in terminology from “Council” to “Board” or “Board of Directors”. Consequential amendments have been made throughout the bylaw.</u>
None.	<u>Chair</u> <u>Means the Chair of the Board of Directors of the College.</u>	<u>Added to reflect the change in terminology from “President” to “Chair”. Consequential amendments have been made throughout the bylaw.</u>
None.	<u>Community Appointee</u> <u>Means an individual appointed to serve as a member of a Committee who is neither a Director nor a Registrant.</u>	<u>To ensure public voice on committees that do not have a government appointed Public Member and to supplement the public voice on those that do.</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
Council Means the Council established under subsection 5(1) of the Act.	Council Means the Council established under subsection 5(1) of the Act.	<u>See definition of “Board”</u>
Council Member (sometimes referred to as a “member of Council”) Means a Registrant elected to Council or a Public Member appointed to Council	Council Member (sometimes referred to as a “member of Council”) Means a Registrant elected to Council or a Public Member appointed to Council	<u>See definition of “Director”</u>
None.	Director <u>Means an individual elected or appointed to be a member of the Board of Directors of the College.</u>	<u>Added to reflect terminology change from “Council Member” to “Director”. Consequential amendments have been made throughout the bylaw.</u>
None.	Elected Director <u>Means a registrant elected to the Board in accordance with the bylaws and includes a Registrant elected in a by-election or appointed to fill a vacancy.</u>	<u>Added to reflect updated terminology. Consequential amendments have been made throughout the bylaw.</u>
Non-Council member Means a Registrant of the College who is not a member of the Council who has been appointed to a Committee.	Non-Council member Means a Registrant of the College who is not a member of the Council who has been appointed to a Committee.	<u>See definition of “Professional Committee appointee”</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None.	Professional Committee Appointee <u>Means a Registrant of the College who is not a member of the Board, who has been appointed to a Committee</u>	
Public Member Means a person appointed by the Lieutenant Governor in Council as described in section 5(1)(b) of the Act.	Public Member Director Means a person appointed by the Lieutenant Governor in Council as described in section 5(1)(b) of the Act.	<u>Amended to reflect updated terminology. Consequential amendments have been made throughout the bylaw.</u>
None.	Vice-Chair <u>Means the Vice-Chair of the Board of Directors of the College</u>	<u>Added to reflect the change in terminology from "Vice-President" to "Vice-Chair". Consequential amendments have been made throughout the bylaw.</u>
Part 5: Election of Council Members	Part 5: Election of <u>Board Council</u> Members	
5.02 Year of Elections 5.02.1 An election of members to the Council was held in the month of March 1996 and shall be held in every third year after that for electoral districts 2 and 4.	5.02 Year of Elections 5.02.1 An election of <u>Directors members</u> to the <u>Board Council</u> was held in the month of March 2023 1996 and shall be held in every third year after that for electoral districts 2 and 4.	<u>Administrative change to eliminate the dates of election that have occurred. Election timing (in years) for each district is updated.</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
5.02.2 An election of members to the Council was held in the month of March 1997 and shall be held in every third year after that for electoral districts 3, 5 and 6.	5.02.2 An election of <u>Directors members</u> to the <u>Board Council</u> was held in <u>the month of March 2021</u> 1997 and shall be held in every third year after that for electoral districts 3, 5 and 6.	
5.02.3 An election of members to the Council was held in March 1998 and shall be held in every third year after that for electoral district 1.	5.02.3 An election of <u>Directors members</u> to the <u>Board Council</u> was held in <u>March 2022</u> 1998 and shall be held in every third year after that for electoral district 1.	
5.03 Eligibility for Election 5.03.1 A Registrant is eligible for election to the Council in an electoral district if, on the date of election:	5.03 Eligibility for Election 5.03.1 A Registrant is eligible for election to the <u>Council Board</u> in an electoral district if, on the date of <u>election deadline for nomination</u> :	<u>Eligibility requirements are considered at time of nominations instead of at election.</u> <u>Eligibility requirements to serve on the Board have been further refined and tightened</u>
a. the Registrant is entitled to vote in an election in accordance with Bylaw 5.01.2 and 5.01.3;	No change.	
b. the Registrant is not in default of payment of any fees required under these bylaws;	No change.	
c. the Registrant is not the subject of any disciplinary or incapacity proceeding inside or outside Ontario;	c. the Registrant is not the subject of any disciplinary or incapacity proceedings <u>by a body that governs a profession</u> , inside or outside Ontario;	<u>This adds disciplinary proceedings of any other regulatory body</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
d. the Registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the election as a result of a professional misconduct, incompetence or incapacity proceeding;	d. the Registrant's certificate of registration has not been revoked or suspended, <u>inside or outside of Ontario</u> in the six years preceding the date of the nomination election as a result of a professional misconduct, incompetence or incapacity proceeding;	
e. the Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by a panel of the Discipline or Fitness to Practise Committee;	e. the Registrant's certificate of registration is not subject to <u>any order, direction, or</u> term, condition, or limitation imposed by a panel of the Discipline <u>Committee, or</u> Fitness to Practise Committee <u>or Quality Assurance Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;</u>	<u>This adds orders and direction from any other regulatory body.</u>
f. the Registrant has not been the subject of an Informal Disposition or Resolution with the College in the six years preceding the date of the election;	f. the Registrant has not been the subject of an Informal Disposition or Resolution with the College in the six years preceding the date of the election; <u>A period of at least six years has elapsed since the Registrant complied with all aspects of any order imposed by a Discipline or Fitness to Practice Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;</u>	<u>Six years is a reasonable period of time to require a registrant who has been before the Discipline or Fitness to Practise Committee to wait before running for election to the Board. Anything less than that would risk bringing disrepute to the College.</u>
g. the Registrant has not been disqualified pursuant to section 8.02.1 in the three years preceding the date of the election;	g. the Registrant has not been disqualified <u>from the Board or a Committee in accordance with pursuant to section 8.02.1 the bylaws</u> in the six three years years preceding the date of the nomination election ;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
h. the Registrant is not a director, officer, or employee of a voluntary organization of occupational therapists;	h. the Registrant is not <u>at present nor has been at any time within the three years preceding the date of nomination</u> a director, <u>owner, board member,</u> officer, or employee of <u>any voluntary organization of occupational therapists professional association</u> ;	<u>This adds a “cooling off” period of three years to avoid a perceived and/or a real conflict of interest.</u>
None.	<u>i. the Registrant has not resigned from the Board in the three years preceding the date of nomination</u> ;	
None.	<u>j. the Registrant does not have a conflict of interest to serve as a Board Director or has agreed to remove any such conflicts of interest before taking office.</u>	
i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant to the Registrant's suitability to practise occupational therapy;	<u>ki.</u> a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence; ii. <u>any</u> offence relating to the <u>prescribing</u> , compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant to the Registrant's suitability to practise occupational therapy;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
j. the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; and	<u>j.</u> the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; and	
None.	<u>m. the Registrant has not initiated, joined, continued, or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and,</u>	<u>A member engaged in any legal action against the College will not be eligible to serve on the Board as that would be a conflict of interest.</u>
k. on or after April 1, 2016, the Registrant is not, and has not been within the previous six years, an employee of the College.	<u>n.</u> k. on or after April 1, 2016, the Registrant <u>has not been an employee or consultant of the College in the</u> is not, and has not been within the previous six years <u>preceding the date of nomination,</u> an employee of the College.	
5.07 Additional Calls for Nomination 5.07.1 If there are no candidates or an insufficient number of candidates in an electoral district who are eligible for election, there shall be additional calls for nominations, as required, throughout the nomination period.	No change.	
5.07.2 If additional calls for nominations during the nomination period do not secure a sufficient number of eligible candidates, the Executive Committee shall nominate one or more Registrants who are eligible for election.	5.07.2 If additional calls for nominations during the nomination period do not secure a sufficient number of eligible candidates, the <u>Governance</u> Executive Committee shall nominate one or more Registrants who are eligible for election.	<u>Handling of the nomination/election process as well as conflict of interest (Part 15) will be overseen by the Governance Committee instead Executive Committee.</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
5.07.3 A person who consents to a nomination by the Executive Committee shall be deemed to be a validly nominated candidate when the nomination is received by the Registrar.	5.07.3 A person who consents to a nomination by the <u>Governance Executive</u> Committee shall be deemed to be a validly nominated candidate when the nomination is received by the Registrar.	
5.15 Referral of Disputes to Executive Committee 5.15.1 If the Executive Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the election of	5.15 Referral of Disputes to <u>Governance Executive</u> Committee 5.15.1 If the <u>Governance Executive</u> Committee is of the opinion that there are reasonable grounds to doubt or dispute the	
any member of Council it shall initiate an inquiry.	validity of the election of any member of <u>the Board Council</u> it shall initiate an inquiry.	
5.16 Report and Recommendation of Executive Committee 5.16.1 Where the Executive Committee initiates an inquiry under article 5.15, it shall hold an inquiry into the validity of the election of the member of Council in question and, following the inquiry, shall make a report and recommendation to Council.	5.16 Report and Recommendation of <u>Governance Executive</u> Committee 5.16.1 Where the <u>Executive Governance</u> Committee initiates an inquiry under article 5.15, it shall hold an inquiry into the validity of the election of the <u>Board of Director Council</u> in question and, following the inquiry, shall make a report and recommendation to <u>the Board Council</u> .	
5.17 Options Available to Council 5.17.1 Council may, after reviewing the report and recommendation of the Executive Committee and subject to article 5.14, do one of the following: i. declare the election result in question to be valid; or ii. declare the election result in question to	5.17 Options Available to <u>the Board Council</u> 5.17.1 <u>The Board Council</u> may, after reviewing the report and recommendation of the <u>Governance Executive</u> Committee and subject to article 5.14, do one of the following: i. declare the election result in question to be valid; or	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
be invalid; and either a. declare another candidate to have been elected; or b. direct that another election be held.	ii. declare the election result in question to be invalid; and either a. declare another candidate to have been elected; or b. direct that another election be held.	
Part 6: Academic Appointments to Council	Part 6: Academic Appointments to <u>Council Board</u>	
6.01 Academic Appointments 6.01.1 One or two person(s), at least one of whom will hold a full-time faculty appointment, shall be appointed to sit on the Council as an academic appointment.	6.01.1 One or two <u>Academic appointee(s)-person(s), at least one</u> of whom will hold a full-time faculty appointment, shall be appointed <u>by the Board</u> to sit <u>on the Council on the Board</u> as an academic appointment.	
6.01.2 The academic appointment shall be selected in the prescribed manner from members of the faculties of all programs in Ontario approved by the College of Occupational Therapists of Ontario.	6.01.2 The <u>Registrar shall consult with and obtain recommendations from the Directors or Chairs</u> academic appointment shall be selected in the prescribed manner from members of the faculties of approved Ontario universities that offer occupational therapy all programs, no later than 90 days before the date the appointment takes effect in Ontario approved by the College of Occupational Therapists of Ontario.	<u>The appointment of an Academic registrant is made transparent.</u>
None.	6.01.3 <u>The Governance Committee shall receive all recommendations and make such enquiries as it deems appropriate, before making a recommendation to the Board.</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
6.01.3 For the purposes of clause 5(1) (c) of the Act, a Registrant is eligible for an academic appointment to the Council if, on the date of the appointment:	6.01.43 For the purposes of clause 5(1) (c) of the Act, a Registrant is eligible for an academic appointment to the <u>Board Council</u> if, on the date of the appointment:	<u>Eligibility requirements for Academic registrants mirror the requirements for Board Directors.</u>
a. the Registrant has a faculty appointment in an occupational therapy program in Ontario approved by the College of Occupational Therapists of Ontario;	a. the Registrant has a faculty appointment in an occupational therapy program in Ontario approved by the College of Occupational Therapists of Ontario;	
b. the Registrant is not in default of payment of any fees prescribed in these bylaws;	b. the Registrant is not in default of payment of any fees prescribed in these bylaws;	
c. the Registrant is not the subject of any disciplinary or incapacity proceeding, inside or outside Ontario;	c. the Registrant is not the subject of any disciplinary or incapacity proceedings <u>by a body that governs a profession</u> , inside or outside Ontario;	<u>This adds disciplinary proceedings of any other regulatory body</u>
d. the Registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the election as a result of professional misconduct, incompetence or incapacity proceeding;	d. the Registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the <u>election nomination as a result of professional misconduct, incompetence or incapacity proceeding, by a body that governs a profession, inside or outside of Ontario;</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
e. the Registrant's certificate of registration is not subject to a term, condition or limitation imposed by a panel of the Discipline or Fitness to Practise Committees;	e. the Registrant's certificate of registration is not subject to <u>any order, direction, or</u> term, condition or limitation imposed by a panel of the Discipline <u>Committee, or</u> Fitness to Practise <u>Committee or Quality Assurance Committee, or by a similar committee of a body that governs a profession, inside or outside of Ontario;</u>	
f. the Registrant has not been the subject of an Informal Disposition or Resolution with the College in the six years preceding the date of the appointment;	f. the Registrant has not been the subject of an Informal Disposition or Resolution with the College in the six years preceding the date of the appointment <u>A period of at least six years has elapsed since the Registrant complied with all aspects of any order imposed by a Discipline or Fitness to Practice Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;</u>	<u>Six years is a reasonable period of time to require a registrant who has been before the Discipline or Fitness to Practise Committee to wait before running for election to the Board. Anything less than that would risk bringing disrepute to the College.</u>
None.	<u>g. the Registrant has not been disqualified from the Board or a Committee in accordance with the bylaws in the six years preceding the date of appointment;</u>	
g. the Registrant is not a director, officer, or employee of a voluntary organization of occupational therapists;	<u>hg. the Registrant is not at present nor has been at any time within the last three years is not a director, owner, board member, officer, or employee of a voluntary organization of any professional association; occupational therapists;</u>	<u>This adds a "cooling off" period of three years to avoid a perceived and/or a real conflict of interest.</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None.	<u>i. the Registrant has not resigned from the Board in the three years preceding the date of appointment;</u>	
None.	<u>j. the Registrant does not have a conflict of interest to serve as a Board Director or has agreed to remove any such conflict of interest before taking office;</u>	
h. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant to the Registrant's suitability to practise occupational therapy;	kh. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant to the Registrant's suitability to practise occupational therapy;	
i. the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; and	<u>li.</u> the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; and	
None.	<u>m. the Registrant has not initiated, joined, continued, or materially contributed to a legal proceeding against the College, or any Committee or representative of the College; and</u>	<u>A member engaged in any legal action against the College will not be eligible to serve on the Board as that would be a conflict of interest.</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
j. on or after April 1, 2016, the Registrant is not, and has not been within the previous six years, an employee of the College.	nj. on or after April 1, 2016, the Registrant <u>has is not been an employee or consultant of the College in the , and has not been within the previous</u> six years <u>preceding the date of appointment, , an employee of the College.</u>	
6.02.2 An appointee who has served on Council for more than nine consecutive years is not eligible for re-appointment until	6.02.2 An appointee who has served on <u>Council the Board</u> for more than nine consecutive years is not eligible for re-	
at least three years have passed since the member has last served on the Council.	appointment until at least three years have passed since the <u>Registrant member</u> has last served on the <u>Council Board</u> .	
Part 7: Officers	Part 7: Officers	
7.01 Election of Officers 7.01.1 The Registrar or his or her designate shall conduct the election of Officers at the first meeting of a new Council.	7.01 Election of Officers 7.01.1 The Registrar or his or her designate shall conduct the election of Officers at the first meeting of a new <u>Board Council</u> .	
7.01.2 The election of President, Vice-President, Member-at-Large (Finance) and Member-at-Large (Education) shall be by secret ballot.	7.01.2 The election of <u>the Chair</u> President , Vice- <u>Chair President</u> , <u>and remaining Executive Committee positions</u> Member-at-Large (Finance) and Member-at-Large (Education) shall be by secret ballot.	<u>New terminology is updated. Member at Large for finance and education terminology is eliminated.</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
7.01.3 Two scrutineers for the election will be appointed from retiring Council members. If there are not enough retiring Council members, the Registrar shall appoint one or more College staff members as needed to act as a scrutineer(s). Additionally, one College staff member will be assigned to assist with the count.	7.01.3 <u>The Registrar or his or her designate shall, with the concurrence of the Board, appoint three scrutineers to count the ballots and report the results to the Board.</u> Two scrutineers for the election will be appointed from retiring Council members. If there are not enough retiring Council members, the Registrar shall appoint one or more College staff members as needed to act as a scrutineer(s). Additionally, one College staff member will be assigned to assist with the count.	
7.01.4 If there are more than two candidates in an election, successive ballots shall be conducted until one candidate receives a majority of the votes cast. The candidate or candidates who receive the fewest votes in a ballot shall be dropped in the next ballot.	No change.	
7.01.5 In the case of a tie, one scrutineer will be directed to cast a deciding vote by lot.	No change.	
7.01.6 At the conclusion of the full election of officers the newly elected President will chair the remainder of the meeting.	7.01.6 At the conclusion of the full election of officers the newly elected <u>Chair</u> President will <u>precide over</u> chair the remainder of the meeting.	
7.01.7 The term of office for the officers shall be one year.	No change.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
7.01.8 The President may be removed from office by a two-thirds vote of the Council and the Council shall elect a new President from its members to hold office for the remainder of the year.	7.01.8 The President <u>Chair or Vice-Chair</u> may be removed from office by a two-thirds vote of the Council <u>Board</u> and the Board Council shall elect a new President <u>Chair</u> from its members to hold office for the remainder of the year.	
7.01.9 In the event an officer resigns, dies, or otherwise ceases to act, the Council shall elect a new officer from among its members to hold office for the remainder of the year.	7.01.9 In the event an officer resigns, dies, or otherwise ceases to act, the Board <u>Council</u> shall elect a new officer from among its members to hold office for the remainder of the year.	
7.02 President 7.02.1 The President of the College shall provide leadership for Council to ensure that strategic plans, objectives and policies are developed and implemented in accordance with the mandate of the College. The President is the chief spokesperson for the Council.	7.02 Chair President 7.02.1 The President <u>Chair</u> of the College shall provide leadership for Council <u>the Board</u> to ensure that strategic plans, objectives and policies are developed and implemented in accordance with the mandate of the College. The President <u>Chair</u> is the chief spokesperson for the Council <u>Board</u> .	
7.02.2 The duties of the President include: a. convening and chairing all meetings of Council and the Executive Committee; b. receiving and reviewing all matters directed to the attention of the Council; c. receiving, reviewing and bringing to the attention of the Executive Committee matters related to College governance;	7.02.2 The duties of the Chair <u>President</u> include: a. convening and chairing all meetings of Council <u>the Board</u> and the Executive Committee; b. receiving and reviewing all matters directed to the attention of the <u>the Board Council</u> ; c. receiving, reviewing and bringing to the attention of the Governance Executive <u>Governance Executive</u>	



<p>d. conducting evaluation of each Council meeting; in conjunction with Council, leading an annual evaluation of the Council's goals and activities for the purpose of future planning;</p> <p>e. facilitating communication of issues and concerns raised by statutory committee Chairpersons to the Executive Committee and Council;</p> <p>f. collaborating with the Registrar in:</p> <ul style="list-style-type: none">i. identification of issues for Council consideration;ii. development of objectives and long-range plans for Council;iii. establishment of priorities for deliberation by Council and the Executive Committee;iv. development of a suitable public relations program for the College. <p>g. representing the College at official liaison and public functions such as, OSOT, annual CLEAR conference, annual CNAR conference and Federation of Health Regulatory Colleges of Ontario;</p> <p>h. contributing to College publications and annual report;</p> <p>i. annual review of the credit card expenses</p>	<p>Committee matters related to College governance;</p> <p>d. conducting evaluation of each <u>Board-Council</u> meeting; in conjunction with Council <u>the Board</u>, leading an annual evaluation of the <u>Board's Council's</u> goals and activities for the purpose of future planning;</p> <p>e. facilitating communication of issues and concerns raised by statutory Ccommittee Chairpersons to the <u>Governance Executive Committee and</u> <u>Committee and the Board-Council</u>;</p> <p>f. collaborating with the Registrar in:</p> <ul style="list-style-type: none">i. identification of issues for <u>the Board's-Council</u> consideration;ii. development of objectives and long-range plans for Council <u>the Board</u>;iii. establishment of priorities for deliberation by <u>the Board Council and the Executive Committee</u>;iv. development of a suitable public relations <u>strategy program</u> for the College. <p>g. representing the College at official liaison and public functions such as, OSOT, annual CLEAR conference, and annual CNAR conference</p> <p>h. contributing to College publications and</p>	
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Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
of the Registrar; j. conducting an annual performance appraisal of the Registrar, following discussion with the Executive Committee; and k. representing the Executive Committee in negotiation of the Registrar's contract.	annual report; i. annual review of the credit card expenses of the Registrar; j. conducting an annual performance appraisal of the Registrar, following discussion with the Executive Committee; and k. representing the Executive Committee in negotiation of the Registrar's contract.	
7.03 Vice-President 7.03.1 The primary function of the Vice-President is to collaborate with the President on the activities of the Council and College. The Vice-President assumes the responsibilities of the President in his or her absence.	7.03 Vice-Chair President 7.03.1 The primary function of the Vice-- President <u>Chair</u> is to collaborate with the <u>Chair</u> President on the activities of the <u>Board</u> Council and College. The Vice- President <u>Chair</u> assumes the responsibilities of the President <u>Chair</u> in his or her absence.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>7.03.2 The duties of the Vice-President include: a. chairing Council and the Executive Committee in the absence of the President;</p> <p>b. receiving, reviewing and bringing to the attention of the Executive Committee matters related to College governance;</p> <p>c. identifying issues of particular concern to the Council members and bringing them to the attention of the President;</p> <p>d. coordination and monitoring of Council evaluation; and</p> <p>e. representing the College at official liaison functions, as required.</p>	<p>7.03.2 The duties of the Vice-ChairPresident include: a. chairing <u>the Board Council</u> and the Executive Committee in the absence of the President<u>Chair</u>;</p> <p>b. receiving, reviewing and bringing to the attention of the <u>Governance Executive</u> Committee matters related to College governance;</p> <p>c. identifying issues of particular concern to the <u>Board Council</u> members and bringing them to the attention of the <u>the Chair President</u>;</p> <p>d. coordination and monitoring of <u>Council evaluation</u>Board evaluation; and</p> <p>e. representing the College at official liaison functions, as required.</p>	
<p>7.04.2 The terms of office for the statutory committee Chairs is one year.</p>	No change.	
<p>7.04.3 In the event a statutory committee Chair resigns, dies or otherwise ceases to act, the Executive Committee shall appoint a new statutory committee Chair from among Council members to hold office for the remainder of the year.</p>	<p>7.04.3 In the event a statutory committee Chair resigns, dies or otherwise ceases to act, the Executive Committee<u>Board</u> shall appoint a new statutory committee Chair from among Council members to hold office for the remainder of the <u>term</u> year.</p>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
Part 8: Council	Part 8: <u>Council Board</u>	
8.01 Duties of Council Members 8.01.1 The primary function of Council members is to make decisions in the public interest, balancing this responsibility with an understanding of the occupational therapy profession and the environments in which it is practised. Council members establish the goals and policies of the College in accordance with the relevant legislation.	8.02 Duties of <u>Board Council Directors Members</u> 8.01.1 The primary function of <u>Board Council Directors members</u> is to make decisions in the public interest, balancing this responsibility with an understanding of the occupational therapy profession and the environments in which it is practised. <u>Board-Council Directors members</u> establish the goals and policies of the College in accordance with the relevant legislation.	
8.01.2 The duties of Council members include:	8.01.2 The duties of <u>Council Board members</u> <u>Directors</u> include:	
a. serving on Council and at least one statutory committee to which they are appointed;	a. serving on <u>Council the Board</u> and at least one statutory committee to which they are appointed;	
b. serving on additional committees, task forces, standing committees or advisory groups from time to time;	b. serving on additional committees, task forces, standing committees or advisory groups from time to time;	
c. reviewing all material sent in advance for Council and committee meetings;	c. reviewing all material sent in advance for <u>Council Board</u> and committee meetings;	
d. developing and maintaining a knowledge of College functions and issues facing Council;	d. developing and maintaining a knowledge of <u>Board College</u> functions and issues facing- <u>Council the Board</u> ;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
e. contributing constructively to Council and committee discussions, and understanding and respecting the rules of order as prescribed by Council;	e. contributing constructively to <u>Board Council</u> and committee discussions, and understanding and respecting the rules of order as prescribed by <u>the Board Council</u> ;	
f. identifying relevant expertise or contacts as resources;	f. identifying relevant expertise or contacts as resources;	
g. acquiring a working knowledge of policies and procedures relating to their specific statutory committee(s);	g. acquiring a working knowledge of policies and procedures relating to their specific statutory committee(s);	
h. communicating with Registrants, stakeholders and other interested parties in a manner consistent with confidentiality requirements and Council policy; and	h. communicating with Registrants, stakeholders and other interested parties in a manner consistent with confidentiality requirements and <u>Board Council</u> policy; and	
i. identifying issues to be added to the Council or committee agenda in advance of any meeting.	i. identifying issues to be added to the <u>Council Board</u> or committee agenda in advance of any meeting.	
8.01.3 Council members must also:	8.01.3 <u>Council Board Directors members</u> must also:	
a. demonstrate accountability to the public through decision-making in the public interest;	a. demonstrate accountability to the public through decision-making in the public interest;	
b. abide by the Council code of conduct;	b. abide by the <u>Council Board</u> code of conduct;	
c. identify and address conflict of interest situations as set out in the bylaws, including understanding and identifying cases in which prior knowledge may affect the ability to function on committee;	c. identify and address conflict of interest situations as set out in the bylaws, including understanding and identifying cases in which prior knowledge may affect the ability to function on committee;	



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d. recognize and respect confidential information learned in the course of College activities;	d. recognize and respect confidential information learned in the course of College activities;	
e. understand the role of staff as resources to committees;	e. understand the role of staff as resources to committees;	
f. resolve any concerns with the committee Chairperson, Council President or Vice-President;	f. resolve any concerns with the committee Chairperson, Board Council President Chair or Vice- President Chair ;	
g. maintain good public relations with membership, the public, health care organizations, educational groups, and government bodies in their regions; and	g. maintain good public relations with membership, the public, health care organizations, educational groups, and government bodies in their regions; and	
h. attend Council and committee meetings regularly.	h. attend Board Council and committee meetings regularly.	
8.02 Disqualification of Council Members 8.02.1 The Council shall disqualify an elected member or an appointed Academic member if the member:	8.02 Disqualification of Council Members Board of Directors 8.02.1 The Board Council shall disqualify an Elected Director member or an appointed Academic member-Director if they member :	<u>Disqualification requirements for all Directors of the Board are amended to reflect clear expectations of disqualifications and concern/complaints situations.</u>
a. resigns from Council;	a. resigns from <u>the Board Council</u> ;	
b. ceases to hold a certificate of registration;	b. ceases to hold a certificate of registration; in the case of an elected Director, cease to either practise or reside in the electoral district for which they were elected;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None.	<u>c. in the case of an Academic Appointee, the Registrant's primary employment ceases to be with an approved Ontario university that offers an occupational therapy program.</u>	
c. is in default of any fees prescribed by these bylaws for a period of more than 60 days;	de. <u>are is</u> in default of any fees prescribed by these bylaws for a period of more than <u>30</u> days;	
d. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;	ed. <u>are is</u> found <u>by a panel of the Discipline Committee</u> to have committed an act of professional misconduct or <u>are is</u> found to be incompetent by a panel of the Discipline Committee ;	
e. is found to be an incapacitated member by a panel of the Fitness to Practise Committee;	fe. <u>are is</u> found to be an incapacitated member by a panel of the Fitness to Practise Committee <u>to be</u>	
	<u>incapacitated</u> ;	
f. is the subject of an Informal Disposition or Resolution with the College;	f. is the subject of an Informal Disposition or Resolution with the College;	
g. is found by a majority of Council members to have seriously or consistently violated the Code of Conduct for Council Members;	g. <u>are is</u> found by <u>two-thirds</u> a majority of Council Board Directors members to have seriously or consistently violated <u>breached</u> the Code of Conduct. for Council Members ;	
h. fails, without cause, to attend two consecutive meetings of the Council;	h. fails <u>to attend</u> , without cause, to attend two consecutive meetings of the <u>Council Board or of a Committee, of which they are a member, without reasonable cause in the opinion of the Board</u> ;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
i. fails, without cause, to attend three consecutive meetings of a committee of which he or she is a member;	i. fails, without cause, to attend three consecutive meetings of a committee of which he or she is a member;	
j. fails, without reasonable cause, to attend hearing or a review by a panel for which he or she has been selected;	ij. f <u>ails to attend a hearing or proceeding, or part thereof, of a panel on which they sit; without reasonable cause, to attend hearing or a review by a panel for which he or she has been selected;</u>	
k. in the case of an elected member, ceases to either practise or reside in the electoral district for which the member was elected;	k. in the case of an elected member, ceases to either practise or reside in the electoral district for which the member was elected;	
l. in the case of an Academic member, ceases to either practice or reside in Ontario;	l. in the case of an Academic member, ceases to either practice or reside in Ontario;	
None.	j. fail to attend, without cause, Director education hosted by the College annually;	
m. is convicted of a federal or provincial offence which, in the opinion of Council, is of such a nature that it warrants disqualification;	km. are <u>is found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<u>i. a criminal offence;</u> <u>ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or</u> <u>iii. any offence relevant to the Registrant's suitability to practise occupational therapy, - convicted of a federal or provincial offence which, in the opinion of Council, is of such a nature that it warrants disqualification;</u>	
n. breaches section 36 of the RHPA which, in the opinion of Council, is of such a nature that warrants disqualification;	ln. breaches section 36 of the RHPA which , in <u>a manner that in</u> the opinion of <u>Council the Board</u> , is of such a nature that warrants disqualification;	
o. has breached the conflict of interest provisions of these bylaws which, in the opinion of Council, is of such a nature that warrants disqualification;	me. has breached sd the conflict of interest provision(s) of these bylaws <u>in a manner that in the opinion of the Board</u> , which, in the opinion of Council, is of such a nature that warrants disqualification;	
p. fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been elected or appointed;	np. fails, in the opinion of the Board, to discharge properly or honestly any office to which he or she has been elected or appointed;	
q. becomes a director, officer, or employee of a voluntary organization of occupational therapists; or	oq. becomes a director, <u>owner, board member</u> , officer, or employee of <u>any professional association; a voluntary organization of occupational therapists;</u>	



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r. becomes a member of a council of any other college regulated under the RHPA.	<u>pr.</u> becomes a member of a <u>Board council</u> of any other college regulated under the RHPA.	
None.	<u>q. ceases to hold a certificate of registration;</u>	
None.	<u>r. remains, thirty days after notice, in default of providing any information required by the College; or</u>	
None.	<u>s. initiates, joins, materially contributes or continues a legal proceeding against the College or any committee or representative of the College.</u>	
8.02.2 An elected member or appointed Academic member who is disqualified from sitting on the Council ceases to be a member of the Council.	8.02.2 An <u>E</u> lected <u>Director member</u> or <u>appointed</u> Academic <u>Appointee member</u> who is disqualified from sitting on the <u>Board Council</u> ceases to be a <u>Board Council Director</u> .	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>8.02.3 If the Registrar receives information which suggests that a Council member meets one or more of the criteria for disqualification set out in section 8.02.1, other than paragraphs a, b, k and l in which case Council shall immediately disqualify the elected member or appointed Academic member, the Registrar shall follow the procedure set out in section 8.02.4. Where the Registrar has reasonable and probable grounds to believe that a member of Council meets the criteria for disqualification and no one has made a complaint in writing, the Registrar shall make a complaint in writing.</p>	<p>8.02.3 If the Registrar receives information which suggests that a <u>Director Council</u> member meets one or more of the criteria for disqualification set out in section 8.02.1, other than paragraphs a, b, c, d, e, f, k o, p, q, or s in which case <u>Council the Board</u> shall immediately disqualify the <u>Elected member</u> Director or appointed Academic member <u>Appointee</u>, the Registrar shall follow the procedure set out in section 8.02.4. Where the Registrar has reasonable and probable grounds to believe that a <u>Board Director</u> Council meets the criteria for disqualification and no one has made a complaint in writing, the Registrar shall make a complaint in writing.</p>	
<p>8.02.4 The following procedure shall be followed in the event that a Council member is alleged to have contravened the duties of a member of Council and meets the criteria for disqualification set out in section 8.02.1 other than paragraphs a, b, k and l.</p>	<p>8.02.4 The following procedure shall be followed in the event that a <u>Council Board</u> Director member is alleged to have contravened the duties of a <u>Director member</u> of Council and meets the criteria for disqualification set out in section 8.02.1 other than paragraphs a, b, c, d, e, f, k, o p, q, or s .</p>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council or Committee member or the Registrar. If a member of Council or a Committee receives such a complaint, he or she shall immediately file it with the Registrar.	i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a <u>Board Council</u> or Committee member or the Registrar. If a member of <u>the Council Board</u> or a Committee receives such a complaint, he or she shall immediately file it with the Registrar.	
ii. The Registrar shall report the complaint to the President or the Vice-President who shall bring the complaint to the Executive Committee if he or she believes that the complaint may warrant formal action. If the Executive Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this section.	ii. The Registrar shall report the complaint to the <u>President Chair</u> or the Vice- <u>President Chair</u> who shall bring the complaint to the <u>Governance Executive</u> Committee if he or she believes that the complaint may warrant formal action. If the <u>Governance Executive</u> Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this section.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>iii. If the Executive Committee or any Committee appointed by the Executive Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall call a meeting of Council. Council shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction. The appropriate sanction can include one or more of the following:</p> <ul style="list-style-type: none"> a. censure of the member orally or in writing, b. removal of the member from any Committee on which he or she serves, or c. disqualification of an Elected Member from 	<p>iii. If the <u>Governance</u> Executive Committee or any Committee appointed by the Executive <u>Governance</u> Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall call a meeting of <u>the Council Board</u>. <u>The Board Council</u> shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction. The appropriate sanction can include one or more of the following:</p> <ul style="list-style-type: none"> a. censure of the member <u>Director</u> orally or in writing, b. removal of the member <u>Director</u> from any 	
<p>Council, or a report to the Public Appointments Secretariat requesting removal of the Public Member concerned from Council.</p>	<p>Committee on which he or she serves, or c. disqualification of an Elected Member <u>Director or Academic Appointee</u> from Council <u>the Board</u>, or a report to the Public Appointments Secretariat requesting removal of the Public <u>Director</u> Member concerned from <u>the Board Council</u>.</p>	
<p>iv. A decision finding that there has been a breach of duties or that a Council member meets the criteria for disqualification set out in section 8.02.1, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of Council Members present and voting.</p>	<p>iv. A decision finding that there has been a breach of duties or that a <u>Board Council</u> member meets the criteria for disqualification set out in <u>the bylaws section 8.02.1</u>, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of <u>Council Directors</u> present and voting.</p>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
v. The Council member whose conduct is the subject of concern shall not take part in the deliberation or vote, however, he or she shall be given a reasonable opportunity to respond to the allegation.	v. The Director whose conduct is the subject of concern shall not take part in the deliberation or vote, however, he or she shall be given a reasonable opportunity to respond to the allegation -complaint.	
None.	<u>8.02.5 Temporary Suspension</u> <u>(1) A Director who becomes the subject of a complaint, mandatory report, disciplinary or incapacity proceeding, shall not serve on the Board or on any Committee until a final decision (including any appeal) has been rendered.</u>	<u>A Board or Committee member subject to a proceeding or not in compliance/good standing would not serve until a decision is rendered or issue is remedied.</u>
None.	<u>(2) A Director who fails to comply with paragraphs 8.02.1 (d)(r), shall not serve on the Board or any Committee until the failure is remedied unless the failure resulted in their disqualification.</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>8.03 Vacancies on Council</p> <p>8.03.1 If the seat of an elected Council member becomes vacant in an electoral district not more than twelve months before the expiry of the member's term of office, the Council may:</p> <ul style="list-style-type: none">a. leave the seat vacant;b. appoint as an elected member, the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of the Council members for that electoral district; orc. direct the Registrar to hold an election in accordance with these bylaws for that electoral district.	<p>8.03 Vacancies on <u>Board Council</u></p> <p>8.03.1 If the seat of an <u>Elected Director-</u>Council member becomes vacant in an electoral district not more than twelve months before the expiry of the <u>Director's member's</u> term of office, the <u>Board Council</u> may:</p> <ul style="list-style-type: none">a. leave the seat vacant;b. appoint as an elected member <u>Elected Director</u>, the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of the <u>Directors Council-</u>members for that electoral district; orc. direct the Registrar to hold an election in accordance with these bylaws for that electoral district.	
<p>8.03.2 If the seat of an elected Council member becomes vacant in an electoral district more than twelve months before the expiry of the member's term of office, the Council shall direct the Registrar to hold an election in accordance with these bylaws for that electoral district.</p>	<p>8.03.2 If the seat of an <u>Elected Director</u> n-elected-Council member becomes vacant in an electoral district more than twelve months before the expiry of the member's term of office, the <u>Board Council</u> shall direct the Registrar to hold an election in accordance with these bylaws for that electoral district.</p>	
<p>8.03.3 The term of a member appointed under clause 8.03.1 (b) or elected under an election under clause 8.03.1 (c) or section 8.03.2 shall continue until the time the former Council member's term would have expired.</p>	<p>8.03.3 The term of a member appointed under clause 8.03.1 (b) or elected under an election under clause 8.03.1 (c) or section 8.03.2 shall continue until the time the former <u>Elected Director's Council</u> member's term would have expired.</p>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
8.04 Employment of Agents The Registrar may employ for and on behalf of the College, any agents or employees as the Registrar thinks fit in connection with the control, management and administration of the College,	8.04 Employment of Agents The Registrar may employ for and on behalf of the College, any agents or employees as the Registrar thinks fit in connection with the control, management and administration of the College, and in that respect	
and in that respect may authorize those persons to assist the Council in exercising the powers of and carrying out the duties of the College.	may authorize those persons to assist the <u>Board</u> Council in exercising the powers of and carrying out the duties of the College.	
8.04.1 In addition to any other qualification for a position of employment with the College that Council may deem appropriate, it shall be a qualification that the employee not be a member of Council, or if a member of Council, that he or she resign as a member of Council prior to applying for employment with the College.	8.04.1 In addition to any other qualification for a position of employment with the College that <u>the</u> Board Council may deem appropriate, it shall be a qualification that the employee not be a <u>Board Director</u> Council , or if a member of Council <u>the Board</u> , that he or she resign as a <u>Board Director</u> Council prior to applying for employment with the College.	
8.05 Appoint Members to Committees 8.05.1 The Executive Committee shall, at its first meeting, appoint members to the committees	8.05 Appoint Members to Committees 8.05.1 The <u>Governance</u> Executive Committee shall <u>recommend to the Board, at its first meeting,</u> appointments members to the <u>all</u> committees.	
8.05.2 Subject to the Act, Regulations and bylaws, the President may attend and participate in meetings of all committees. The President does not have a vote	8.05.2 Subject to the Act, Regulations and bylaws, the <u>Chair of the Board</u> President may attend and participate in meetings of all committees. The <u>Chair-President of the Board</u> President does not have a vote <u>at committee meetings.</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>8.06 Minutes</p> <p>The Council shall cause minutes to be kept of its proceedings and meetings to form a record of all motions and decisions, which shall be kept at the College office unless the Council otherwise decides.</p> <p>The written record of the proceedings of a Council meeting when confirmed at a subsequent Council meeting, subject to any corrections made at such subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.</p>	<p>8.06 Minutes</p> <p>The <u>Board Council</u> shall cause minutes to be kept of its proceedings and meetings to form a record of all motions and decisions, which shall be kept at the College office unless the <u>Council Board</u> otherwise decides.</p> <p>The written record of the proceedings of a <u>Board Council</u> meeting when confirmed at a subsequent <u>Board Council</u> meeting, subject to any corrections made at such subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.</p>	
<p>8.07 Accounts</p> <p>The Council shall cause proper books of account to be kept in respect of all sums of money received and expended by the College which shall, unless the Council otherwise decides, be the responsibility of the Registrar.</p>	<p>8.07 Accounts</p> <p>The <u>Board Council</u> shall cause proper books of account to be kept in respect of all sums of money received and expended by the College which shall, unless the <u>Board Council</u> otherwise decides, be the responsibility of the Registrar.</p>	



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<p>8.08 Financial Records</p> <p>Financial statements for the College shall be prepared promptly at the close of each fiscal year. The audited financial statements of the College, together with a signed and certified copy of the Auditor's report, shall be</p> <ul style="list-style-type: none"> a. reviewed by the Executive Committee; b. presented annually to Council; c. provided to the Minister of Health and Long-Term Care; and d. made available to the public in the College's annual report 	<p>8.08 Financial Records</p> <p>Financial statements for the College shall be prepared promptly at the close of each fiscal year. The audited financial statements of the College, together with a signed and certified copy of the Auditor's report, shall be</p> <ul style="list-style-type: none"> a. reviewed by the <u>Finance, Audit and Risk</u> Committee; b. presented annually to <u>the Board Council</u>; c. provided to the Minister of Health and Long-Term <u>Care</u>; and d. made available to the public in the College's annual report 	<p><u>Financial oversight of the Executive Committee will be delegated to the new Finance, Audit and Risk Committee.</u></p>
<p>8.09 Auditor</p> <p>The Council shall appoint a licensed public accountant as auditor of the College at least every fifth year for a term not exceeding five years</p>	<p>8.09 Auditor</p> <p>The <u>Board Council</u> shall appoint a licensed public accountant as auditor of the College at least every fifth year for a term not exceeding five years</p>	
<p>8.09.1 Audit</p> <p>The auditor shall make such examinations as will enable them to report to Council as required by law and under these bylaws. Without limiting the generality of the foregoing, the auditor shall report to the Executive Committee before Council meeting at which the financial statements of the College are to be submitted. The auditor of the College shall report in writing to Council at the meeting at which</p>	<p>8.09.1 Audit</p> <p>The auditor shall make such examinations as will enable them to report to <u>Council the Board</u> as required by law and under these bylaws. Without limiting the generality of the foregoing, the auditor shall report to the <u>Finance, Audit and Risk</u> Executive Committee before <u>Council the Board</u> meeting at which the financial statements of the College are to be submitted. The auditor of the College shall report</p>	



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the financial statements of the College are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the College and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for-profit organizations.	in writing to the Board Council at the meeting at which the financial statements of the College are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the College and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for-profit organizations.	
8.10 Borrowing Funds The President or Vice-President, together with the Registrar and such other officer or person as may be authorized by resolution of the Council may: a. borrow money upon the credit of the College; b. issue, sell, or pledge debt obligations of the College, including without limitation bonds, debentures, notes, or similar obligations of the College, whether secured or unsecured; and c. charge, mortgage, hypothecate, or pledge all or any currently owned or subsequently acquired real or personal, movable or immovable property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such debt obligations or any money borrowed, or other debt or liability of the College.	8.10 Borrowing Funds The Chair President or Vice- Chair President , together with the Registrar and such other officer or person as may be authorized by resolution of the Council may: a. borrow money upon the credit of the College; b. issue, sell, or pledge debt obligations of the College, including without limitation bonds, debentures, notes, or similar obligations of the College, whether secured or unsecured; and c. charge, mortgage, hypothecate, or pledge all or any currently owned or subsequently acquired real or personal, movable or immovable property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such debt obligations or any money borrowed, or other debt or liability of the College.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
8.11 Compensation Elected members of Council when attending Council or committee meetings or otherwise conducting the business of the Council or any of the committees, shall be paid a stipend at a daily	8.11 Compensation Elected <u>Directors</u> members of <u>the Board Council</u> when attending <u>Council-Board</u> or committee meetings or otherwise conducting the business of the <u>Board Council</u> or any of the committees, shall be	
rate and travelling and maintenance expenses necessarily incurred, in accordance with policies approved by Council.	paid a stipend at a daily rate and travelling and maintenance expenses necessarily incurred, in accordance with policies approved by Council- <u>the Board.</u>	
8.12 Making, Amending and Revoking Bylaws 8.12.2 Every bylaw and every amendment and revocation thereof shall be maintained in the College's records.	8.12 Making, Amending and Revoking Bylaws 8.12.2 Every bylaw and every amendment and revocation thereof shall be maintained in the College's records.	
8.12.3 Notice of any proposed addition, amendment, or revocation of a bylaw shall be provided to Council members at least two weeks prior to the date of the Council meeting at which these will be considered.	8.12.3 Notice of any proposed addition, amendment, or revocation of a bylaw shall be provided to <u>Board</u> Directors Council members at least <u>one two</u> two weeks prior to the date of the <u>Board Council</u> meeting at which these will be considered.	
8.12.4 The requirement for notice under paragraph 8.12.3 of this section may be waived by unanimous vote of all the members of the Council.	8.12.4 The requirement for notice under paragraph 8.12.3 of this section may be waived by unanimous vote of all the <u>Board Directors</u> Council.	
8.12.5 A bylaw made pursuant to the authority of clauses (l.2), (l.3), (s), (t), (v), (w) or (y) of subsection 94(1) the Code must be circulated to every Registrant at least 60 days before it is approved by Council.	8.12.5 A bylaw made pursuant to the authority of clauses (l.2), (l.3), (s), (t), (v), (w) or (y) of subsection 94(1) the Code must be circulated to every Registrant at least 60 days before it is approved by <u>the Board Council.</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
Part 12: Non-Council Members of Committees	Part 12: <u>Professional Committee and Community Appointees</u> Non-Council Members of Committees	
12.01 Non-Council Members of Committees 12.01.1 A non-Council member is eligible for appointment to a committee of the College or, subject to Bylaw 12.03.2, is eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment:	12.01 <u>Professional Non-Council Members of Committees and Community Appointees</u> 12.01.1 A <u>Professional Committee Appointee</u> non-Council member is eligible for appointment to a committee of the College or, subject to Bylaw 12.03.2, is eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment:	<u>Eligibility requirements for Professional Committee Appointees are consistent with Board of Directors.</u>
. the Registrant practises occupational therapy in Ontario or resides in Ontario;	No Change.	
b. the Registrant is not in default of payment of any fees required under these bylaws;	No Change.	
c. the Registrant is not the subject of any disciplinary or incapacity proceeding, inside or outside of Ontario;	c. the Registrant is not the subject of any disciplinary or incapacity proceedings, <u>by a body that governs a profession</u> , inside or outside of Ontario;	
d. the Registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the appointment as a result of a professional misconduct, incompetence or incapacity proceeding;	d. the Registrant's certificate of registration has not been revoked or suspended, <u>inside or outside of Ontario</u> , in the six years preceding the date of the appointment as a result of a professional misconduct, incompetence or incapacity proceeding;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None	<u>e. the Registrant's certificate of registration is not subject to any order, direction, or term, condition or limitation imposed by a panel of the Discipline Committee, Fitness to Practise Committee or Quality Assurance Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;</u>	
None.	<u>f. a period of at least six years has elapsed since the Registrant complied with all aspects of any order imposed by a Discipline or Fitness to Practice Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;</u>	
e. the Registrant has not been disqualified pursuant to section 12.04.1 in the three years preceding the date of the appointment;	<u>g. the Registrant has not been disqualified from a Board or Committee in accordance with pursuant to section 12.04.1 the bylaws in the three years preceding six years the preceding the date of the appointment;</u>	
None.	<u>h. the Registrant is not at present nor has been at any time within the last three years preceding the appointment a director, owner, board member, officer or employee of any voluntary professional association;</u>	
None.	<u>i. the Registrant has not resigned from the Board or Committee in the three years preceding the date of appointment;</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None.	<u>j. the Registrant does not have a conflict of interest to serve as a member of a Committee or has agreed to remove any such conflicts of interest before taking office;</u>	
f. the Registrant has not been the subject of an Informal Disposition or Resolution with the College in the six years preceding the date of the appointment;	f. the Registrant has not been the subject of an Informal Disposition or Resolution with the College in the six years preceding the date of the appointment;	
g. the Registrant's certificate of registration is not subject to a term, condition or limitation imposed by the Registrar at the direction of a panel of the Discipline Committee or Fitness to Practise Committee;	g. the Registrant's certificate of registration is not subject to a term, condition or limitation imposed by the Registrar at the direction of a panel of the Discipline Committee or Fitness to Practise Committee;	
h. the Registrant is not a director, officer or employee of a voluntary organization of occupational therapists;	h. the Registrant is not a director, officer or employee of a voluntary organization of occupational therapists;	
i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant to the Registrant's suitability to practise occupational therapy;	Ik. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant to the Registrant's suitability to practise occupational therapy;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
j. the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; and	<u>lj.</u> the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; and	
None.	<u>m. the Registrant has not initiated, joined, continued or materially contributed to a legal proceeding against the College, or any Committee or representative of the College; and</u>	
k. on or after April 1, 2016, the Registrant is not, and has not been within the previous six years, an employee of the College.	<u>nk. on or after April 1, 2016, the Registrant has not been an employee or consultant of the College in the six years preceding the appointment. is not, and has not been within the previous six years, an employee of the College.</u>	
None.	<u>12.02 Community Appointees</u> <u>12.02.1</u> An individual is eligible for appointment to a committee of the College as a Community Appointee or, subject to Bylaw 12.03.2 is eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment:	<u>Eligibility requirements of Community Appointees are established</u>
None.	<u>a. the individual resides in Ontario;</u>	
	<u>b. the individual has never been a registrant;</u>	
	<u>c. the individual is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession inside or outside of Ontario;</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<u>d. the individual has not been disqualified from serving on the Board or Committee in the six years preceding the appointment;</u>	
	<u>e. the individual has not been found to have committed an act of professional misconduct or to be incompetent by a body that governs a profession inside or outside of Ontario;</u>	
	<u>f. the individual is not present nor has been at any time within the three years preceding the appointment a director, owner, board member, officer or employee of any professional association;</u>	
	<u>g. the individual has no direct or indirect ownership interest in an occupational therapy clinic;</u>	
	<u>h. the individual does not have a conflict of interest to serve as a member of a Committee or has agreed to remove any such conflicts of interest before taking an appointment;</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<p><u>i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the individual in respect of:</u></p> <p><u>i. a criminal offence;</u> <u>ii. any offence relating to the prescribing, compounding, dispensing, selling or administering of drugs; or,</u> <u>iii. any offence relevant to their suitability to be licensed or registered with any professional regulatory body.</u></p>	
	<u>j. the individual is not subject to any existing condition or restrictions (such as bail conditions) imposed by a court or other lawful authority;</u>	
	<u>k. the individual has not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and</u>	
	<u>l. the individual has not been an employee or consultant of the College in the six years preceding the date of the appointment.</u>	
12.02 Appointment of Non-Council Members	<u>12.032 Appointment of Non-Council Professional Committee and Community Appointments</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
12.02.1 A general call for individuals interested in appointments to committees will be made from time to time as determined by the Registrar in order to create a pool of eligible candidates. Specific requests will be made when non-Council members are required for specific committees	Members 12.032.1 A general call for individuals interested in appointments to committees will be made from time to time as determined by the <u>Governance Committee Registrar</u> in order to create a pool of eligible candidates. Specific requests will be made when <u>Professional Committee and/or Community Appointees non-Council</u> are required for specific committees.	
12.02.2 Each applicant must submit a current curriculum vitae and a letter indicating her/his areas of interest.	12.02.2 Each applicant must submit a current curriculum vitae and a letter indicating her/his areas of interest.	
12.02.3 The Registrar will review applications in accordance with Bylaw 12 and/or applicable College policy. Applicants will be notified whether or not her/his application was confirmed.	12.02.3 The Registrar will review applications in accordance with Bylaw 12 and/or applicable College policy. Applicants will be notified whether or not her/his application was confirmed.	
12.02.4 All eligible applications will be kept on file for one year after which the candidate will be asked to re-establish her/his interest and update her/his application.	12.02.4 All eligible applications will be kept on file for one year after which the candidate will be asked to re-establish her/his interest and update her/his application.	
None.	12.03.2 In making an appointment, the Governance Committee shall take into consideration the location of practice or residence, experience, expertise, availability and other qualifications and characteristics of the candidate for appointment, in order to complement the attributes of the other Committee members.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
12.03 Terms of Office of Non-Council Members 12.03.1 The term of office of a member of a committee of the College who is a non-Council member is three years from the date of appointment or re-appointment to the committee.	12.04 Terms of Office 12.04.1 The term of office of a member of a committee of the College who is a <u>Professional or Community Appointee</u> non-Council member is three years from the date of appointment or re-appointment to the committee.	
12.03.2 No non-Council member may be a member of the same committee of the College for more than six consecutive years.	12.04.2 No <u>Professional Committee or Community Appointee</u> non-Council member may be a member of the same committee of the College for more than six consecutive years.	
12.03.3 A Registrant who has served as a non-Council member for more than six consecutive years is not eligible for appointment as a non-Council member until at least one year has passed since the Registrant last served as a non-Council member.	12.04.3 A person who has served as a <u>Professional or Community Appointee</u> non-Council member for more than six consecutive years is not eligible for appointment until at least one year has passed since the person last served as a Professional or Community appointee .	
12.04 Disqualification of Non-Council Members 12.04 The Council shall disqualify a non-Council member appointed to a committee of the College from sitting on the committee if the member:	12.05.14 Disqualification of <u>Committee Non-Council Members</u> 12.05.14 The <u>Board</u> Council shall disqualify a <u>Professional or Community Appointee</u> non-Council member <u>appointed</u> to a committee of the College from sitting on the committee if the person:	<u>Disqualification requirements for Professional Appointees are consistent with Board of Directors</u>
a. resigns from a committee;	<u>No change.</u>	
b. ceases to hold a certificate of registration;	b. ceases to hold a certificate of registration;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None.	<u>b. ceases to either practise or reside in Ontario;</u>	
c. is in default of any fees prescribed by these bylaws for a period of more than 60 days;	c. is in default of any fees prescribed by these bylaws for a period of more than <u>3060</u> days;	
d. ceases to either practise or reside in Ontario;	d. ceases to either practise or reside in Ontario;	
e. is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;	d. is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;	
f. is found by a panel of the Fitness to Practise Committee to be an incapacitated member;	e. is found by a panel of the Fitness to Practise Committee to be an incapacitated <u>member</u> ;	
g. is the subject of an Informal Disposition or Resolution of the College;	g. is the subject of an Informal Disposition or Resolution of the College;	
	<u>f. is found by two-thirds majority of Board members to have breached the Code of Conduct;</u>	
h. fails, without cause, to attend three consecutive meetings of the committee or one of its subcommittees of which she or he is a member;	h. fails, without cause, to attend three consecutive meetings of the committee or one of its subcommittees of which she or he is a member;	
i. fails, without reasonable cause, to attend a hearing or review by a panel for which he or she has been selected;	g.. fails, without reasonable cause, to attend a hearing <u>or proceeding, or part thereof, of or review-</u> by a panel <u>on for</u> which <u>they sit</u> he or she has been <u>selected;</u>	
None.	<u>h. fails to attend without cause, Committee education hosted by the College from time to time;</u>	
j. is convicted of a federal or provincial offence which, in the opinion of Council, is of such a nature that it warrants disqualification;	j. is convicted of a federal or provincial offence which, in the opinion of Council, is of such a nature that it warrants disqualification;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<u>i. is found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:</u> <u>i. a criminal offence;</u> <u>ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or</u> <u>iii. any offence relevant to the Registrant's suitability to practise occupational therapy;</u>	
k. breaches section 36 of the RHPA which, in the opinion of Council, is of such a nature that warrants disqualification;	jk. breaches section 36 of the RHPA which , in <u>a manner that in</u> the opinion of <u>the Board Council</u> , is of such a nature that warrants disqualification;	
l. has breached the conflict of interest provisions of these bylaws which, in the opinion of Council, is of such a nature that warrants disqualification; or	kl. has breached the conflict of interest provision(s) of these bylaws which, <u>in a manner which in the opinion of the Board, in the opinion of Council, is of such a nature that</u> warrants disqualification; or	
None.	<u>l. fails to discharge properly and honestly any office to which he or she has been appointed;</u>	
m. becomes a director, officer or employee of a voluntary organization of occupational therapists.	m. becomes a director, <u>owner, board member,</u> officer or employee of <u>any voluntary organization of occupational therapists professional association;</u>	
None.	<u>n. becomes a member of a Board of any other College regulated under the RHPA</u>	
None.	<u>o. ceases to hold a certificate of registration;</u>	
None.	<u>p. remains thirty days after notice, in default of providing any information required by the College;</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None.	<u>q. initiates, joins, materially contributes or continues a legal proceeding against the College or any Committee or representative of the College; or</u>	
None.	<u>r. in the case of a Community Appointee, no longer meets the eligibility requirements specified in section 12.02.1.</u>	
12.04.1.1 The following procedure shall be followed in the event that a non-Council member is alleged to have contravened the duties of a Committee member or meets the criteria for disqualification set out in section 12.04.1 other than paragraphs a, b, and d.	12.0<u>6</u>.4.1.1 The following procedure shall be followed in the event that a non-Council member <u>Professional Committee Appointee</u> is alleged to have contravened the duties of a Committee member or meets the criteria for disqualification set out in section 12.0 <u>5</u> 4.1 other than paragraphs a, b, and d <u>k, o, p, s or t, in which case the Professional Appointee shall be automatically be disqualified.</u>	
i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council or non-Council member or the Registrar. If a member of Council or a non-Council member receives such a complaint, he or she shall immediately file it with the Registrar.	i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a <u>Board Council</u> or <u>Professional Committee Appointee</u> non-Council member or the Registrar. If a <u>member of the Board</u> ^[SK1] Council or a <u>Professional Appointee</u> non-Council member receives such a complaint, he or she shall immediately file it with the Registrar.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
ii. The Registrar shall report the complaint to the President or the Vice-President who shall bring the complaint to the Executive Committee if he or she believes that the complaint may warrant formal action. If the Executive Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this section.	ii. The Registrar shall report the complaint to the President <u>Chair</u> or the Vice- President <u>Chair</u> who shall bring the complaint to the <u>Governance-Executive</u> Committee if he or she believes that the complaint may warrant formal action. If the <u>Governance Executive</u> Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this section.	
iii. If the Executive Committee or any Committee appointed by the Executive Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction. The appropriate sanction can include one or more of the following: (a) censure of the non-Council member verbally or in writing, (b) removal of the non-Council member from any Committee on which he or she serves, (c) disqualification of the non-Council member from serving on any committee.	iii. If the Executive <u>Governance</u> Committee or any Committee appointed by the <u>Governance Executive</u> Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall <u>call a meeting of the Board.</u> <u>The Board shall</u> determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction. The appropriate sanction can include one or more of the following: (a) censure of the non-Council member <u>Professional Committee Appointee orally verbally</u> or in writing, (b) removal of the <u>Professional Committee Appointee</u> non-Council member from any Committee on which he or she serves, (c) disqualification of the <u>Professional Committee Appointee</u> non-Council member from serving on any committee.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
iv. A decision finding that there has been a breach of duties or that a non-Council member meets the criteria for disqualification set out in section 12.04.1, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of Council Members present and voting.	iv. A decision finding that there has been a breach of duties or that a <u>Professional Committee Appointee</u> non-Council member meets the criteria for disqualification set out in section 12.0 <u>54.1</u> , and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of <u>Council</u> Members-Directors present and voting.	
12.04.2 A non-Council member who is disqualified under s. 12.04.1 from sitting on a committee of the College, ceases to be a member of the committee, and the Council shall appoint a successor as soon after the disqualification as feasible.	12.0<u>64.12</u> A non-Council member <u>Professional Appointee</u> who is disqualified under s. 12.0 <u>54.1</u> from sitting on a committee of the College, ceases to be a member of the committee, and the <u>Board Council</u> shall appoint a successor as soon after the disqualification as feasible.	
12.04.3 The term of office of a person who is appointed as a successor under s. 12.04.2 shall be three years.	12.0<u>64.23</u> The term of office of a person who is appointed as a successor under s. 12.0 <u>64.12</u> shall be three years.	
<u>None.</u>	<u>12.06.3 Temporary Suspension</u> <u>(1) A Professional Committee Appointee who becomes the subject of a complaint, mandatory report, disciplinary or incapacity proceeding, shall not serve on any Committee until a final decision (including any appeal) has been rendered.</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<u>None.</u>	<u>(2) A Professional Committee Appointee who fails to comply with paragraphs 12.05 (c) or (p), shall not serve on the Board or any Committee until the failure is remedied unless the failure resulted in their disqualification.</u>	
Part 13: Statutory Committees & Standing Committees	Part 13: Statutory Committees & Standing Committees	
13.01 Executive Committee 13.01.1 The Executive Committee shall be composed of: a. the President, the Vice- President, the Member-at-Large (Finance) and the Member-at Large (Education); b. the Executive Committee includes two professional members of the Council and two Public Members.	13.01 Executive Committee 13.01.1 The Executive Committee shall be composed of: a. the <u>Chair President, the and Vice- Chair,- President, the Member at Large (Finance) and the Member at Large (Education) and two additional Directors;</u> b. the Executive Committee includes two- <u>professional membersElected Directors</u> of the <u>Council Board</u> and two Public <u>MembersDirectors</u>	
13.01.2 The President of the Council shall be the Chair of the Executive Committee.	13.01.2 The <u>President Chair</u> of the <u>Council Board</u> shall be the Chair of the Executive Committee.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>13.01.3 The Executive Committee is responsible for enhancing the effectiveness of Council by:</p> <p>a. conducting business between meetings, on behalf of Council with the exception of making, amending or revoking a regulation or bylaw;</p> <p>b. assisting in the development of Council agendas to reflect Council priorities;</p> <p>c. confirming background material to be presented by the Committee at each meeting to inform Council decision-making;</p> <p>d. recommending which, if any, agenda items to be closed to observers;</p> <p>e. serving as a Governance Committee of Council to make recommendations to Council with respect to:</p> <p>i. the structure and functioning of Council;</p> <p>ii. the role and function of statutory committees;</p> <p>iii. composition of committees;</p> <p>iv. the appointment process for Committee Chairs;</p> <p>v. the College's governance structure and governance policies; and</p> <p>vi. an annual Council evaluation process.</p> <p>f. Monitoring the finances of the College, including:</p> <p>i. monitoring the College's financial status;</p>	<p>13.01.3 The Executive Committee is responsible for enhancing the effectiveness of Council by:</p> <p>a. conducting business between meetings, on behalf of Council with the exception of making, amending or revoking a regulation or bylaw;</p> <p>b. assisting in the development of Council agendas to reflect Council priorities;</p> <p>c. confirming background material to be presented by the Committee at each meeting to inform Council decision-making;</p> <p>d. recommending which, if any, agenda items to be closed to observers;</p> <p>e. serving as a Governance Committee of Council to make recommendations to Council with respect to:</p> <p>i. the structure and functioning of Council;</p> <p>ii. the role and function of statutory committees;</p> <p>iii. composition of committees;</p> <p>iv. the appointment process for Committee Chairs;</p> <p>v. the College's governance structure and governance policies; and</p> <p>vi. an annual Council evaluation process.</p> <p>f. Monitoring the finances of the College, including:</p> <p>i. monitoring the College's financial status;</p> <p>ii. reviewing the annual operating and capital</p>	<p><u>This provision is unnecessary. The Regulated Health Professions Act and the Health Professions Procedural Code sets out the accountabilities of the Executive Committee.</u></p> <p><u>Terms of reference for a committee are better set out in policy approved by the Board.</u></p>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>ii. reviewing the annual operating and capital budgets; iii. approving the audited statement; iv. annually reviewing the College investment plan; v. reviewing terms of office lease agreements as required; vi. assisting in the development of a policy framework related to compensation & salary administration; and vii. monitoring the compliance with financial policies.</p> <p>g. providing oversight to the strategic planning process for the College;</p> <p>h. conducting an annual performance review of the Registrar, including contract (re)- negotiation;</p> <p>i. providing development opportunities and learning activities for council members;</p> <p>j. conducting special projects as designated by the Council;</p> <p>k. assigning of Executive members to subcommittees of the committee; and</p> <p>l. assigning of a Public Member of the Committee to liaise with the Public Appointment Secretariat.</p>	<p>budgets; iii. approving the audited statement; iv. annually reviewing the College investment plan; v. reviewing terms of office lease agreements as required; vi. assisting in the development of a policy framework related to compensation & salary administration; and vii. monitoring the compliance with financial policies.</p> <p>g. providing oversight to the strategic planning process for the College;</p> <p>h. conducting an annual performance review of the Registrar, including contract (re)- negotiation;</p> <p>i. providing development opportunities and learning activities for council members;</p> <p>j. conducting special projects as designated by the Council;</p> <p>k. assigning of Executive members to subcommittees of the committee; and</p> <p>l. assigning of a Public Member of the Committee to liaise with the Public Appointment Secretariat.</p>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
13.01.4 Executive shall report to the Council at each Council meeting. All recommendations and decisions are to be reported and/or approved by the Council.	13.01.34 Executive shall report to the <u>Board Council</u> at each <u>Board Council</u> meeting. All <u>meeting minutes</u> , recommendations and decisions are to be reported and/or approved by <u>to the Board Council</u> .	
13.02 Registration Committee	13.02 Registration Committee	
13.02.1 The Registration Committee shall be composed of at least: a. two members of the Council who are members of the College; b. two members of the Council appointed to the Council by the Lieutenant Governor in Council; and c. one non-Council member	13.02.1 The Registration Committee shall be composed of <u>at least</u> : a. two members of the Council who are members of the College <u>Elected Directors</u> ; b. two <u>Public Directors</u> members of the Council appointed to the Council by the Lieutenant Governor in Council ; and c. one <u>or more Professional Committee Appointees</u> ; and non-Council member d. <u>at the discretion of the Board, one or more Community Appointees</u> .	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>13.03 Inquiries, Complaints and Reports Committee</p> <p>13.03.1 The Inquiries, Complaints and Reports Committee shall be composed of at least:</p> <ul style="list-style-type: none">a. two members of the Council who are members of the College;b. two members of the Council appointed to the Council by the Lieutenant Governor in Council; andc. four non-Council members.	<p>13.03 Inquiries, Complaints and Reports Committee</p> <p>13.03.1 The Inquiries, Complaints and Reports Committee shall be composed of at least:</p> <ul style="list-style-type: none">a. two Elected Directors members of the Council who are members of the College;b. two members of the Council appointed to the Council by the Lieutenant Governor in Council; and <u>Public Directors</u>c. four or more non-Council members <u>Professional Committee Appointees; and</u>d. <u>.at the discretion of the Board, one or more Community Appointees.</u>	
<p>13.04 Discipline Committee</p> <p>13.04.1 The Discipline Committee shall be composed of at least:</p> <ul style="list-style-type: none">a. two members of the Council who are members of the College;b. two members of the Council appointed to the Council by the Lieutenant Governor in Council; and	<p>13.04 Discipline Committee</p> <p>13.04.1 The Discipline Committee shall be composed of at least:</p> <ul style="list-style-type: none">a. two members of the Council who are members of the College <u>Elected Directors;</u>b. two members of the Council appointed to the Council by the Lieutenant Governor in Council <u>Public Directors; and</u>	
<ul style="list-style-type: none">c. one non-Council member	<ul style="list-style-type: none">c. one or more non-Council member <u>Professional Committee Appointees; and</u>d. <u>at the discretion of the Board, one or more Community Appointees.</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
13.05 Fitness to Practise 13.05.1 The Fitness to Practise Committee shall be composed of at least: a. two members of the Council who are members of the College; b. two members of the Council appointed to the Council by the Lieutenant Governor in Council; and c. one non-Council member.	13.05 Fitness to Practise 13.05.1 The Fitness to Practise Committee shall be composed of <u>at least:</u> a. two members of the Council who are members of the College <u>Elected Directors;</u> b. two members of the Council appointed to the Council by the Lieutenant Governor in Council <u>Public Directors; and</u> c. one or more non-Council member <u>Professional Committee Appointees; and.</u> d. <u>at the discretion of the Board, one or more Community Appointees.</u>	
13.06 Hearings Core Group Council may establish a Hearings Core Group of members of the Discipline Committee and Fitness to Practise Committees who may do the following: a. oversee administrative rules of procedure for the Discipline and Fitness to Practise Committees (Hearings Committees) and ensure that they are current and publicly available; b. are available for frequent selection for hearing panels by the chair of the respective Hearings Committees.	13.06 Hearings Core Group The Board may establish a Hearings Core Group of members of the Discipline Committee and Fitness to Practise Committees who may do the following: a. oversee administrative rules of procedure for the Discipline and Fitness to Practise Committees (Hearings Committees) and ensure that they are current and publicly available; b. are available for frequent selection for hearing panels by the chair of the respective Hearings Committees.	
13.07 Quality Assurance Committee 13.07.1 The Quality Assurance Committee shall be	13.07 Quality Assurance Committee 13.67.1 The Quality Assurance Committee shall be	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
composed of at least: a. two members of the Council who are members of the College; b. two members of the Council appointed to the Council by the Lieutenant Governor in Council; and c. two non-Council members.	composed of <u>at least</u> : a. two <u>Elected Directors</u> members of the Council who are members of the College ; b. two members of the Council appointed to the Council by the Lieutenant Governor in Council <u>Public Directors</u> ; and c. <u>one or more</u> two <u>Professional Committee Appointees</u> ; and, non-Council members d. <u>at the discretion of the Board, one or more Community Appointees.</u>	
13.08 Patient Relations Committee 13.08.1 The Patient Relations Committee shall be composed of at least: a. two members of the Council who are members of the College; b. two members of the Council appointed to the Council by the Lieutenant Governor in Council; and c. one non-Council member	13.08 Patient Relations Committee 13.08.1 The Patient Relations Committee shall be composed of <u>at least</u> : a. two <u>Elected Directors</u> members of the Council who are members of the College ; b. two members of the Council appointed to the Council by the Lieutenant Governor in Council <u>Public Directors</u> ; and c. one <u>or more non-Council member</u> Professional Committee Appointees ; and d. <u>at the discretion of the Board, one or more Community Appointees.</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p>13.09 Vacancies on Statutory Committees</p> <p>13.09.1 Where a vacancy arises in a statutory committee of Council, the committee Chair will review the applications with committee members. The committee will select an applicant(s) of choice and provide a recommendation to Council for approval at the next Council meeting. If, in the view of the Committee, there is an urgent need to fill a vacancy in order for a Committee to meet its statutory requirements, the committee will select an</p>	<p>13.09 Vacancies on Statutory Committees</p> <p>13.09.1 Where a vacancy arises in a statutory committee of Council, the committee Chair will review the applications with committee members. The committee will select an applicant(s) of choice and provide a recommendation to Council for approval at the next Council meeting. If, in the view of the Committee, there is an urgent need to fill a vacancy in order for a Committee to meet its statutory requirements, the committee will select an</p>	
<p>applicant(s) of choice and provide a recommendation to the Executive Committee for approval at the next Executive Committee meeting.</p>	<p>applicant(s) of choice and provide a recommendation to the Executive Committee for approval at the next Executive Committee meeting.</p>	
<p>13.09.2 Where one or more vacancies occur in the membership of a statutory committee, the committee members remaining in office constitute the committee so long as their number is not fewer than the quorum prescribed by the Act.</p>	<p>13.09.2 Where one or more vacancies occur in the membership of a statutory committee, the committee members remaining in office constitute the committee so long as their number is not fewer than the quorum prescribed by the Act.</p>	
<p>13.10 Standing Committees</p> <p>13.10.1 There are hereby established the following standing committees, in addition to those statutory committees required by the Regulated Health Professions Act:</p> <p>a. Nominations Committee.</p>	<p>13.10 Standing Committees</p> <p>13.10.1 There are hereby established the following standing committees, in addition to those statutory committees required by the Regulated Health Professions Act:</p> <p>a. Nominations Committee.</p>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
13.11 Nominations Committee 13.11.1 The Nominations Committee shall include at least two (2) retiring Council members, or, if fewer than two members are retiring, then the Nominations Committee shall include one or two members who do not intend to stand for election as an officer.	13.11 Nominations Committee 13.11.1 The Nominations Committee shall include at least two (2) retiring Council members, or, if fewer than two members are retiring, then the Nominations Committee shall include one or two members who do not intend to stand for election as an officer.	
None.	13.09 Governance Committee 13.09.1 The Governance Committee shall be composed of: a. two Elected Directors; b. two Public Directors; c. at the discretion of the Board, one or more Professional Committee Appointees; and d. at the discretion of the Board, one or more Community Appointee(s).	
13.12 Vacancies on Standing Committees	13.12 Vacancies on Standing Committees	
13.12.1 Where a vacancy arises or a new standing committee, working group or task force is created, the standing committee Chair, or, in the case of working groups or task forces, the statutory committee Chair will review the applications with committee members. The committee will select an applicant(s) of choice and provide a recommendation to the Council for their approval at the next Council meeting.	13.12.1 Where a vacancy arises or a new standing committee, working group or task force is created, the standing committee Chair, or, in the case of working groups or task forces, the statutory committee Chair will review the applications with committee members. The committee will select an applicant(s) of choice and provide a recommendation to the Council for their approval at the next Council meeting.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
13.12.2 Where one or more vacancies occur in the membership of a standing committee, the committee members remaining in office constitute the committee so long as their number is not fewer than the prescribed quorum.	13.12.2 Where one or more vacancies occur in the membership of a standing committee, the committee members remaining in office constitute the committee so long as their number is not fewer than the prescribed quorum.	
None.	13.10 Appointment of Committee Members <u>Unless anywhere else stated in the bylaws, every Committee member shall be appointed by the Board with the exception of Executive Committee, whose members shall be elected to office.</u>	
Part 14: Provisions Applicable to all Committees	Part 14: Provisions Applicable to all Committees	
14.01 Committee Procedures 14.01.1 Unless otherwise prescribed in these bylaws, the Executive Committee shall appoint a Chairperson for each committee	14.01 Committee Procedures 14.01.1 Unless otherwise prescribed in these bylaws, the Governance Executive Committee shall appoint a Chairperson for each committee	
14.01.2 The Executive Committee may and, if necessary for a committee to achieve its quorum shall, appoint members of the Council to fill any vacancies which occur in the membership of a committee.	14.01.2 The Governance Executive Committee may and, if necessary for a committee to achieve its quorum shall, appoint members of the Board <u>Directors Council</u> to fill any vacancies which occur in the membership of a committee.	
14.01.3 Every appointment to a committee with the exception of non-Council committee appointments automatically expires at the meeting held in conjunction with the annual election of officers.	14.01.3 Every appointment to a committee with the exception of Professional non-Council committee appointments automatically expires at the meeting held in conjunction with the annual election of officers.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
14.01.4 Each committee shall meet from time to time at the direction of the Council or the Executive Committee or at the call of the Chair at a place in Ontario, date and time designated by the Chair.	14.01.4 Each committee shall meet from time to time at the direction of the Council or the Executive Committee or at the call of the Chair at a place in Ontario, date and time designated by the Chair.	
14.01.4.1 Meetings of any committee or of panels that are held for a purpose other than conducting a hearing may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.	14.01.4.1 Meetings of any committee or of panels that are held for a purpose other than conducting a hearing may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.	
14.01.5 No formal notice is required for a meeting of the committee but the Chair of the committee or delegate shall notify members at least two (2) weeks in advance of the meeting date and time, unless all members waive notice.	14.01.5 No formal notice is required for a meeting of the committee but the Chair of the committee or delegate shall notify members at least two (2) weeks in advance of the meeting date and time, unless all members waive notice.	
14.01.6 Unless the Act provides otherwise, a majority of members of a committee constitutes a quorum.	14.01.6 Unless the Act provides otherwise, a majority of members of a committee constitutes a quorum.	
14.01.7 In cases of an equality of votes, the Chair shall have a deciding vote to break the tie vote except at hearings.	14.01.7 In cases of an equality of votes, the Chair shall have a deciding vote to break the tie vote except at hearings.	
14.01.8 The Chair or her/his appointee for the purpose shall preside over meetings of the committee.	14.01.8 The Chair or her/his appointee for the purpose shall preside over meetings of the committee.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
14.01.9 The terms of reference for committees must be approved by the Council and such terms of reference shall include the following: a. the overall purpose of the committee; b. the responsibilities of the committee; c. the relationship (if any) to other committees, including reporting structure; d. the composition of the committee; e. the frequency of meetings; or f. any other matters that Council deems appropriate	14.01.9 The terms of reference for committees must be approved by the Council and such terms of reference shall include the following: a. the overall purpose of the committee; b. the responsibilities of the committee; c. the relationship (if any) to other committees, including reporting structure; d. the composition of the committee; e. the frequency of meetings; or f. any other matters that Council deems appropriate	
14.01.10 The presiding officer shall record the proceedings of every committee meeting, or cause them to be recorded, and the written record of every committee meeting when confirmed at a subsequent committee meeting, subject to any corrections made at such subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.	14.01.10 The presiding officer shall record the proceedings of every committee meeting, or cause them to be recorded, and the written record of every committee meeting when confirmed at a subsequent committee meeting, subject to any corrections made at such subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.	
14.01.11 The written record of every committee meeting shall be deposited with the Registrar promptly after it has been approved by the Committee.	14.01.11 The written record of every committee meeting shall be deposited with the Registrar promptly after it has been approved by the Committee.	
14.01.12 An annual report will be submitted, in writing, by each statutory and standing committee to Council in October of each year.	14.01.12 An annual report will be submitted, in writing, by each statutory and standing committee to Council in October of each year.	
14.01.13 When required by the Registrar, each committee Chair will submit an accounting of anticipated committee expenditures and revenues for the upcoming fiscal year.	14.01.13 When required by the Registrar, each committee Chair will submit an accounting of anticipated committee expenditures and revenues for the upcoming fiscal year.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<u>14.02 Location and Frequency of Meetings</u> <u>14.02.1</u> Committee meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.	
	<u>14.03 Manner of Meeting</u> <u>14.03.1</u> Any meetings of a Committee may be conducted by means of teleconference or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio and video conferencing), and persons participating in the meeting by such means are deemed to be present at the meeting.	
	<u>14.04 Chair</u> <u>14.04.1</u> In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<u>14.05 Minutes</u> <u>14.05.1</u> The Chair of each Committee shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.	
	<u>14.06 Simple Majority</u> <u>14.06.1</u> Unless specifically provided for otherwise under the Code or the bylaws, every motion which properly comes before a Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.	
	<u>14.07 Chair Vote</u> <u>14.07.1</u> If the Chair is a member of the Committee, he or she may vote.	
	<u>14.08 Tie Votes</u> <u>14.08.1</u> In the event of a tie vote, the motion is defeated.	



COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Inquiries, Complaints and Reports Committee
Subject: Appointment of Non-Council Committee Members

Page 1 of 2

Recommendation

THAT Council approves the appointments of Roselle Adler and Sarah Shallwani as non-Council Committee members to the Inquiries, Complaints and Reports Committee, for a three-year term beginning November 1, 2020.

Background

The Inquiries, Complaints and Reports Committee's (ICRC) Terms of Reference (June 2020) state that the ICRC consist of at least: two professional members of Council; two public members of Council; and, four professional, non-Council committee members.

Both non-Council committee members, Leanne Baker and Shaheez Hirji, complete their second three-year terms on October 31, 2020. According to College bylaws, they will have reached the maximum allowable time for consecutive committee membership terms and as a result are not eligible for reappointment. To ensure the ICRC meets both the membership requirements outlined in the ICRC's Terms of Reference and has appropriate representation of a cross-section of current OT practice, the ICRC recommended the appointment of two new non-Council committee members.

The ICRC considered the practice areas and locations of the current professional members and determined that while a preference would be given to applicants applying from Districts 6 and 3, having experience in home and community care, seating and mobility and/or WSIB would be weighted more heavily. The ICRC are of the opinion that having this practice experience on each panel of the ICRC, (and in particular home and community care and seating and mobility given WSIB experience will continue on one of its panels after November 1, 2020), would be more beneficial to it in successfully carrying out its duties and responsibilities when thinking about the types of cases they most commonly review.

Unfortunately, the College did not receive any applications from OTs living in District 6. While the ICRC did consider applications received from OTs living in District 3, ultimately it decided that Sarah's and Roselle's practice experience best fitted the ICRC's current needs, with these OTs living in Districts 2 and 4, respectively.

Consistent with the College's movement toward competency/merit-based appointments to committees, both Sarah and Roselle were interviewed by College staff via videoconference in October 2020. The ICRC met on October 14, 2020, and after thoroughly reviewing a short-list of six candidates' résumés and a summary of the candidates' responses to set questions asked during the telephone interviews, and

engaging in a candid and fulsome discussion of each candidate, decided to make the within recommendation to you.

Discussion

Both Sarah's and Roselle's extensive work experience is well set out in the their attached résumés which the ICRC identified will add tremendous value to the work of the committee and will help fill the gaps that will be created following Leanne's and Shaheezah's departure from it. The ICRC further noted both presented with a genuine understanding of the mandate of the College and provided insightful and sophisticated responses to the questions posed during their respective interviews with College staff.

Attachments

1. Résumé – Roselle Adler - Withheld from public package due to privacy reasons
2. Résumé – Sarah Shallwani – Withheld from public package due to privacy reasons



COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Executive Committee
Subject: Revised Standards for Assessments

Page 1 of 4

Recommendation

THAT Council approves the revised Standards for Assessments as presented for publication.

Public interest in this issue

Assessments are an integral part of occupational therapy practice and serve as the foundation for clinical decisions, professional opinions, and recommendations. If an assessment is not performed by a competent occupational therapist, the public can be adversely impacted. The Standards for Assessments outline the minimum expectations to ensure the public is receiving safe, ethical, and competent assessments from Ontario occupational therapists.

Background

The Standards for Occupational Therapy Assessments were originally issued in 2007 and revised in 2013. The standard exceeded the recommended 5-year review timeline and was prioritized on the Practice Issues Subcommittee workplan this year.

Website analytics

Between August 2016 to September 21, 2020 there were 9986 website views and a total of 3793 downloads for the Standards for Occupational Therapy Assessments. The key words used for the website search were assessments, standards for assessments, standards for occupational therapy assessments.

Stakeholder Consultation

Council approved the draft Standards for Occupational Therapist Assessments for broader stakeholder consultation in March 2020. The release of the consultation was delayed due to the COVID 19 pandemic. The survey was eventually administered over a 4-week period from August 11, 2020 to September 11, 2020. The College received 320 online responses, 1 email response and 1 written response from the Ontario Society of Occupational Therapists (OSOT).

General Survey Results

Demographics

- 97% of respondents were OTs
- 85% of respondents were clinical OTs working in the following practice areas - acute care, insurance/medical legal, rehabilitation, geriatrics, pediatrics, and private practice OTs

Overall Themes

- Clarify the reason for the title change
- Reorder the Standards and performance indicators for standards 1 and 2 for better flow
- Expand the definition of assessments to include spiritual and cultural client components and informal assessments
- Include a reference to virtual assessments

Consultation Summary

1. The introduction provides a clear and understandable description of assessments in occupational therapy practice

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
32%	63%	4%	1%	

2. In your opinion, Standard 1 Service Initiation, and its related performance indicators is an appropriate expectation for an occupational therapist's practice.

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
35%	61%	3%	1%	

3. In your opinion, Standard 2 Screening the Referral, and its related performance indicators is an appropriate expectation for an occupational therapist's practice.

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
36%	57%	6%	1%	

4. In your opinion, Standard 3 Consent, and its related performance indicators is an appropriate expectation for an occupational therapist's practice.

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
40%	54%	5%	1%	

5. In your opinion, Standard 4 Assessment, and its related performance indicators is an appropriate expectation for an occupational therapist's practice

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
34%	61%	3%	2%	

6. In your opinion, Standard 5 Analysis, and its related performance indicators is an appropriate expectation for an occupational therapist's practice

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
38%	58%	3%	1%	

7. In your opinion, Standard 6 Record Keeping, and its related performance indicators is an appropriate expectation for an occupational therapist's practice

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
35%	60%	3%	2%	

8. In your opinion, Standard 7 Disclosing Information, and its related performance indicators is an appropriate expectation for an occupational therapist's practice

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
34%	59%	6%	1%	

Summarized Comments

- Very thorough and considered revision. Thank you for all the effort on our behalf
- Well done!
- The standard is clear and easy to interpret
- Why is the title changed to Occupational Therapist Assessments?
- Do not like the substitution of "therapist" for "therapy" in the title
- The title of Standards for Occupational Therapy Assessments should remain
- Like most documents provided by COTO there are too many steps...
- Specific direction with respect to virtual/videoconferencing in light of the global pandemic would be most relevant right now
- Overall, the language is a lot clearer however puzzled by the lack of the word "must" and instead the word "will" is used, i.e. "the Occupational Therapist will..." instead of "the Occupational Therapist must..."
- Very thorough and well explained. A great resource for all OTs, in particular new graduates

Incorporation of Feedback into the Standards

All comments were reviewed and where appropriate the feedback was incorporated into the revised Standards as follows:

1. **Retitled: Standards for Assessments:** To align with the title of other Standards – Consent, Record Keeping, Professional Boundaries and Psychotherapy – Subcommittee discussed and

reached a consensus to remove the reference to Occupational Therapy in the title. The subcommittee is seeking Council approval for the title change presented as Standards for Assessments.

2. **Definition of Assessments** - the definition for assessment was updated.
3. **Integration of Standards** – The Standard on screening the referral was eliminated, and its related performance indicators were merged under the Service Initiation Standard to reduce duplication and improve flow.
4. **Reformatted Standards** – Amendments to the Standards included: removal of the preamble and case scenarios, revision of the language to promote clarity of expectations. The Standards were reformatted to align with the current branding – the standards were sequenced as follows:
 - Service Initiation
 - Consent
 - Assessment
 - Analysis and Recommendations
 - Record Keeping
 - Disclosing Information
5. **References** – References were updated.

Discussion

1. Council is asked to review the revised Standards for Assessments and provide comments on any final revisions required.
2. Approval for Title Change –
Options for the title of the Standards:
 - Standards for Assessments
 - Standards for Occupational Therapists' Assessment
 - Standards for Assessment by Occupational Therapists

Attachments

1. Revised Draft Standards for Assessments
2. Council approved consultation draft - Standards for Occupational Therapist Assessments
3. Current [Standards for Occupational Therapy Assessments](#)



Standards for Assessments

September 2020

Revised: Month YYYY

Introduction

Assessments are an integral part of occupational therapy practice. Assessment is defined as “the process of gathering sufficient information about individuals and their environments to make informed decisions about intervention.”¹ It serves as the foundation for an occupational therapist’s decisions, professional opinions, interventions, and recommendations. Assessments can incorporate standardized, non-standardized, and informal assessments, and other data gathering sources. Assessment is an ongoing process throughout service delivery and is to be completed with clinical changes or as new conditions arise.

The College uses the term “client” to refer to the individual(s) who receive occupational therapy services from an OT. Under the *Regulated Health Professions Act, 1991*, the term “patient” is used to refer to the recipient of health care service provided by a regulated health professional. For the purpose of the Standards for Assessments, the term “client(s)” is used; this term is also used in reference to “patient(s)”.

The scope of occupational therapy is broad. Some occupational therapists work as solo practitioners, while others may function within multidisciplinary or interdisciplinary team-based environments. The type and format of assessments may vary due to many factors including: the purpose of the assessment, service delivery model, practice setting, and available resources. All assessments involve a comprehensive, consistent, and collaborative process. Occupational therapists are expected to apply evidence-informed relevant and current practices throughout the assessment process, and draw on their knowledge, skills, judgement, and experience to determine the most suitable approach.

This means that the approach used to conduct assessments can differ between individual occupational therapists depending on the client’s physical, social, cognitive, emotional, behavioural, environmental, spiritual, cultural and communication needs.

The Standards for Assessments reflect the most common approach to assessments conducted virtually or in-person and are based on core occupational therapy principles outlined in the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition. The purpose of these Standards is to ensure that occupational therapists in Ontario are aware of the minimum expectations for the assessment component of their practice.

Application of these Standards:

- The following standards describe the minimum expectations 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. It is expected performance indicators could be demonstrated by the occupational therapist if requested.
- There may be some situations where the occupational therapist determines that a particular performance indicator has less relevance due to client or environmental factors. Such situations

¹ Christiansen & Baum, 1992, pg. 376.

may call for the occupational therapist to seek further clarification.

- It is expected that occupational therapists will always use their clinical judgement to determine how to best complete the assessment based on the scope of the referral and specific client needs.
- It is expected that occupational therapists will be able to provide a reasonable rationale for any variations from the Standard.

In the event of any conflict or inconsistency between these Standards and other College Standards, the Standard with the most recent issue or revised date prevails.

College publications contain practice parameters and standards that all occupational therapists practising in Ontario must utilize in the delivery of service to their clients and in the practice of the profession. They are developed in consultation with occupational therapists and describe current professional expectations. These 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 Assessments

1. Service Initiation
2. Consent
3. Assessment
4. Analysis and Recommendations
5. Record Keeping
6. Disclosing Information

1. Service Initiation

Standard 1

The occupational therapist will screen the referral and gather sufficient information to determine whether to proceed with the assessment.

Performance Indicators

An occupational therapist will:

- | | |
|-----|---|
| 1.1 | Determine who is/are the client(s); |
| 1.2 | Gather and review client information that the OT is permitted to access, or in which the OT |

has authorization from the client/substitute decision maker (SDM) to gather;

1.3 Determine if the assessment falls within their specific role and scope of practice;

1.4 Determine if they have the required knowledge, skills and judgement needed to deliver the service;

1.5 Recognize, prevent, and manage any actual, potential, or perceived conflicts of interest;

1.6 Have sufficient knowledge of the legislation, regulatory and organizational requirements relevant to their area of practice and method of service delivery;

Following screening, notify the client/SDM, referral source, or other stakeholders, whether it is appropriate to proceed with the assessment;

1.7.1 If not proceeding, explain the rationale and provide alternatives where available.

1.7.2 If proceeding;

- 1.7**
- Communicate the scope and timeframes of the assessment and the required next steps;
 - Clearly explain their role and responsibilities;
 - Validate information and make reasonable efforts to ensure the accuracy of the information collected from other sources;
-

1.8 Determine if it is safe to proceed with the assessment (if virtual or in-person) and manage any identified barriers or risks;

2. Consent

Standard 2

The occupational therapist will ensure the necessary consent is obtained from the client/SDM in accordance with the Standards for Consent.

Performance Indicators

An occupational therapist will:

2.1 Follow a process to determine client capacity to consent and participate in the assessment, as outlined in the Standards for Consent²;

2.2 Obtain consent for the assessment, discussing the following with the client/SDM where appropriate:

² *Standards for Consent (2017)*;

-
- a) The scope of the assessment,
 - b) Confirming any financial arrangements specific to the assessment,
 - c) The purpose and nature of the assessment including whether information will be obtained from other individuals,
 - d) The legal authority, if appropriate, given to an occupational therapist (for example a court ordered assessment) to conduct the assessment,
 - e) The identity and professional qualifications of any individuals who will be involved in the assessment, (e.g., other team members - social worker, case manager, etc.),
 - f) The potential benefits and limitations of completing the assessment,
 - g) The risks associated with completing or not completing the assessment,
 - h) The expected process of the assessment, how the information will be collected, used, and disclosed,
 - i) The option of the client to withdraw consent at any time during the process;
-

2.3 Respect client choice not to proceed with the assessment and engage client/SDM in a collaborative approach to understand the implications when withdrawing consent to participate in the assessment;

2.4 Ensure appropriate consent is obtained to collect, use, and disclose personal health information and assessment results including information sharing; unless not legally required to do so;

2.5 Take reasonable efforts to confirm that consent obtained by a third party meets the requirements outlined in the Standards for Consent.

3. Assessment

Standard 3

The occupational therapist will apply and use safe assessment methods and tools that are client-centred, based in theory and evidence-informed to assess the client's occupational performance needs.

Performance Indicators

An occupational therapist will:

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- 3.1** Remain current, using relevant evidence and best practice approaches by selecting a theoretical approach, assessment methods and tools that are appropriate to assess the
-

client³;

- 3.2** Review the properties of the standardized assessment including reliability, validity, and administration criteria to determine the appropriateness of the tool to assess the client

3.2.1 Have the necessary knowledge and skills to administer the assessment tool;

- 3.3** Manage any risks, contraindications, or limitations of using the selected tools or methods of assessment with the client;
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- 3.4** Collaborate and communicate with the client/SDM and other stakeholders regarding the assessment approach process;
-

- 3.5** Gather subjective and objective information and identify the occupational performance issues to be addressed;
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- 3.6** Perform assessments in accordance with the standards of practice and including the Code of Ethics.
-

4. Analysis and Recommendations

Standard 4

The occupational therapist will ensure they have sufficient information to proceed with the analysis prior to formulating professional opinions and recommendations.

Performance Indicators

An occupational therapist will:

- 4.1** Using the subjective, objective assessment findings, analyze all relevant information collected;
-

- 4.2** Identify any gaps in the assessment findings and determine if there is a need to gather additional information;
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- 4.3** Ensure the assessment represents a fair and unbiased evaluation of the client;
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- 4.4** Analyze the strengths, and challenges of the person, environment and occupation and the impact on occupational performance needs;
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- 4.5** Develop recommendations based on the analysis of the information gathered;
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³ Townsend & Polatajko (2013). *Enabling occupation II: Advancing an occupational therapy vision for health, wellbeing, & justice through occupation.*

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|------------|---|
| 4.6 | Consider access and availability of resources when collaboratively setting goals and recommendations; |
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| 4.7 | Determine the need to make a referral to other practitioners for further assessment; |
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| 4.8 | Determine if further evaluation is required, if additional information becomes available by the client or other stakeholders following the assessment. |
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5. Record Keeping

Standard 5

The occupational therapist will document assessment methods, processes, and findings in accordance with the Standards for Record Keeping.

Performance Indicators

An occupational therapist will ensure that:

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| 5.1 | Client records are maintained in accordance with the Standards for Record Keeping; |
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| 5.2 | Documentation is completed in a manner that is accurate, concise, and reflective of the assessment including: consents obtained, sources of information, assessment approach and procedures, results, analysis, professional opinions, and recommendations; |
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|------------|---|
| 5.3 | Documentation complies with timeframes, formats, retention, and destruction established by the standards of practice and processes of the practice setting; |
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|------------|---|
| 5.4 | Data gathered by the occupational therapist and used to inform clinical decisions, which cannot be included or summarized in the record, will be retained (for example drawings or assessment score forms). The occupational therapist will document in the client record or assessment report indicating the existence and location of this data;
Note: Converting data to an electronic format, for retention purposes, is appropriate as long as the integrity and security of the data is upheld. |
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| 5.5 | Document client participation, and any client tool or environmental limitations associated with the assessment process; |
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| 5.6 | Assessment documentation is complete and accurate prior to finalizing documents and applying their signature. |
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6. Disclosing Information

Standard 6

The occupational therapist will ensure that relevant assessment information is communicated (results, opinions, recommendations) to the client/SDM or relevant stakeholders in a clear and timely manner.

An occupational therapist will:

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| 6.1 | Communicate assessment results in a timely manner ⁴ using terminology that the client/SDM can easily understand; |
| 6.2 | Discuss the outcome of the assessment with the client/SDM and provide an opportunity for the client to obtain or provide clarification if requested; |
| 6.3 | Confirm client consent for the disclosure of the assessment information to third party payers/stakeholders unless exceptions apply including those allow under privacy legislations; |
| 6.4 | Provide their professional contact information should there be questions about the OT assessment; |
| 6.5 | Comply with current legislation when withholding all or part of the client's record as it poses a risk of harm to the client or others; |
| 6.6 | Ensure the client/SDM is aware of the process to access the clinical record or assessment report; |
| 6.7 | Take reasonable measures to ensure that any assessment information disclosed on behalf of the occupational therapist is accurate and represents the occupational therapist's professional opinion and clinical judgement. |
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⁴ Timeliness determined by factors such as: the stability/fluctuating status of the client, interprofessional or referral reliance on entries to the clinical record, client/referral source expectations, organizational policies etc.

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Consultation: Standards for Occupational Therapist Assessments

March 2020

Revised: Month YYYY

Introduction

Assessments are an integral part of occupational therapy practice. Assessment is defined as “the process of gathering sufficient information about individuals and their environments to make informed decisions about intervention.”¹ It serves as the foundation for an occupational therapist’s clinical decisions, professional opinions, interventions, and recommendations. Within their clinical assessment occupational therapists can incorporate standardized and/or non-standardized assessment tools. Assessment is an ongoing process throughout service delivery.

The College uses the term “client” to refer to the individual(s) who receive occupational therapy services from an OT. Under the Regulated Health Professions Act, 1991, the term “patient” is used to refer to the recipient of health care service provided by a regulated health professional. For the purpose of the Standards for Occupational Therapist Assessments, the terms “client” and “patient” have the same meaning.

Some occupational therapists will work as solo practitioners, others may function within a team-based environment (e.g. multidisciplinary or interdisciplinary). The type and format of occupational therapist assessments may vary due to many factors including: the purpose of the assessment, service delivery model, practice setting, and available resources. Occupational therapist assessments involve a comprehensive, consistent, and collaborative process. Occupational therapists are expected to apply evidence-informed practices throughout the assessment process and draw on their knowledge, skills, judgement, and experience to determine the most suitable approach to an assessment.

This means that the approach used to conduct assessments can differ between individual occupational therapists depending on the client’s physical, social, cognitive, emotional, behavioural, environmental, and communication needs. Assessment data can be collected using both formal and informal approaches of gathering information. Depending on the nature of the assessment, collateral information can be collected from various sources.

The Standards for Occupational Therapist Assessments reflect the most common approach to occupational therapist assessments and are based on core occupational therapy principles outlined in the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition. The purpose of these Standards is to ensure that occupational therapists in Ontario are aware of the minimum expectations for the assessment component of their practice.

Application of the Standards for Occupational Therapist Assessments

- The following standards describe the minimum expectations 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. It is expected performance indicators could be demonstrated by the occupational therapist if requested.
- There may be some situations where the occupational therapist determines that a particular

¹ Christiansen & Baum, 1992, pg. 376.

performance indicator has less relevance due to client or environmental factors. Such situations may call for the occupational therapist to seek further clarification.

- It is expected that occupational therapists will always use their clinical judgement to determine how to best complete the assessment based on the scope of the referral and specific client needs.
- It is expected that occupational therapists will be able to provide a reasonable rationale for any variations from the Standard.

In the event of any conflict or inconsistency between these Standards for Occupational Therapist Assessments and other College Standards, the Standard with the most recent issue or revised date prevail.

College publications contain practice parameters and standards that all occupational therapists practising in Ontario must utilize in the delivery of service to their clients and in the practice of the profession. College Standards are developed in consultation with occupational therapists 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 Occupational Therapist Assessments

1. Service Initiation
2. Screening the Referral
3. Consent
4. Assessment
5. Analysis and Recommendations
6. Record Keeping
7. Disclosing Information

1. Service Initiation

Standard 1

The occupational therapist will establish a personal scope of practice and demonstrate knowledge, skills, and judgement to practice within this scope prior to accepting referrals.

Performance Indicators

An occupational therapist will:

- | | |
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| 1.1 | Determine if the assessment falls within their specific role and occupational therapy scope of practice; |
| 1.2 | Determine if they have the required knowledge, skills and judgment needed to deliver the service; |
| 1.3 | Have sufficient knowledge of the legislation, regulatory and organizational requirements relevant to their area of practice and method of service delivery; |
| 1.4 | Clearly explain their role and responsibilities to the client/substitute decision maker (SDM) and all stakeholders; |
| 1.5 | Perform occupational therapist assessments in accordance with the Standards of practice and the Code of Ethics. |

2. Screening the Referral

Standard 2

The occupational therapist will screen the referral and gather sufficient information to determine whether or not to proceed with the occupational therapy assessment.

Performance Indicators

An OT will:

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| 2.1 | Determine who is the client(s) and confirm identity; |
| 2.2 | Gather and review client information to determine whether or not to proceed with the assessment and communicate this finding to the client and referral source (if appropriate); |
| 2.3 | Prevent and manage any actual, potential, or perceived conflicts of interest prior to proceeding with the assessment; |
| 2.4 | Communicate to the client/SDM and referral source (if appropriate) the scope of the assessment; and the required processes to proceed with the occupational therapy service; |
| 2.5 | Validate clinical information with the client and make reasonable efforts to ensure the accuracy of the information collected from other sources; |
| 2.6 | Communicate the reason to client/SDM or third-party stakeholder if the referral is declined; |
| 2.7 | Determine if it is safe to proceed with the assessment and manage any identified barriers or risks; |

-
- 2.8** Refer clients to appropriate resources if the referral is beyond the scope of the occupational therapy service.
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3. Consent

Standard 3

The occupational therapist will ensure the necessary consent is obtained from the client/SDM in accordance with the Standards for Consent.

Performance Indicators

An occupational therapist will:

- | | |
|------------|--|
| 3.1 | Determine client capacity to consent and participate in the assessment; |
| 3.2 | Obtain consent for the assessment, discussing the following with the client/SDM: <ul style="list-style-type: none">a) The scope of the assessment and who the payer is (or confirming the financial arrangements if the client is paying directly),b) The purpose and nature of the assessment including whether information will or needs to be obtained from other individuals,c) The legal authority (e.g., voluntary, contractual, legislative provision) for conducting the assessment,d) The identity and professional qualifications of individuals who will be involved in the assessment, (e.g., other team members, etc.),e) The potential benefits and limitations of completing the assessment,f) The risks associated with completing or not completing the assessment,g) The expected process of the assessment, how the information will be collected, used, and disclosed,h) The option of the client to withdraw consent at any time during the process,i) Where appropriate, provide alternate options to the client, if the OT does not have the competencies required to perform the assessment; |
| 3.3 | Respect client choice not to proceed with the assessment and engage client/SDM in a collaborative approach to understand the implications when withdrawing consent to participate in the assessment; |
| 3.4 | Ensure appropriate consent is obtained to collect, use, and disclose personal health information and assessment results; unless not legally required to do so; |
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|------------|--|
| 3.5 | At the onset of service, clarify expectations about how the information will be shared; |
| 3.6 | Confirm that consent obtained by a third party meets the requirements outlined in the Standards for Consent. |
-

4. Assessment

Standard 4

The occupational therapist will apply and use safe assessment methods and tools that are client-centred, and evidence-informed to assess the client's occupational performance issues.

Performance Indicators

An occupational therapist will:

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- | | |
|------------|---|
| 4.1 | Identify the occupational performance issues to be assessed based on the subjective and objective information gathered; |
| 4.2 | Select a theoretical approach, assessment methods and tools, that are appropriate to assess the client ² ; |
| 4.3 | Review the psychometric properties of the standardized assessment (reliability, validity) to determine the appropriateness of the tool to assess the client |
| 4.3.1 | Have the necessary training to administer the assessment tool; |
| 4.4 | Manage any risks, contraindications, or limitations of using the selected tools or methods of assessment with the client; |
| 4.5 | Remain current, using relevant evidence and best practice approaches; |
| 4.6 | Collaborate and communicate with the client/SDM and other stakeholders regarding the assessment approach process. |
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² Townsend & Polatajko (2013). *Enabling occupation II: Advancing an occupational therapy vision for health, wellbeing, & justice through occupation.*

5. Analysis and Recommendations

Standard 5

The occupational therapist will ensure they have sufficient information to proceed with the analysis in order to formulate professional opinions and recommendations.

Performance Indicators

An occupational therapist will:

- | | |
|-----|---|
| 5.1 | Analyze all relevant information collected, using the subjective, objective and assessment findings; |
| 5.2 | Identify any gaps in the assessment findings and determine if there is a need to gather additional information; |
| 5.3 | Determine if the assessment represents a fair and unbiased evaluation of the client; |
| 5.4 | Consider the strengths and limitations of the person, environment and occupation and the impact on occupational performance issues; |
| 5.5 | Develop recommendations based on the analysis of the information gathered, |
| 5.6 | Consider access and availability of resources when making recommendations; |
| 5.7 | Determine the need to make a referral to other practitioners for further assessment; |
| 5.8 | Determine if further evaluation is required, when additional information becomes available by the client or other stakeholders following the initial occupational therapy assessment. |

6. Record Keeping

Standard 6

The occupational therapist will document assessment methods, processes, and findings in accordance with the Standards for Record Keeping.

Performance Indicators

An occupational therapist will ensure that:

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|-----|---|
| 6.1 | Client records are maintained in accordance with the Standards for Record Keeping; |
| 6.2 | Documentation is completed in a manner that is accurate, concise, and reflective of the assessment including: consents obtained, sources of information, assessment approach and procedures, results, analysis, professional opinions, and recommendations; |

-
- 6.3** Documentation complies with timeframes, formats, and standards of practice and established processes of the practice setting;
-
- 6.4** Data gathered by the occupational therapist and used to inform clinical decisions, which cannot be included or summarized in the record, will be retained. The occupational therapist will document in the client record or assessment report indicating the existence and location of this data.
Note: Converting data to an electronic format, for retention purposes, is appropriate as long as the integrity of the data is upheld;
-
- 6.5** Document client participation, and any client, tool or environmental limitations associated with the assessment process;
-
- 6.6** Assessment documentation is complete and accurate prior to finalizing documents and applying their signature;
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7. Disclosing Information

Standard 7

The occupational therapist will ensure that relevant assessment information is communicated (results, opinions, recommendations) to the client/SDM or relevant stakeholders in a clear and timely manner.

An occupational therapist will:

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- 7.1** Communicate assessment results in a timely manner using terminology that the client/SDM can easily understand;
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- 7.2** Discuss the outcome of the assessment with the client/SDM and provide an opportunity to obtain clarification if required;
-
- 7.3** Confirm client consent for the disclosure of the assessment information to third-party payers/stakeholders unless exceptions apply under privacy legislations;
-
- 7.4** Provide their professional contact information should there be questions about the OT assessment;
-
- 7.5** Comply with current legislation when withholding all or part of the client's record if sharing information will result in harm to the client or others;
-
- 7.6** Ensure the client/SDM is aware of the process to access the clinical record or assessment report;
-
- 7.7** Take reasonable measures to ensure that any occupational therapy assessment information disclosed on behalf of the occupational therapist is accurate and represents the occupational therapist's professional opinion and clinical judgement.
-

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1. Christiansen, C. & Baum, C. (1992). *Occupational therapy: Overcoming human performance deficits*. Thorofare, NJ: SLACK Incorporated.
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Standards for Occupational Therapist Assessments

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Standards for Occupational Therapy Assessments

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Introduction

The *Regulated Health Professions Act, 1991* (RHPA) acknowledges occupational therapists as autonomous practitioners. Regulation of the profession also requires that occupational therapists practise according to established standards and principles of practice, and apply these consistently in a responsible and intentional manner within the health care environment. Although each area of practice has its own unique characteristics and issues, the principles that guide practice are constant and apply across all environments.

Assessment is core to the delivery of occupational therapy services. It serves as the foundation for all subsequent clinical decisions, professional opinion, intervention and recommendations. Completion of an occupational therapy assessment involves a comprehensive and consistent process, whether it is condensed into one visit or continued over several. The following standards and guidelines apply to all types of occupational therapy assessments; they are based on core occupational therapy principles and the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition. These standards and guidelines are also applied according to the type of service provided and the needs of the individual client.

The public views assessment as an important aspect of health care service. This may be explained by the critical gate-keeping role that assessment plays in determining the individual's need for services (health and non-health). Public concern about the assessment process and/or results is also revealed through the complaints process. Concern about the quality of assessments and assessment reports has been one of the more frequent issues raised with the College.

The purpose of these standards is to ensure that occupational therapists in Ontario are aware of the minimum expectations for the assessment component of their practice.

College publications contain practice parameters and standards which should be followed by all Ontario occupational therapists in the care of their clients and in the practice of the profession. College publications are developed in consultation with occupational therapists and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Definitions

Assessment is defined as “the process of gathering sufficient information about individuals and their environments to make informed decisions about intervention”, (Christiansen & Baum, 1992, p.376). Assessment is an ongoing, fluid process throughout service delivery that may be applied in a variety of settings. The nature of assessment is dependent on numerous factors, including the assessment environment, the purpose of the assessment, client condition and available resources. OTs need to apply the best available evidence throughout the assessment process and draw on their clinical experience to determine the best means of assessing their client and determining how to utilize the findings.

Throughout all steps of the assessment process, effective communication is very important. Effective communication involves the establishment of a feedback process and includes the appropriate use of verbal, non-verbal and written communication with the client and identified stakeholders (Guide to the Code of Ethics).

In determining how best to describe standards of the assessment process, the College adapted the five stage process described in the McMaster Model for Functional Assessment Evaluation (Strong, 2003). The stages of this assessment model describe the key processes are applicable for either a condensed or comprehensive assessment process. The titles of each stage of the process have been changed from the McMaster model to more appropriately reflect a generalized assessment process, rather than a specific functional abilities evaluation. While the process is described as a chronological progression of steps, it is expected there will be frequent overlap and fluid movement between the steps of the process.

Occupational therapists can also consult with the Canadian Practice Process Framework (CPPF).¹ Stage three of this framework, titled “Assess/Evaluate” directs occupational therapists to assess, consult, analyze data, and make recommendations within the assessment process (Townsend & Polatajko, 2013). Similarly, competency 4.4 of the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition, suggests therapists, “Assess the occupational performance, engagement, and enablement needs of clients”². It is also understood that assessment is an ongoing process that reoccurs throughout the delivery of service. Reassessment is part of the occupational therapy process and requires that each stage of the assessment process be revisited. Within an integrated system of health service delivery, it is also common for an occupational therapist to conduct an assessment as part of a team.

¹ The CPPF is a dynamic and fluid process framework that guides occupational therapists through eight key action points (Townsend & Polatajko, 2013). These action points influence the therapeutic relationship and are fundamental to providing client-centered, occupational enablement in a systematic manner.

² Performance indicators 4.4.1 and 4.4.3 within Unit 4: Utilizes an Occupational Therapy Process to Enable Occupation directly pertain to the assessment process.

Application of the Standards for Occupational Therapy Assessments

- The following standards describe the minimum expectation for each stage of the assessment process.
- The performance indicators listed below each standard describe more specific behaviours that demonstrate that the standard has been met.
- There may be some situations where the occupational therapist determines that a particular performance indicator is not relevant to an assessment due to client factors and/or environment factors.
- It is not expected that all performance indicators will be evident all the time, but could be demonstrated if requested.
- It is expected that occupational therapists will always use their clinical judgement to determine how to best complete the assessment based on the scope of the referral and specific client needs.
- It is also expected that occupational therapists will be able to provide the rationale for any variations from the standard.

Overview of the Standards for Occupational Therapy Assessments

Stage 1 – Initiation

- A. Assessor Preparation
- B. Screen the Referral
- C. Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent

Stage 2 – Assessment of the Client

- A. Determine Approach to Assessment
- B. Gather Information and Collect Data

Stage 3 – Analysis

- A. Evaluate Information
- B. Clinical Reasoning

Stage 4 – Documentation

Stage 5 – Use of Information

- A. Share Information with the Client
- B. Share Information with other Stakeholders

Stage 1: Initiation

1.A Assessor Preparation

Standard

The occupational therapist will establish a personal scope of practice, know the related legislative and organizational requirements and determine his/her own competency to practise within this scope prior to accepting referrals for assessment.

Performance Indicators (Assessor Preparation)

An occupational therapist will:

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| 1.A.1 | Recognize parameters of his/her professional competence (knowledge, skill and ability), including any limitations; |
| 1.A.2 | Clearly represent his/her role and competence to all stakeholders; |
| 1.A.3 | Determine the social, cultural and economic factors of the client population relevant to his/her practice and service delivery; |
| 1.A.4 | Determine legislative, regulatory and organizational requirements relevant to his/her practice and service delivery; |
| 1.A.5 | Determine that he/she has the resources, including necessary training, needed to deliver the services offered (e.g. assessment tools, equipment, time, human resources); and |
| 1.A.6 | Manage potential risks to clients, self and others, in relation to the service to be provided. |
-

1.B Screen the Referral

Standard

The occupational therapist will screen the referral to identify the client and determine that the request for service is appropriate, prior to, or during the initial contact with the client. The occupational therapist will gather sufficient information to determine whether or not to proceed with the assessment.

Performance Indicators

An occupational therapist will:

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| 1.B.1 | Distinguish the client from other stakeholders and determine if there are any actual, potential, or perceived conflicts of interest; |
| 1.B.2 | Determine if the purpose and expected outcome for the assessment is appropriate; |
| 1.B.3 | Determine if any established inclusion or exclusion criteria for the assessment/service apply; |
| 1.B.4 | Review relevant background information that has been provided; |
| 1.B.5 | Determine if it is safe to proceed with the assessment and manage risks as necessary (e.g., infection control, professional boundaries, physical environment); |
| 1.B.6 | Confirm accuracy/currency of information provided about the client on the referral; |
| 1.B.7 | Determine and communicate the outcome of the screening (accept or decline request for service); and |
| 1.B.8 | Offer alternatives and/or options for service, when needed. |

1.C Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent (refer to the Standards for Consent)

Standard

The occupational therapist will identify the stakeholders and clarify the occupational therapy roles and responsibilities. The occupational therapist will ensure there is informed consent from the client. (Note: informed consent is an ongoing process to be re-evaluated throughout the assessment process).

Performance Indicators (Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent)

An occupational therapist will:

1.C.1 Consider and establish professional boundaries;

1.C.2 Clarify the occupational therapist's role in relation to other stakeholders;

1.C.3 Establish informed consent for assessment including discussing the following with the client:

- a) The scope of the referral and who the payer is (or confirming the financial arrangements if the client is paying directly),
- b) The purpose and nature of the assessment including whether information will be obtained from other individuals or site visits,
- c) The legal authority (e.g., voluntary, contractual, legislative provision) for conducting the assessment,
- d) The identity and professional qualifications of individuals who will be involved in the assessment, (e.g., other team members, etc.),
- e) The potential benefits and limitations of completing the assessment,
- f) The risks associated with completing or not completing the assessment,
- g) The expected outcome of the assessment, how the information will be used, and with whom it will be shared,
- h) The option of the client to withdraw consent at any time during the process,
- i) Where appropriate, the option of the client to select another occupational therapist to perform the assessment,

1.C.4 Establish informed consent for collection, use and disclosure of personal information; and

1.C.5 Establish transparent communication appropriate to clients and stakeholders needs.

Stage 2: Assessment of the Client

In the process of assessing the client, the occupational therapist may use a combination of skilled observation, interview, record review, as well as standardized or non-standardized tools and methods. In order for an assessment to be complete, the following factors need to be addressed/included:

- A. Determine Approach to Assessment
- B. Gather Information and Collect Data

2.A Determine Approach to Assessment

Standard

The occupational therapist will consider and apply assessment methods that are client-centred, evidence-based and supported by clinical judgement and experience.

Performance Indicators (Determine Approach to Assessment)

An occupational therapist will:

- | | |
|-------|---|
| 2.A.1 | Be familiar with the concepts of reliability and validity, normative data, interpretation, etc., as they relate to non-standardized and standardized tools relevant to the proposed assessment; |
| 2.A.2 | Identify the occupational performance issues to be assessed based on information gathered; |
| 2.A.3 | Select a theoretical approach and related assessment methods and tools that are appropriate for the client (e.g., age, diagnosis, environment, etc.); |
| 2.A.4 | Remain current with related evidence and occupational therapy practice; |
| 2.A.5 | Engage the client and other stakeholders in a collaborative approach regarding the assessment process; and |
| 2.A.6 | Respect client choice. |
-

2.B Gather Information and Collect Data

Standard

The occupational therapist will use safe tools and assessment methods to gather adequate information for the analysis of the client's occupational performance issues in relation to the request for service.

Performance Indicators (Gather Information and Collect Data)

An occupational therapist will:

2.B.1	Use tools/methods that acknowledge the client as a multi-faceted individual;
2.B.2	Identify any risks and/or contraindications of using the selected tools or methods of assessment with the client;
2.B.3	Gather subjective and objective information from the client and other relevant sources;
2.B.4	Make reasonable efforts to ensure currency and accuracy of information collected from other sources (see privacy legislation and other applicable legislation); and
2.B.5	Determine the reliability and validity, as well as consider the norms for any standardized tools used.

Stage 3: Analysis

Following the collection of information, the occupational therapist consolidates and analyzes the information in order to formulate an opinion that guides further actions and recommendations. This analysis will include consideration of related theory, evidence, clinical judgment, clinical experience and the perspective of client(s) and other stakeholders.

A. Evaluate Information

B. Clinical Reasoning

3.A Evaluate Information

Standard

The occupational therapist will ensure he/she has sufficient pertinent information to proceed with analysis.

Performance Indicators (Evaluate Information)

An occupational therapist will:

- | | |
|--------------|--|
| 3.A.1 | Interpret information only if it is within the occupational therapist's own competence (knowledge, skill and ability); |
| 3.A.2 | Evaluate the importance and relevance of each piece of information; |
| 3.A.3 | Identify gaps in information and identify the need for further information gathering; and |
| 3.A.4 | Determine, when gaps in information are identified, whether the assessment can be properly completed, and whether the assessment represents a fair and appropriate evaluation. |

3.B Clinical Reasoning

Standard

The occupational therapist will form an opinion and/or make recommendations based on a synthesis of the information and in relation to the request for services.

Performance Indicators (Clinical Reasoning)

An occupational therapist will:

- | | |
|--------------|--|
| 3.B.1 | Analyse all relevant information collected about the client using logic, rationale, and a balance of subjective and objective information as a basis for clinical reasoning; |
| 3.B.2 | Identify the strengths and limitations of the person, environment and occupation, and their influence on occupational performance issues; |
| 3.B.3 | Develop recommendations based on the analysis of the information gathered, including the need for occupational therapy services; and |
| 3.B.4 | Determine the resources needed and their availability in relation to the recommendations. |

Stage 4: Documentation

Occupational therapists will maintain a record of the occupational therapy services provided. Documentation of the assessment should be included in the record. In many cases, the occupational therapist will be required to prepare a formal report of the assessment process and findings. This formal report may be in addition to the client record unless it includes all the required information of the assessment. Documentation of the assessment process should be in keeping with the College's Standards for Record Keeping.

4.A Documentation

Standard

The occupational therapist will maintain documentation that includes consent, assessment procedures used, results obtained, and analysis and opinion/recommendations. The documentation will reflect client-centered practice and clinical reasoning.

Performance Indicators (Documentation)

An occupational therapist will:

4.A.1	Document in a manner that is complete, accurate, concise and reflective of the assessment;
4.A.2	Use language that is clearly understandable for the intended audience;
4.A.3	Document sources and methods used to gather information;
4.A.4	Retain raw data from standardized tools;
4.A.5	Document rationale for opinions and recommendations in relation to the request for service;
4.A.6	Document client participation in, and limitations of the assessment process (including discussions with the client and any advice given to the client) in the assessment process; and
4.A.7	Ensure assessment documentation is accurate and complete prior to applying his/her signature.

Stage 5: Use of Information

The occupational therapist decides how and when to share assessment information with the client and/or other stakeholders, having determined the intended purpose for the information and in compliance with privacy legislation and client autonomy.

- A. Share Information with the Client
- B. Share Information with Other Stakeholders

5.A Share Information with the Client

Standard

The occupational therapist will ensure that relevant assessment information is communicated (e.g., results, opinions, recommendations) to the client in a clear and timely manner, unless doing so could result in harm to the client and/or others. The occupational therapist will provide opportunity for clarification and feedback from the client.

Performance Indicators (Share Information with the Client)

An occupational therapist will:	
5.A.1	Share information verbally and/or in writing in language that the client can easily understand;
5.A.2	Offer contact information and opportunity for questions and clarification;
5.A.3	Discuss implications of the assessment information with the client;
5.A.4	Refer to current legislation regarding procedure to withhold all or part of the client’s record when sharing information could result in harm to client or others; and
5.A.5	Take reasonable steps to ensure assessment results are communicated to clients by a third party, when the third party is responsible for this process. Any steps should be documented.

5.B Share Information with Other Stakeholders

Standard

The occupational therapist will ensure that all information shared with other stakeholders is provided with informed client consent. The occupational therapist will share the information in a timely and relevant manner for the intended use.

Performance Indicators (Share Information with Other Stakeholders)

An occupational therapist will:

5.B.1

Confirm informed client consent for intended use and sharing of assessment information with stakeholders (there may be some exceptions where consent is implied under the circle of care concept under the *Personal Health Information Protection Act, 2004*);

5.B.2

Share information with stakeholders using a method that maintains privacy and security of the information;

5.B.3

Specify if there are any parameters/limitations on the interpretation and/or use of the information being shared; and

5.B.4

Take reasonable measures to ensure that any OT assessment information issued on behalf of the OT contains relevant and accurate information.

Practice Examples

1. An occupational therapist has been contracted by a local community care agency to provide an assessment of a client's activity of daily living skills in the client's home. When the occupational therapist arrives for the scheduled appointment, the client states that they are too tired to take part in an actual physical assessment, but would be able to tell the occupational therapist what activities they are not able to complete independently. The occupational therapist feels pressured to make recommendations as the case manager is demanding a report as soon as possible. What is the best course of action for the occupational therapist to take?

Discussion

Issue: Identifying the Limitations of the Assessment

Occupational therapists are faced with many differing circumstances that affect the assessment process. Assessments of clients with pain and fatigue can be one of these challenges. According to the Standards for Occupational Therapy Assessments, occupational therapists “will consider and apply assessment methods that are client-centered, evidence-based, and supported by clinical judgment and experience”. Occupational therapists will also “use safe tools and assessment methods to gather adequate information for the analysis of the client's occupational performance issues, in relation to the request for service”.

In situations such as this, occupational therapists should use clinical judgment and experience to determine when and how to approach the assessment in a safe manner. In some cases, a person may not be capable of participating fully in a physical or cognitive assessment due to their medical or physical status. It is important for the occupational therapist to consciously determine how best to approach and conduct an assessment where the process requires modification or deviation from their normal or standard assessment process. This rationale and decision-making process should be communicated to all stakeholders involved in a transparent manner. In this case, the case manager should be informed of any limitations and risks associated with the assessment that affected the actual assessment and the outcome. There may also be circumstances when occupational therapists may not be able to form an opinion, as they have been unable to gather sufficient subjective and objective information to complete the analysis. For example, in many situations, relying only on the subjective information provided by a client would not maintain the minimum standard of the practice of the profession. Again, transparent communication would be the expectation.

2. An occupational therapist works part-time in a hospital and also has a part-time independent private practice. Through the private practice, a referral is received to complete an assessment for home renovations for a client who is already being treated by this occupational therapist in the hospital. What should this occupational therapist consider?

Discussion

Issue: Screening for Conflicts

According to the Standards for the Prevention and Management of Conflict of Interest, the occupational therapist must consider all issues related to actual, potential, or perceived conflicts of interest. In the above scenario, there is certainly both an appearance of, and an actual conflict of interest, as the occupational therapist stands to financially gain from involvement with a client that is known through work at the hospital. However, assuming this occupational therapist has the appropriate skill and competence, they may in fact be the most appropriate professional to provide this assessment because of in-depth knowledge of the client and their needs.

According to the Standards for Occupational Therapy Assessments, the occupational therapist must screen each referral to determine who the client is and determine whether the request for service is appropriate. An evaluation of conflicts of interest is part of the screening process when deciding whether or not to accept a referral. For the above scenario, this evaluation involves taking the time to understand:

- all the conflicts of interest, perceived and actual;
- the stakeholders involved and their requests;
- any legislation or policies that might impact the occupational therapist's ability to accept the referral (e.g., the hospital may have a policy on conflict of interest or the referral source may have a policy or criteria for selecting an assessor);

And to determine:

- whether you can provide the level of objectivity required for the assessment;
- what aspects of the client's personal health information is relevant and how it will be accessed, used, shared and disclosed;
- whether the client and all stakeholders agree to those parameters;
- whether there will be any ongoing involvement or future intervention required and how that will be managed, etc.

The referral source and possibly the hospital should be advised of the other relationships and be given an opportunity to consider their appropriateness from its own perspective.

It is important to be transparent with necessary stakeholders about any dual relationships by communicating with the hospital employer about future involvement with current hospital clients. This is by no means an exhaustive list of what must be considered, but it does present some of the issues that can impact effective service delivery and quality of care.

3. A law firm sends an occupational therapist working in private practice a referral by mail with no prior notification. The lawyer is seeking a professional opinion regarding an individual. No actual clinical assessment is requested. The lawyer has requested the occupational therapist review

and comment on the enclosed orthopedic surgeon's report and a five-minute long surveillance video of an individual in a grocery store. In the referral letter, the lawyer asks whether, based on the information on the tape, this individual could return to work. What is the best course of action for the occupational therapist to take?

Discussion

Issue: Screening Referrals

The issue of reviewing surveillance material often comes up for the Practice Resource Service. According to the Standards for Occupational Therapy Assessments, the occupational therapist will screen the referral to identify the client and determine that the request for service is appropriate prior to or during the initial contact with the client. The occupational therapist will gather sufficient information to determine whether or not to proceed with the assessment. Also, the occupational therapist will establish a personal scope of practice, know the related legislative and organizational requirements, and determine own competency to practice within their scope prior to accepting referrals for assessment. Occupational therapists have a professional obligation to recognize the parameters of their professional competence and to screen/prepare before accepting referrals to ensure they have the competence and experience to provide the requested services.

There are a number of important considerations before even accepting a referral such as in the above scenario. Consider:

- the nature of the request, who is seeking the information and who the lawyer is working for;
- any relevant legislation that applies to this request (i.e., long-term disability insurance, auto insurance, Workplace Safety and Insurance Board, etc.) and the correlation between the legislation and what is being asked of you;
- your knowledge of the legislation in question, your experience, competence and ability to provide an ethical and sound expert opinion given the information provided to you;
- the appropriateness of the request based on the information provided to you and any limitations associated with providing an opinion on this type of information.

Consideration of all relevant issues when screening referrals reinforces a conscious decision-making approach to practicing within scope. With detailed screening, public protection increases and quality of care is enhanced. After screening, clearly communicating any limits of scope or service to stakeholders and primary clients would be the College's expectation. Occupational therapists, especially those working in the private sector, should be clear and transparent when communicating the boundaries of their services before accepting referrals. For example, in the above scenario, the occupational therapist does not have enough information to express an opinion on the issue as the request is for conjecture on the future abilities of the client. Networking with peers who have experience dealing with atypical referral scenarios can provide support and resources to validate or improve screening skills (also refer to the College's Practice Guideline: Use of Surveillance Material in Assessment).

4. An occupational therapist who works in a team setting has submitted subjective observations, objective data, analysis and recommendations from an assessment that are to be included in a larger report that contains contributions by other team members. The occupational therapist has been told that the team leader for the case will “cut and paste” needed sections from the original submission to ensure there is no duplication in the report for the client and to make sure the entire report makes sense. What is the occupational therapist’s responsibility in this situation?

Discussion

Issue: Accuracy and Completeness of Documentation

Integrated delivery of health care services has many benefits to offer the client if it is well managed. One difficulty with this type of reporting is maintaining the integrity of the occupational therapy information in a report. It is particularly important that the client understands which health care professional is responsible for which portion of the assessment. The occupational therapist is accountable for the occupational therapy service provided, so it is therefore important to be able to clearly distinguish what part of the report reflects occupational therapy service.

While a report may contain information that is gathered by other health care professionals, the occupational therapist needs to ensure the record includes the required information. This includes verification that the record accurately reflects the service provided and the opinions and recommendations of the occupational therapist, as well as the reasoning for any opinions or recommendations expressed.

The occupational therapist would be required to ensure that the assessment documentation that reflects the occupational therapy service is accurate and complete and has not been altered prior to applying a signature.

The occupational therapist should make every effort to ensure their portion of the report will not be altered in the future.

Glossary

Care-Protocol	This term is intended to capture any care map, clinical pathway or protocol that has been developed and approved for client use.
Client	The client (also referred to as “the patient” in the RHPA) is the individual (or group of individuals) or the client’s authorized representative, whose occupational performance issue(s) has resulted in a request for occupational therapy service. It is the client to whom the occupational therapist has a primary duty to apply the principles of practice.
Client-Centred Practice	A value within the practice of occupational therapy. Demonstrated through respect for clients; client involvement and direction in decision-making; advocacy with and for clients’ needs; and recognition of clients’ experience and knowledge.
Competence	<p>Being competent refers to the practice at a skill level of an individual, which meets or exceeds the minimum and ongoing performance expectations. Competent practice depends on three elements:</p> <ol style="list-style-type: none"> 1. Context of practice 2. Capability of individual (e.g., physical, cognitive, affective), and 3. Competencies demonstrated by an individual³ <p>In relation to a Discipline proceeding, Subsection 52(1) of the Health Professions Procedural Code defines incompetence as, “professional care of a patient [that] display[s] a lack of knowledge, skill or judgement of a nature or to an extent that demonstrates that the member is unfit to continue to practice or that the member’s practice should be restricted⁴”.</p>
Essential Competencies	As defined by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the <i>Essential Competencies of Practice for Occupational Therapists in Canada</i> , 3rd edition, describes the knowledge, skills and attitudes required for occupational therapists to demonstrate they are competent for occupational therapy practice in Canada for both clinical and non-clinical work. Their purpose is to guide and support occupational therapists, develop quality assurance and continuing competence programs, develop and monitor entry-to-practice, and develop and monitor standards of practice.
Guidelines	Guidelines are statements that describe recommended practice. They are not mandatory, but support prudent practice.

³ College of Occupational Therapists of Ontario. (2011). *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition

⁴ *Regulated Health Professions Act* (1991), c. 18, Sched. 2, s. 52 (1); 2007, c. 10, Sched. M, s. 40 (1).

Integrity

Within the context of the client-therapist relationship, integrity relates to the sense of confidence and belief that the service provided by the occupational therapist is in the best interest of the client. Honesty and respect form the basis of integrity within the client/therapist relationship and as individuals are neither violated nor controlled.

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COUNCIL BRIEFING NOTE

Date: October 29, 2020
To: Council
From: Patient Relations Committee
Subject: Revised Draft Code of Ethics

Page 1 of 4

Recommendation

THAT subject to any changes recommended by Council being incorporated, that Council approves the draft Code of Ethics, as presented.

Public interest in this issue

The Code of Ethics describes the expected ethical and professional obligations that ensures that the public receives safe ethical and effective care from occupational therapists (OTs).

Background

The Code of Ethics describes the expected ethical obligations and principles that clients, the profession, and the public will use to understand the professional and personal conduct of all occupational therapists (OTs). These principles can be thought of more as exhibited behaviours than the knowledge and skills listed in Standards for Practice documents.

The Code of Ethics, along with the Standards for Practice, defines professionalism in the practice of occupational therapy. OTs adhere not only to the values and principles outlined in the Code of Ethics, but also to the underlying spirit and precepts

Current State

Early this year, the Patient Relations Committee recommended to Council approval of the draft Code of Ethics for circulation to registrants and other stakeholders. At its March 26, 2020 meeting, Council approved for circulation proposed amendments to the College's Code of Ethics.

Discussion

The College sent out an online survey to registrants, members of the public and other stakeholders, to gather feedback about the proposed amendments to the current Code of Ethics. There were 227 responses to the survey that were received by the closing date. Given that the survey was taken during summer, and the pandemic, this response was satisfactory. The main changes respondents were asked to comment on included additional principles under the values of trust and respect:

- Professional Boundaries
- Conflict of Interest

They were also asked to give feedback about the concept of “Benevolence and do no harm” which was added to the principle of Accountability.

Almost 95% of respondents were registrants while about 3% were members of the public. About 80% of respondents supported the proposed changes, while about 10% were undecided and 9% did not support the proposed changes.

Main issues arising

In general, the suggested changes were largely accepted by the respondents with some sending supportive comments:

- Excellent, agree with additions & strengthening accountability
- I thought the additions that were made were very helpful and useful to clarify and be very specific
- I believe the added comments are very valuable and very important for all RHPs working with clients in order to protect and ensure safeguards are in place for both the OT and the client.

However, those who disagreed with the proposed changes were mainly concerned about the wording on professional boundaries and the concept of benevolence and do no harm. Most of the comments were around the words and concept used being misunderstood or appearing to be offensive. Some of the suggested changes, including suggestion from the Ontario Society of Occupational Therapists (OSOT), have been incorporated in the document and highlighted in track changes. Other comments were on editorial changes which have also been addressed in the revised document.

Under the principle of fairness, we have added “Ensure diversity, equality and inclusion in the provision of occupational therapy services”. This is in response to one of the comments received asking the College to consider social justice and economic inclusion issues and the new society awakening about diversity, equality and inclusion

Attachments

1. Draft Code of Ethics
2. Feedback on the Code of Ethics



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

Code of Ethics

Code of Ethics

Reformatted May 2016, Revised
October 2020

Issued 2011

Code of Ethics

A Code of Ethics outlines a set of values and principles and this document provides registrants with information about the College of Occupational Therapists of Ontario's (the College's) expectations for ethical practice.

~~This Code of Ethics provides registrants with information about the College of Occupational Therapists of Ontario's (the College's) expectations for ethical practice.~~

The Code of Ethics is intended for use in all contexts and domains of occupational therapy practice, and in all levels of decision making. It outlines the values occupational therapists (OTs) ~~embody~~promote as members of a self-regulating profession and it can be used to help clients, colleagues and members of the public understand our ethical commitments. As a critical component of the College's Complaints, Discipline and Quality Assurance Programs, the Code of Ethics provides information that is crucial to all registrants.

Ethical practice defines what is *good* – ~~which means~~and thus, what is right.

The College expects all practitioners to commit to *good* practice. This commitment requires OTs to consciously consider what is *right* in furthering the interests of ~~our~~ clients and ~~what is right~~ in protecting the public interest.

The **Code of Ethics** forms the foundation for OTs' ethical obligations. It is the framework for the professional and personal conduct expectations outlined in ~~the~~ laws, regulations, College standards and guidelines that govern the practice of occupational therapy. The Code of Ethics articulates the fundamental reference points that guide ethical practice and to which the profession aspires.

Fundamental Values of Occupational Therapists

Values are the ethical building blocks of human behaviour and interaction. They are at the heart of ~~all our~~ everyday exchanges, and shape how we relate to and ~~perceive~~treat others.

OTs are in a position of duty and authority. They have a duty to the individuals who rely on their knowledge, skill and judgement. ~~OTs~~They are in a position of authority because they have access to personal and sensitive information, and provide services to people who are vulnerable. Consequently, they have a professional responsibility to uphold the ~~professions'~~College's fundamental values.

While practice can take many forms and take place in a variety of contexts, OTs must always aim for the same common goal – to enable clients to engage in meaningful ways with their world.

Core Values

OTs are guided by two fundamental values: RESPECT and TRUST. These core values are as important as the laws, regulations, and College standards and guidelines under which OTs are governed.

Our values relate to the obligations OTs have as self-regulated professionals in whom the public places ~~its~~ respect and trust. The values of respect and trust give rise to the ***principles of practice*** that underpin occupational therapy ~~practices~~services.

Respect

An OT promotes respect by applying the principles of:

Client-centred practice

- Determine what has meaning and purpose for the client;
- Recognize that clients are diverse and that each client is an individual;

Respect for autonomy

- Recognize each client's right to make choices for ~~themselves~~him or herself;
- Honour the dignity and worth of each individual;

Collaboration and communication

- Practise as a team member with clients and other professionals.
-

Trust

An OT promotes trust by applying the principles of:

Honesty

- Truthfulness is a cornerstone of trust;
-

Fairness

- Practise justice and equity in dealings with others;
 - Ensure ~~Promote~~ equality, diversity and inclusion in the provision of occupational therapy services
-

Accountability

- Take responsibility for decisions, actions, professional competence and judgement;
 - Actions taken by OTs should serve ~~Be disposed to doing good by serving~~ the client's best interest, while working in a transparent, honest manner and striving to do no harm.
-

Transparency

- Full disclosure ensures integrity in relationships with clients, other professionals and society at large.
-

Professional Boundaries

- Set and manage boundaries relating to personal dignity, control, professional relationships detachment, privacy and confidentiality in keeping with the standards of practice to ensure that the trust a client has placed in the OT is maintained. not betrayed.

Conflict of Interest

- Proactively recognize, disclose, prevent and where that is not possible, take measures to effectively manage a conflict of interest that arises while in the course of providing professional services provision.

The above lists of principles are neither definitive nor exhaustive. Additional principles may be needed in specific situations such as a pandemic or other emergency.

Regulating Practice

The Code of Ethics helps guide the College's judgement about the registrant's conduct if a complaint or complaints are made arises client files a complaint about the practice of an occupational therapist.

The College also considers the laws, regulations and its standards and guidelines to define the expectations of OTs. In a situation in which these documents do not explicitly address a concern or complaint, the College would turn to the fundamental values and principles of practice for guidance on how to respond.

Reflecting on Practice

Unexpected ethical issues can arise at any time. Therefore, it is imperative that all OTs be aware of the core values and uphold them by applying the principles of practice in their everyday work. When an ethical issue is difficult to resolve, an OT should consult with colleagues and relevant resources, such as the College, managers or leaders.

OTs need to reflect on what these ethical expectations mean day-to-day, and their commitment to *good* practice. Reflective practice is essential to ensuring OTs preserve and promote the respect and trust required to achieve the common goal of enabling individuals to engage in meaningful ways in their liveshis or her life.

If you have questions about this document, or are encountering an ethical dilemma in service delivery, please contact our practice resource team at practice@coto.org or call 1.800.890.6570/416.214.1177 x240

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Feedback on the Code of Ethics July13-Sept14 2020

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
1.	2020-09-14	OT		20+ years	Non-clinical	Hospital		Yes		
2.	2020-09-13	OT		20+ years	Clinical	Rehab hospital/ centre		Yes		
3.	2020-09-10	OT		20+ years	Clinical	Rehab hospital/ centre		Yes		
4.	2020-09-09	Member of the public								
5.	2020-09-05	OT		6 - 10 years	Clinical	Clinic/treatment centre		Yes		
6.	2020-09-04	OT		11 - 20 years		Hospital		Yes		
7.	2020-09-03	OT		6 - 10 years	Clinical	School health		Yes		
8.	2020-09-01	OT		20+ years	Mixed	Private practice		No	COTO WROTE: "Be disposed to doing good by serving the client's best interest and striving to do no harm;" This could be seriously problematic when doing medical legal work since, when a client is fraudulent or no longer qualifies for a benefit, it's not possible to "do good" by giving the client funding he/she is not entitled to, yet "when striving to do no harm", the client might very well NEED the funding. By stopping or reducing the funding, the client may not have food on the table or get the care he/she needs as a result of a premorbid condition which is unrelated to the index injury under examination.	It may be wise to speak to OTs who do medical legal work to fully understand how complex their work can be.
9.	2020-08-31	OT		20+ years	Mixed	Other (please specify):	Children's Treatment Centre and Private Practice	Yes		
10.	2020-08-31	OT		20+ years	Clinical	Other (please specify):	Children treatment Centre, with school health contract/ ACC	Yes		
11.	2020-08-30	OT		6 - 10 years	Non-clinical	Hospital		Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
12.	2020-08-26	OT		11 - 20 years	Clinical	Rehab hospital/ centre		Yes		
13.	2020-08-26	OT		11 - 20 years	Clinical	Hospital		Yes		
14.	2020-08-26	OT		6 - 10 years	Mixed	Hospital		Undecided	The majority of the changes are editorial and don't significantly impact the content. The addition of Professional Boundaries does not seem to be an ethical issue as much as it is a practice issue.	
15.	2020-08-25	OT		11 - 20 years	Clinical	Hospital		Undecided	I want an anonymous or whistleblower section to report unethical peer practice without suffering repercussions.	
16.	2020-08-25	OT		0 - 5 years	Clinical	Rehab hospital/ centre		Yes		
17.	2020-08-25	OT		20+ years	Clinical	Community		Yes		
18.	2020-08-24	OT		20+ years	Clinical	Community		Yes		
19.	2020-08-17	OT		0 - 5 years		Other (please specify):	not presently employed	Yes	Not applicable.	I cannot think of any other changes that would further improve the College's Code of Ethics.
20.	2020-08-17	OT		0 - 5 years	Clinical	Private practice		Yes		
21.	2020-08-15	OT		0 - 5 years	Clinical	Clinic/treatment centre		Yes		
22.	2020-08-12	OT		20+ years	Clinical	Clinic/treatment centre		Yes		
23.	2020-08-10	OT		20+ years	Mixed	Other (please specify):	Network/ Association	No	Please consider re-wording the statement (accountability): "Be disposed to doing good by serving the client's best interest and striving to do no harm". The "Be Disposed" wording can be misinterpreted and sounds like something is getting thrown out. Suggestion: Action taken by OTs should serve the client's best interest and strive to do no harm.	none
24.	2020-08-10	OT		20+ years	Clinical	Hospital				
25.	2020-08-07	OT		11 - 20 years	Non-clinical	Hospital		Yes		
26.	2020-08-05	OT		20+ years	Clinical	Community		Yes		
27.	2020-08-03	OT		11 - 20 years	Clinical	Local Health Integration Network (LHIN)		Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
28.	2020-08-03	OT		20+ years	Clinical	Private practice		Yes		
29.	2020-08-02	OT		11 - 20 years	Non-clinical	Rehab hospital/ centre		Yes		
30.	2020-08-02	OT		6 - 10 years	Clinical	Clinic/treatment centre		Yes		
31.	2020-07-31	Other (please specify):	Retired OT							
32.	2020-07-29	OT		11 - 20 years	Clinical	Community		Yes		The "do no harm" clause sounds like we're declaring the Hippocratic Oath - we're not doctors and shouldn't try to be.
33.	2020-07-29	OT		20+ years	Non-clinical	Hospital		Yes		
34.	2020-07-28	OT		20+ years	Clinical	Local Health Integration Network (LHIN)		Yes		
35.	2020-07-28	OT		6 - 10 years	Clinical	Other (please specify):	Rehab Hospital, private, vocational	Yes		
36.	2020-07-27	OT		0 - 5 years	Clinical	Community		Yes		
37.	2020-07-27	OT		0 - 5 years	Clinical	Community		Yes		
38.	2020-07-27	OT		6 - 10 years	Mixed	Private practice				
39.	2020-07-27	OT		0 - 5 years	Clinical	Private practice				
40.	2020-07-26	OT		20+ years	Mixed	Private practice				
41.	2020-07-26	OT		11 - 20 years	Non-clinical	Other (please specify):	Government	Yes		
42.	2020-07-25	OT		6 - 10 years	Clinical	School health				
43.	2020-07-25	OT		20+ years	Clinical	Private practice		Yes		
44.	2020-07-24	OT		11 - 20 years	Clinical	Hospital		Yes		
45.	2020-07-24	OT								

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
46.	2020-07-21	OT		20+ years	Non-clinical	Non-health setting		Yes		COTO should consider adding 'sustainability' as a core value. Canadian health systems and the constituent professions need to more sustainable (addressing environmental integrity, economic inclusion and social justice). We need to more health care practices to net zero by 2020, we need to remove social injustices that are systemic in our current systems and we need to be economically sustainable. Sustainability has been recognised by the Royal College of Physicians UK) as a domain of quality in healthcare , extending the responsibility of health services to patients not just of today but of the future. As a domain of quality, it follows that sustainability should be explicitly addressed as part of 'quality improvement' activities and in professional code of ethics
47.	2020-07-21	OT		6 - 10 years	Mixed	Private practice		No	The Code of Ethics is already strong enough as it is.	
48.	2020-07-21	OT		20+ years	Clinical	Private practice		Yes		I am concerned that at a time when I am being inundated with information from numerous resources that the college chose to proceed with this amendment. Currently this is not a priority in my life and I think you run the risk of not having appropriate thought and this input to this matter
49.	2020-07-20	OT		11 - 20 years	Clinical	Hospital		No	1. How do these align with other regulatory bodies? Are we ensuring that the CSWSSWs will have the same standards for SWers? 2. What will enforcement look like? Will there be a learning module on concrete examples that demonstrate how to apply the new Standards into everyday practice ... relating to things like workload management, prioritizing clients, dealing with unexpected client emergencies that may need OTs to be flexible and work overtime without compensation as it's in the client's best interests. I wonder if there could be an anonymous way of reporting practice concerns about peers without retaliation, retribution, or stigma.	
50.	2020-07-20	OT		0 - 5 years	Clinical	Local Health Integrati on Network (LHIN)		Undecided		
51.	2020-07-20	Member of the public						Yes		I agree with the concept of the OT's taking more responsibility in managing and setting professional boundaries and being proactive in respect to possible conflicts of interest. It will be foremost in their mind as they will be more accountable.
52.	2020-07-20	Member of the public						Yes		I agree with the changes made to the code of ethics. I did notice in one change a reference to attempting not to harm. I feel it should state NOT HARMING. It is most important for the client to be part of the therapy and not only be listened but also to be heard. Hats off to the task of improving policies and subsequently client care and respect which is a two way street.
53.	2020-07-20	OT		20+ years	Clinical	Local Health Integrati on Network (LHIN)		Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
54.	2020-07-19	OT		20+ years	Clinical	Private practice		Yes		
55.	2020-07-19	OT		11 - 20 years	Clinical	Other (please specify):	Outpatient mental health and community services	Undecided		I appreciate that you included language around "managing" boundaries and relationships. This acknowledges that many ethical dilemmas are not cut and dry, and that solutions sometimes are not "ideal" or don't resolve all risk. The additions of professional boundaries and conflict of interest in the code of ethics need to be explained and fleshed out. Better defined. Parameters set. In this or other COTO documents.
56.	2020-07-19	OT		20+ years	Mixed	Private practice		Yes		
57.	2020-07-18	OT		11 - 20 years	Clinical	School health				
58.	2020-07-18	OT		11 - 20 years	Clinical	Hospital		Yes		
59.	2020-07-17	OT		20+ years	Clinical	Community		Yes		
60.	2020-07-17	Member of the public						Yes		
61.	2020-07-17	Other (please specify):	CAG member					Yes		
62.	2020-07-17	OT		20+ years	Clinical	Private practice		Yes		I would like COTO to ensure the Code of Ethics applying not just patient care but also the between the OT supervisors and OT and among the OTs. Thanks!
63.	2020-07-16	Member of the public						Yes		
64.	2020-07-16	OT		20+ years	Mixed	Private practice		Yes		
65.	2020-07-16	Member of the public						Yes		The proposed Code of Ethics modernizes from the current one.
66.	2020-07-16	Other (please specify):	Registered nurse retired					Yes		
67.	2020-07-16	Other (please specify):	CAG volunteer					Yes		
68.	2020-07-16	OT		11 - 20 years	Clinical	Hospital		Yes		
69.	2020-07-16	OT		6 - 10 years	Clinical	Private practice		Yes		
70.	2020-07-15	OT		11 - 20 years	Clinical	Community		Yes		
71.	2020-07-15	OT		20+ years	Clinical	Community		Undecided		
72.	2020-07-15	OT		0 - 5 years	Clinical	Hospital		Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
73.	2020-07-15	OT		20+ years	Non-clinical	Non-health setting		Yes		The code of ethics assumes that the client is an individual; this is problematic for people whose practice is at the community level. It would be preferred if your documents allowed for various types of clients. While I agree that professional boundaries and Conflicts of interest belong in a code of Ethics, why do these two ideas NOT belong under trust? Finally, under regulation of practice, while I recognize that the wording was problematic (it is not just a client that complains), it sounds terribly passive to say that "complaints arise"; I think there should be more active wording here - if a complaint or complaints are made is much better than complaints arise.
74.	2020-07-15	OT		6 - 10 years	Non-clinical	Hospital		Yes		
75.	2020-07-15	OT		0 - 5 years	Clinical	Rehab hospital/ centre				
76.	2020-07-15	OT		6 - 10 years	Mixed	Private practice				
77.	2020-07-15	OT		6 - 10 years	Clinical	School health				
78.	2020-07-15	OT		20+ years	Mixed	Community		Yes		
79.	2020-07-15	OT		20+ years	Clinical	School health		Yes		
80.	2020-07-15	OT		11 - 20 years	Clinical	Hospital		Yes		
81.	2020-07-15	OT		6 - 10 years	Clinical	Hospital		Yes		
82.	2020-07-15	OT		11 - 20 years	Clinical	Hospital		Yes		
83.	2020-07-15	OT		11 - 20 years	Clinical	Community		Yes		
84.	2020-07-15	OT		20+ years	Mixed	Local Health Integration Network (LHIN)		Yes		Excellent, agree with additions & strengthening accountability.
85.	2020-07-14	OT		6 - 10 years	Clinical	Clinic/treatment centre		Yes		
86.	2020-07-14	OT		11 - 20 years	Clinical	Community		Yes		
87.	2020-07-14	OT		0 - 5 years	Clinical	Hospital		Yes		I thought these amendments were already included in the code of ethics, but I must have been mistaken.
88.	2020-07-14	OT		0 - 5 years	Clinical	Private practice		Undecided		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
89.	2020-07-14	OT		20+ years	Clinical	Hospital		No	I am just not sure that I am completely okay with the wording professional detachment - detachment seems to have a negative connotation for the public/consumer. I am afraid I do not have a better word suggestion but perhaps others will have a similar comment and ideas. Thank you.	
90.	2020-07-14	OT		20+ years	Non-clinical	Other (please specify):	Education (university), & Industry	No	I support all of the changes except "Be disposed to doing good by serving the client's best interest and striving to do no harm;" I do agree with this statement, but I have heard OTs use this as a justification for unethical behaviour e.g. The client doesn't qualify for ADP funding, but I am going to submit the application and get funding for the client because they need this chair. I think we need to strengthen the statement with a qualifier where there are competing interests. E.g. serving the client's best interests while working in a transparent, honest manor. I know this should be common sense....but I have seen numerous examples where the fundamentals were ignored.	
91.	2020-07-14	OT		20+ years	Clinical	Hospital		Yes		
92.	2020-07-14	OT		20+ years	Non-clinical	Other (please specify):	Hospice	Yes		
93.	2020-07-14	OT		20+ years	Clinical	Hospital		Yes		
94.	2020-07-14	OT		11 - 20 years	Non-clinical	Hospital				
95.	2020-07-14	OT		20+ years	Clinical	Private practice		Undecided	How do you define harm? Can an opinion that contradicts the client be considered harm as it may not support his/her claims or desires?	
96.	2020-07-14	OT		11 - 20 years	Clinical	Rehab hospital/centre		Yes		
97.	2020-07-14	OT		11 - 20 years		Hospital		No	I would recommend not including "serving the clients best interest" in the code of ethics, as this would suggest that the therapist is in a position to define this for the client, as opposed to offering support and education to help our clients pursue their own choice of best interest. In order to respect the autonomy and agency of our clients, leave it at "do no harm".	Keep it short, simple, and to the point. The longer and more verbose it becomes, the less meaning and practicality it has.
98.	2020-07-14	OT		20+ years	Clinical	Clinic/treatment centre		Yes		
99.	2020-07-14	OT		20+ years	Clinical	Hospital		Yes		
100.	2020-07-14	OT		20+ years	Mixed	Hospital		Yes		
101.	2020-07-14	OT		6 - 10 years	Clinical	Community				
102.	2020-07-14	OT		20+ years	Mixed	Community		Undecided		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
103.	2020-07-14	OT		20+ years	Clinical	Private practice		Yes		
104.	2020-07-14	OT		11 - 20 years	Clinical	Hospital				
105.	2020-07-14	OT		20+ years	Clinical	Other (please specify):	mix - community, school	Yes		
106.	2020-07-14	OT		0 - 5 years	Clinical	Hospital				
107.	2020-07-14	Member of the public						Yes		
108.	2020-07-14	OT		20+ years	Non-clinical	Hospital		Yes		I believe the added comments are very valuable and very important for all RHPs working with clients in order to protect and ensure safeguards are in place for both the OT and the client.
109.	2020-07-14	OT		11 - 20 years	Clinical	Clinic/treatment centre		Yes		
110.	2020-07-14	OT		0 - 5 years	Clinical	Hospital		Yes		
111.	2020-07-14	OT		20+ years	Clinical	Private practice		Yes		
112.	2020-07-14	OT		20+ years	Non-clinical	Clinic/treatment centre		Yes		
113.	2020-07-14	OT		20+ years	Non-clinical	Clinic/treatment centre		Yes		
114.	2020-07-14	OT		11 - 20 years	Mixed	Hospital		Yes		As a clinician it is essential to have clear guidelines to support or rationale when speaking to clients and families. A large part of our role as OTs is to be transparent and this definitely supports that approach.
115.	2020-07-14	OT		20+ years	Clinical	School health		Yes		
116.	2020-07-14	OT		20+ years	Clinical	Rehab hospital/centre		Yes		
117.	2020-07-14	OT		11 - 20 years	Clinical	Private practice		Yes		All proposed changes make sense.
118.	2020-07-14	OT		11 - 20 years	Non-clinical	Community		Yes		
119.	2020-07-14	OT		11 - 20 years	Clinical	Hospital				
120.	2020-07-14	OT		20+ years	Clinical	Community		Yes		
121.	2020-07-14	OT		11 - 20 years	Clinical	School health		Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
122.	2020-07-14	OT		11 - 20 years	Clinical	Community		Yes		
123.	2020-07-14	OT		20+ years	Clinical	Clinic/treatment centre		Yes		
124.	2020-07-14	OT		11 - 20 years	Non-clinical	Rehab hospital/centre		Yes		
125.	2020-07-14	OT		11 - 20 years	Mixed	Hospital		Yes		
126.	2020-07-14	OT		0 - 5 years	Clinical	Clinic/treatment centre		Undecided	The professional boundaries is the one that I have a main concern with. In terms of managing professional detachment and ensuring that trust is not betrayed. For client's experiencing severe mental health symptoms including delusions, some client's may feel like the OT and other health care workers have lied to them, or are hiding things. Also, with hospitals being so quick to discharge, sometimes OT's are unable to "close" with clients. Even if a community care OT is going into the home, client's may feel like the relation with hospital therapy was cut short and the discharge too fast.	
127.	2020-07-14	OT		20+ years	Clinical	Community		Yes		
128.	2020-07-14	OT		20+ years	Clinical	Rehab hospital/centre		Yes		
129.	2020-07-14	OT		20+ years	Clinical	Non-health setting		Yes		
130.	2020-07-14	OT		20+ years	Clinical	School health		Yes		
131.	2020-07-14	OT		20+ years	Mixed	Other (please specify):	LTD insurer	Yes		I agree with all proposed changes, and particularly support the concepts of managing potential/perceived/actual conflict as well as focus on professional boundaries. Would you consider adding in links to a selection of relevant COTO resources for OTs (&/or others) to consider when faced with potential practice issues pertaining to ethical dilemmas, e.g. Conscious Decision Making tool, PREPs, etc., to render this document more fulsome.
132.	2020-07-14	OT		20+ years	Clinical	Clinic/treatment centre		No		
133.	2020-07-14	OT		11 - 20 years	Clinical	School health		Yes		
134.	2020-07-14	OT		20+ years	Clinical	Private practice		Yes		
135.	2020-07-14	OT		20+ years	Non-clinical	Community		Undecided		
136.	2020-07-14	OT		0 - 5 years	Clinical	Rehab hospital/centre		Undecided		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
137.	2020-07-14	OT		20+ years	Clinical	Hospital		Yes		I appreciate the comments and very much support the wording.
138.	2020-07-14	OT		20+ years	Clinical	Hospital		Undecided	Omit the word "detached"	
139.	2020-07-14	OT		0 - 5 years	Mixed	Community		Undecided	In particular, the section on professional boundaries—I support this change so long as more clear guidance is provided on how to set said boundaries.	
140.	2020-07-14	OT		20+ years	Clinical	Private practice				
141.	2020-07-13	OT		6 - 10 years	Clinical	Other (please specify):	multiple (community, school health, LHIN)			
142.	2020-07-13	OT		0 - 5 years	Clinical	Community		Undecided		
143.	2020-07-13	OT		20+ years	Mixed	Other (please specify):	Children's Treatment Centre and private practice	Yes		
144.	2020-07-13	OT		11 - 20 years	Mixed	Private practice				
145.	2020-07-13	OT		20+ years	Clinical	Private practice		Undecided		We already have extensive practice standards relating to conflict of interest (reformatted May 2016). I am not sure of the value of including the conflict of interest amendment here when we have clear and distinct standards on how to address conflict of interest in practice already in place. Similarly, we have extensive practice standards in place addressing professional boundaries. As such, I am uncertain of the value of the proposed amendment when we have clear and distinct standards of practice in place that address professional boundaries.
146.	2020-07-13	OT		20+ years	Mixed	Clinic/treatment centre		Yes		
147.	2020-07-13	OT		11 - 20 years	Clinical	Hospital		Undecided		
148.	2020-07-13	OT		11 - 20 years	Mixed	Other (please specify):	Veteran's Affairs	Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
149.	2020-07-13	OT		20+ years	Clinical	Hospital		No	I agree with most of the changes but don't like the wording under accountability which says 'Be disposed to doing good by serving the clients best interest and striving to do no harm'. I don't like the words at the beginning; it's not about doing good, it's about being principled and ethical. I'd rather see 'practice best ethical principles by serving.... or just serve the clients best interest and strive to do no harm' otherwise I'm fine with the changes	
150.	2020-07-13	OT		20+ years	Clinical	Other (please specify):	Also work at a community clinic	Yes		
151.	2020-07-13	OT		20+ years	Clinical	Community		No	Using the word "good", and in particular the added phrase "being disposed to doing good" has a religious connotation, which I think should be avoided - I am surprised other Colleges have used this word/wording. Perhaps just saying "being ethical or following ethical principles" could be considered, something that is less biblical.	The whole document is too long and too wordy; perhaps some attention to shortening it?
152.	2020-07-13	OT								
153.	2020-07-13	OT		11 - 20 years	Mixed	Clinic/treatment centre				
154.	2020-07-13	OT		20+ years	Clinical	Private practice				
155.	2020-07-13	OT		6 - 10 years	Clinical	Community		No	These proposed changes are redundant and are already covered under the current Code of Ethics. We do not perform clinical, life-altering procedures, and yet we are held to a higher standard in terms of Code of Ethics (and in terms of our insurance requirements and college fees) than nurses, who DO perform clinical, life-altering procedures.	
156.	2020-07-13	OT		11 - 20 years	Non-clinical	Private practice		Yes		
157.	2020-07-13	OT		11 - 20 years	Non-clinical	Community		Yes		None at this time
158.	2020-07-13	OT		0 - 5 years	Clinical	Community				
159.	2020-07-13	OT		11 - 20 years	Clinical	Hospital				
160.	2020-07-13	OT		11 - 20 years	Clinical	Clinic/treatment centre		Yes		
161.	2020-07-13	OT		11 - 20 years	Clinical	Hospital		Yes		
162.	2020-07-13	OT		20+ years	Clinical	Private practice		Yes		
163.	2020-07-13	OT		20+ years	Clinical	Private practice		Undecided	They look to over regulate?? As is certainly covers OT to uphold ethics	

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164.	2020-07-13	OT		20+ years	Mixed	Local Health Integrati on Network (LHIN)		No	Our intent is never to do any harm. Saying this jn our code of ethics implies malicious intent is present and we shouldnt be working in any profession if that were true. It also implies and sets frame of reference of fear mongering and intimidation to practitioners. This fear of repremand for unintentional errors, does not acknowledge the hunanity in our work and who we are. There is no one in this world that is that perfect in practice, life or as a human being. Things happen and it should be the intent of the college and the individual to address the area of concern and build competencies and support our colleagues and protecting the public.	Consider the personal humanistic side of ethics not just the theory. This is a guideline meant to guide not intimidate. Show the same compassion, dignity, respect, and autonomy that we show to our patients, families and the communities we serve to the professionals of this college.
165.	2020-07-13	OT		11 - 20 years	Clinical	Hospital				
166.	2020-07-13	OT		20+ years	Non-clinical	Rehab hospital/ centre		Yes		
167.	2020-07-13	OT		20+ years	Clinical	Private practice		Yes		
168.	2020-07-13	OT		20+ years	Clinical	Communi ty		Yes		
169.	2020-07-13	OT		11 - 20 years	Clinical	Communi ty		Yes		
170.	2020-07-13	OT		6 - 10 years	Clinical	Clinic/tre atment centre		Yes		
171.	2020-07-13	OT		11 - 20 years	Clinical	Hospital		Yes		
172.	2020-07-13	OT		20+ years	Mixed	Private practice		Yes		
173.	2020-07-13	OT		11 - 20 years	Clinical	Rehab hospital/ centre		Yes		
174.	2020-07-13	OT		11 - 20 years	Clinical	Hospital		Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
175.	2020-07-13	OT		11 - 20 years	Non-clinical	Other (please specify):	I work as a Psychogeriatric Resource consultant, I support retirement homes/LTC/hospitals/LHINS/CSS/ etc.	Yes		
176.	2020-07-13	OT		11 - 20 years	Non-clinical	Other (please specify):	Education			
177.	2020-07-13	OT		6 - 10 years	Mixed	Other (please specify):	federal health	No	Clear understanding of what is personal "dignity", "control". How can you determine what "trust" is from the client, thus how does one "set" and "manage" trust as per the professional boundary noted? What is "betrayed"? This seems very subjective to the client themselves, and so how can an occupational therapist 'set' these in advance and or manage them?	I believe the ethics are not clear and set therapist to failure in some situations under the proposed professional boundaries section. Where in the literature does it note these "ethical issues" as noted in the "rational" section in the inclosed document? When the rational states "it should always be kept in mind", I feel this vague, "trendy" and doesn't provide good support for the addition. Evidence that of the what is to be set in relation to dignity, control need to be given as well as the notion of betrayed.
178.	2020-07-13	OT		11 - 20 years	Clinical	Community		Yes		
179.	2020-07-13	OT		0 - 5 years	Clinical	Clinic/treatment centre		Yes		
180.	2020-07-13	OT		11 - 20 years	Clinical	Hospital		Yes		
181.	2020-07-13	OT		20+ years	Clinical	Clinic/treatment centre				
182.	2020-07-13	OT		20+ years	Clinical	Private practice		Yes		
183.	2020-07-13	OT		20+ years	Clinical	School health		No	conceptually I agree but the wording in some areas seems grammatically awkward, if not questionable e.g. "doing good", "professional services provision"	simplify sentence wording. Some sentences appear cumbersome, seemingly to be fullsome, however completeness can be captured with fewer words. Excess wording can detract from clarity and defeat the purpose of the statement itself.

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184.	2020-07-13	OT		20+ years	Mixed	Local Health Integrati on Network (LHIN)		Yes		
185.	2020-07-13	OT		11 - 20 years	Clinical	Communi ty		Yes		
186.	2020-07-13	OT		20+ years	Clinical	Private practice		Undecided		
187.	2020-07-13	OT		11 - 20 years	Mixed	Other (please specify):	Govern ment of Canada	Yes		
188.	2020-07-13	OT		20+ years	Clinical	Private practice		Yes		
189.	2020-07-13	OT		6 - 10 years	Clinical	Rehab hospital/ centre		Yes		
190.	2020-07-13	OT		11 - 20 years	Clinical	Clinic/tre atment centre		Yes		
191.	2020-07-13	OT		6 - 10 years	Mixed	Clinic/tre atment centre		Yes		
192.	2020-07-13	OT		6 - 10 years	Clinical	Hospital		Yes		
193.	2020-07-13	OT		0 - 5 years	Clinical	Communi ty		Yes		
194.	2020-07-13	OT		0 - 5 years	Clinical	Communi ty		Undecided	With regards to "professional boundaries" - unclear of the wording and the choice to connect "dignity" within the context of setting boundaries	
195.	2020-07-13	OT		11 - 20 years	Clinical	Other (please specify):	LTC	Yes		
196.	2020-07-13	OT		11 - 20 years	Clinical	Rehab hospital/ centre		Yes		
197.	2020-07-13	OT		6 - 10 years	Clinical	Clinic/tre atment centre		Yes		
198.	2020-07-13	OT		20+ years	Clinical	Hospital		Yes		
199.	2020-07-13	OT		20+ years	Clinical	Private practice		Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
200.	2020-07-13	OT		11 - 20 years	Non-clinical	Non-health setting		Yes		
201.	2020-07-13	OT		11 - 20 years	Non-clinical	Community				
202.	2020-07-13	OT		6 - 10 years	Clinical	Hospital				
203.	2020-07-13	OT		11 - 20 years	Clinical	LHIN		Yes		
204.	2020-07-13	OT		20+ years	Mixed	Rehab hospital/centre		No	Overall I support it... I just do not like this portion "professional detachment". I don't think it adds anything and in fact I think speaks against using therapeutic use of self.	
205.	2020-07-13	OT		20+ years	Clinical	School health		Undecided	Basically, I agree with the proposed changes. I would like to see wording clarified. "personal dignity, control" Is this referring to personal dignity and control in general, referring to the client, the OT or both? What is meant by "control"? Is it related to power imbalances or making sure to respect the client's decisions? I would like to see these concepts Clarke's a bit more.	
206.	2020-07-13	OT		20+ years	Clinical	Clinic/treatment centre		Yes		
207.	2020-07-13	OT		20+ years	Clinical	School health		Yes		
208.	2020-07-13	OT		0 - 5 years	Clinical	Hospital		Yes		
209.	2020-07-13	OT		20+ years	Clinical	Private practice		Yes		
210.	2020-07-13	OT		0 - 5 years	Mixed	Community		Yes		
211.	2020-07-13	OT		0 - 5 years	Clinical	Clinic/treatment centre		No	The proposed addition of the "professional boundaries" section is not clear. What exactly does it mean? I think some definitions or links to definitions here would be helpful, specifically for what personal dignity and professional detachment are defined as by COTO.	
212.	2020-07-13	OT								
213.	2020-07-13	OT		0 - 5 years	Clinical	Community				
214.	2020-07-13	OT		0 - 5 years	Clinical	Clinic/treatment centre		Yes		

Number	Date	Description	Other Description	Years of Practice	Nature of practice	Practice setting	Other Setting	I support changes proposed	If you don't support the changes, please give comments	Please provide any other comment(s) that can further improve the College's Code of Ethics.
215.	2020-07-13	OT		11 - 20 years	Clinical	Hospital		No	The following suggestions relate to page 5 of the proposed CoE: 1. Why is it stated, "Why "be disposed", why not "Doing Good.....". One can be disposed and strive to do no harm, but if harm happens.... In my opinion being disposed is inadequate, vs. "Doing good..." by itself. 2. I suggest it be framed as "professional detachment (while developing and/or maintaining a therapeutic alliance". Otherwise it takes away from the relationship between client/OT, and makes it clinical, and medical model oriented. 3. What does "effectively manage a conflict of interest" actually mean. The word "effectively" can mean different things to different people. There needs to be more clarity here which speaks to outcomes, or at least not leave "effectively" open to different interpretations. It can be reframed as, "manage a conflict of interest that may arise OPTIMALLY (given the situation and it's constraints) in the course of professional services provision with a view to being least harmful". Just my 2 pennies.	
216.	2020-07-13	OT		11 - 20 years	Mixed	Community		No		
217.	2020-07-13	OT		0 - 5 years	Clinical	Private practice		Yes		
218.	2020-07-13	OT		6 - 10 years	Clinical	Local Health Integration Network (LHIN)		Yes		
219.	2020-07-13	OT		20+ years	Clinical	Other (please specify):	Children's Treatment Centre	Yes		I thought the additions that were made were very helpful and useful to clarify and be very specific.
220.	2020-07-13	OT		20+ years	Mixed	Community		Yes		
221.	2020-07-13	OT		6 - 10 years	Clinical	Clinic/treatment centre		Yes		
222.	2020-07-13	OT		0 - 5 years	Clinical	Community				
223.	2020-07-13	OT		6 - 10 years	Clinical	Community				
224.	2020-07-13	OT		20+ years	Clinical	Hospital		Yes		
225.	2020-07-13	OT		20+ years	Mixed	Hospital		Yes		
226.	2020-07-13	OT		0 - 5 years	Clinical	Private practice		Yes		
227.	2020-07-13	OT		0 - 5 years	Mixed	Community				

FYI Package



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

Guest Speakers

Presentation: *Looking Back to Move Forward*

Council Meeting, October 29, 2020

Lindsay DuPré is Métis with family roots along the Red and Assiniboine Rivers in Manitoba. She was born in Mississauga, Ontario and has spent most of her life on Anishinaabe and Haudenosaunee territories. Lindsay currently works as the Indigenous Education Liaison at the Ontario Institute for Studies in Education, University of Toronto, and as a sessional lecturer for the School of Social Work at York University. Lindsay recently Co-Edited the text, “Research and Reconciliation: Unsettling Ways of Knowing through Indigenous Relationships” published by Canadian Scholars Press and co-founded The Mamawi Project. Most importantly, Lindsay is a proud mom and auntie. She holds a Bachelor of Arts with Honours in Psychology from the University of Guelph and a Master of Social Work from the University of Toronto.

Dallas Fiddler is nêhiyaw (Cree) from Waterhen Lake First Nation in northern Saskatchewan. He currently lives in Toronto where he works for the United Church of Canada as their Healing Programs Coordinator. In this role he oversees several funds with granting programs focused on supporting Indigenous led community healing projects. Prior to this position Dallas has worked in the public and private sectors, collaborating with diverse teams on Indigenous engagement, communications, and mental health initiatives. He is also a father to a busy toddler and holds a BA in Political Science from the University of Saskatchewan.

8 Things You're Entitled to at Your Health-Care Appointments

Zoomer | July 28th, 2020



SPONSORED CONTENT

When it comes to your health care, how do you view yourself? You're not just a patient or client but a health consumer. For any consumer, it's important to understand and exercise your rights.

In Ontario, you can expect certain standards of care and service when dealing with [regulated health professionals](#). The COVID-19 pandemic has in some cases led to an increase in virtual care and services provided by health professionals, and your rights still apply to virtual care. Here are eight things you're entitled to:

1. Competent, safe and ethical care that meets professional standards. In Ontario, there are 26 health regulatory colleges that oversee more than 350,000 health professionals. The colleges are not schools. They are regulators that set the requirements for entering the profession, create practice standards, require practitioners to keep their knowledge and skills up-to-date, and enforce standards of practice and conduct. This helps ensure you receive a high quality of care.

2. Participation in your care. It's your right to ask questions, and get clear explanations of your health issues and treatment options. This includes discussions about whether or not care or service should be provided virtually. That's a fundamental part of being involved in your healthcare.

3. Informed consent. It means that after receiving an explanation, you can agree to or refuse any proposed procedure, for any reason, at any time. You must also consent to receiving care and services virtually, and your health professional must explain the benefits and risks to receiving care or service virtually.

4. A second opinion. You have the right to seek advice from another health professional.

5. Your health professional's record. You can easily access information about their registration with a health regulatory college. Each college has a public register that lists health professionals' qualifications, special designations, restrictions on their practice (if any), professional misconduct findings, and more. For a link to the colleges, visit [ontariohealthregulators.ca](https://www.ontariohealthregulators.ca)

6. Privacy. You can be assured that your personal health information remains confidential. At the same time, you have the right to view and get a copy of that information.

7. An open discussion of costs and fees. Your healthcare provider should explain anything you're paying for. It should also be clear on invoices that care or service was provided virtually.

8. Voice any concerns about the care you have received. Through a regulatory health college, you can raise any issues about your care, and formally complain if desired. The colleges protect the public by holding regulated health professionals accountable for their conduct and practice.

Learn more by visiting the [ontariohealthregulators.ca](https://www.ontariohealthregulators.ca) website, which represents the 26 health regulatory colleges that collectively oversee more than 350,000 healthcare professionals in Ontario. *Learn. Find. Get help. Be heard.*



Health Regulators are Keeping You Safe During COVID-19

ZOOMER | JUNE 23RD, 2020



SPONSORED CONTENT

On May 26, 2020, many of Ontario's regulated health professionals were allowed to gradually resume practising after two months of having to reduce or suspend their services to help stop the spread of COVID-19. This change means that you can now see a dentist, audiologist, chiropractor, or massage therapist, among other professionals, for more than just emergency care.

You may feel nervous about booking an appointment during the pandemic and you may have questions about how regulated health professionals are keeping you safe during this time.

As a condition to re-open, Ontario's more than 350,000 regulated health professionals must follow guidance developed by their regulatory college and Ontario's Ministry of Health. The colleges are not schools. They are regulatory bodies and they set and enforce standards to keep you and your family safe. Examples of new guidance include stricter cleaning and disinfecting measures, and wearing personal protective equipment (e.g. gloves and masks) to help stop the spread of COVID-19.

Here are three things you can do before booking an appointment:

1. Visit [ontariohealthregulators.ca](https://www.ontariohealthregulators.ca) to find a listing of Ontario's regulated health professions. From this site, you can access each regulatory college's website and their guidance for safe return to in-person care/service.

2. Call your practitioner's office to see what measures they've put in place to keep you safe. Ask what's expected of you before, during and after an appointment. Guidance may differ depending on the profession. You may need to be screened for symptoms when you book your appointment, and again when you arrive. You may be asked to wear a mask (cloth or other) to your appointment and to come alone, if possible.

3. Continue to follow public health advice and recommendations, such as:

- - Washing your hands often with soap and water
 - Staying home if you're feeling sick
 - Practising physical distancing

Some individual practitioners may make the choice not to return to practice at this time, or may limit the number of appointments they offer. If you are in need of an appointment and want to find another practitioner, visit www.ontariohealthregulators.ca to access each college's listing of registered practitioners. This listing is called a public register, and it provides you with contact information and registration status for practitioners.

As Ontario gradually re-opens, you can be assured that Ontario's health regulators are helping to keep you and your loved ones safe.

Learn more by visiting the [ontariohealthregulators.ca](https://www.ontariohealthregulators.ca) website, which represents the 26 health regulatory colleges that collectively oversee more than 350,000 healthcare professionals in Ontario. [Learn.](#) [Find.](#) [Get help.](#) [Be heard.](#)



How to Find Information About Your Health Professional

ZOOMER | AUGUST 26TH, 2020



SPONSORED CONTENT

To provide the best care, health professionals gather key information about their patients and clients. You can do this too for the health professionals treating you and your loved ones.

Did you know information about health professionals is readily available online? It's there so you can make informed choices about the care you want and need, whether appointments are in-person, online or over the phone. Information like professional credentials, languages spoken, or years of practice—details are available online through Ontario's health regulatory colleges.

These colleges are regulators, not schools or educational institutions. Colleges set requirements for becoming a regulated health professional; administer programs to ensure professionals maintain their knowledge and skills; and hold these professionals accountable for their conduct and practice. This important work has continued during the pandemic.

Each regulatory college maintains up-to-date profiles of health professionals on their websites. These profiles may be found under headings such as “public register”, “Find a Professional” or “Member Search”. By looking up a name, you can:

- Confirm if they’re permitted to practice. Registration with a regulatory college means the professional has met and upholds the qualifications to practice in Ontario. Only someone registered with a college can legally use certain protected titles like “doctor”, “nurse”, or “physiotherapist”. If someone isn’t listed, perhaps they practiced elsewhere but aren’t registered in Ontario or their registration in the province lapsed. In either case, they can’t practice in Ontario. On rare occasions, there are imposters – people presenting themselves as regulated professionals without the required qualifications.
- Get basic contact information. Some colleges also share information like professional credentials, special designations, and languages spoken.
- Discover any restrictions (sometimes called “terms, conditions or limitations”) on a healthcare professional’s practice due to a disciplinary hearing or other reason.
- Learn about upcoming disciplinary proceedings or the outcomes of a hearing.

So, before your next visit – either in-person or virtually – consider searching the name of the health professional you’re seeing. If you can’t find their name on the public register, contact their regulatory college. Access a directory of all 26 colleges through ontariohealthregulators.ca

You can also call a college to get the information on the public register or raise any concerns or complaints about your care. All the regulatory colleges continue to operate and serve the public throughout the pandemic.

Learn more by visiting the ontariohealthregulators.ca website, which represents the 26 health regulatory colleges that collectively oversee more than 350,000 health professionals in Ontario. Learn. Find. Get help. Be heard.

