



BOARD MEETING AGENDA

DATE: Thursday, October 28, 2021 **TIME:** 9:00 a.m. to 3:00 p.m.

Join Zoom Meeting

<https://zoom.us/j/98232948880?pwd=ck0xcEtkYkRaWGJEYUw3Zk5FYWdCQT09>

Meeting ID: 982 3294 8880 Passcode: 58006853

Dial by your location +1 647 374 4685 Canada +1 647 558 0588 Canada

Find your local number: <https://zoom.us/u/adkTThHy6T>

| | Agenda Item | Objective | Attach | Time (min) |
|-----|---|-------------|--------|------------|
| 1.0 | Call to Order | | | |
| 2.0 | Public Protection Mandate | | | |
| 3.0 | Land Acknowledgement & Commitment to Stronger Engagement* | | | |
| 4.0 | Declaration of Conflict of Interest | | | |
| 5.0 | Approval of Agenda | | | |
| | 5.1 Board Agenda – October 28, 2021 | Decision | ✓ | 10 |
| 6.0 | Consent Agenda | | | |
| | Registrar's Written Report – October 28, 2021 Draft Board Minutes – June 24, 2021 Governance Minutes – June 14, 2021 Executive Minutes – June 11, 2021 Finance, Audit & Risk Minutes – May 18, 2021 Finance Audit & Risk Minutes – August 31, 2021 | Decision | ✓ | 5 |
| 7.0 | Audited Financial Statements / Annual Report | | | |
| | 7.1 FY20/21 Audited Financial Statements Blair MacKenzie of Hilborn LLP, Auditor | Decision | ✓ | 20 |
| | 7.2 Acceptance of Annual Report | Decision | Link | 10 |
| 8.0 | Registrar's Report | | | |
| | 8.1 Presentation: <i>FY21/22 Q1 Operational Projects Status Report</i> , by Elinor Larney | Information | | 10 |
| | 8.2 Quarterly Performance Report | Decision | ✓ | 10 |
| | 8.3 Risk Management Report | Decision | ✓ | 10 |
| 9.0 | Finance | | | |
| | 9.1 FY21/22 Q1 Financial Report | Decision | ✓ | 10 |

| Agenda Item | | Objective | Attach | Time (min) |
|--------------------------------------|--|---------------------|----------------|------------|
| 10.0 | Governance | | | |
| | 10.1 Revised Conflict of Interest Policy | Decision | ✓ | 15 |
| | 10.2 Bylaw Review | Decision | ✓ | 20 |
| | 10.3 Skills and Diversity Matrix | Decision | ✓ | 10 |
| 11.0 | <i>In camera Session (11:15)</i> <i>Motion to go in camera pursuant to section 7 (2)(b) and (d) of the Health Professions Procedural Code: For discussion on matters related to financial or personal or other matters of such a nature that it is desirable to avoid public disclosure and for matters related to personnel or property acquisitions.</i> | | | 45 |
| <i>Lunch Break 12:00 – 1:00 p.m.</i> | | | | |
| 12.0 | New Business | | | |
| | 12.1 Board Education Session Debrief | Discussion | | 20 |
| | 12.2 Policy to Approve Agents of the College | Decision | ✓ | 15 |
| | 12.3 Culture, Equity and Justice | Decision | ✓ | 20 |
| 13.0 | Environmental Scan | | | 15 |
| 14.0 | Other Business | | | |
| | 14.1 Board Meeting Evaluation | Submit and Complete | Link to follow | |
| 15.0 | Next Meetings | | | |
| | <ul style="list-style-type: none"> • Board Meeting: Thursday, January 27, 2022, 9:00 – 3:30, Location TBA • Board Meeting: Thursday, March 24, 2022, 9:00 – 4:00, Location TBA • Board Meeting: Thursday, June 23, 2022, 9:00 – 3:30, Location TBA | | | |
| 16.0 | Adjournment | | | |

*** Land Acknowledgement and Commitment to Stronger Engagement**

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 (physically or remotely) 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. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. 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.



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

Conflict of Interest

All Directors have a duty to act solely in the best interest of the College, consistent with the mandate of the College to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board. To this end, they must avoid or resolve conflicts of interests while performing their duties for the College and to recuse themselves from any consideration of the matter at issue.

A conflict of interest exists where a reasonable member of the public would conclude that a Director's personal, professional or financial interest, relationship or affiliation may affect their judgement or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

For the **October 28, 2021** Board meeting, all Directors have confirmed that they are in compliance with the College's conflict of interest policy and no declarations were made with any items on the meeting agenda.

Jennifer Henderson, Chair
Vincent Samuel, Vice-Chair
Paola Azzuolo
Neelam Bal
Donna Barker
Nicholas Dzudz
Mary Egan
Allan Freedman
Heather McFarlane
Carol Mieras
Aruna Mitra
Brittany O'Brien
Stephanie Schurr
Teri Shackleton
Sabrina Shaw
Michelle Stinson



REGISTRAR'S REPORT

Board Meeting of October 28, 2021

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.

Registrar Limitation Policies

I am pleased to inform the Board 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 2020-2021.
- RL12 – Risk Management: Guided the information to be presented to the Board on the Risk Management Program.

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2021-22 Operational Outcomes

The first quarter of the second year of the new strategic plan year has passed, and an update will be presented to the Board on the outcomes towards the strategic plan and status of initiatives.

College Operations

Staffing Update – we have had a busy few months in Human Resources

- In September, we said goodbye to Greg Zimnicki, Interim Director of Finance and Corporate Services, and welcomed Seema Singh-Roy into the role on a permanent basis.
- In August, we said goodbye to Nithusa Nithi, Associate, Investigations and Resolutions.
- In August, we welcomed Shelby Parente and in September, Anne Dmytriw, Associates in the Investigations and Resolutions Program.
- In late June, we said good-bye to Olena Repekha. Recruiting is underway for the Associate, Corporate Services role.
- We congratulate Carli DiMinni as she moved up as our new Case Manager in the Investigations and Resolutions Program

- In October, we welcomed Paul Baillargeon to the role of Resource and Information Associate, replacing David Pham who moved on in July.
- We congratulate Aoife Coghlan, Manager of Investigations and Resolutions as she anticipates a new arrival in her home and will be commencing a parental leave at the end of November. Recruitment is underway for her temporary replacement.
- Finally, we have just learned that Seema Sindwani, Manager of Quality Assurance will be moving on to new adventures in November.

Corporate Services

- Work on our new Enterprise System continues at full speed on this important project to replace our aging data base with new cloud-based technology. Recognizing the importance of this project, staff continue to prioritize the project while balancing the responsibilities in their programs. We are in the midst of confirming the 'go live' date. That is, the date that we will retire our old data base, move data over and start working with the new data base. Selecting this date is really tricky as there is really no good time to switch a database, only a less bad time. As the development of our system will take a bit longer than initially hoped for, the original go live date was pushed a bit too close to annual renewal for comfort. We are looking at the implications of moving this date, so it occurs after annual renewal, a very busy time for staff and demands in the system. There will be cost implications that need to be further explored while we sort out the best course of action.

COVID – 19 Update

- With the availability of vaccines and the lower case counts in Ontario, the College is planning for the future use of the College offices. It is anticipated that a hybrid model of some type will be implemented. It is understood that there are different levels of comfort with resuming in-person work. Some Colleges are starting to resume activities in their office space with tentative plans for on site Board meetings. More to come on this topic.

LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS

Registration Program

- The pandemic continues to impact university occupational therapy programs. The national certification exam, normally held in November has been moved to end of January, which will accommodate more graduates who have their graduation date delayed. This will impact the registration program as the normal patterns of graduation, provisional registration, exam and then full registration will be changed. Our timelines for predicting work loads will be disrupted, also impacting other initiatives such as the Enterprise System development.

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- The 2021 e-learning module on Ethics and Professionalism was released early summer. The deadline for completion will be end of October 2021, however the College has received requests for a longer completion time, which is under consideration.
- Registrants have been selected through the new risk-based process, to participate in competency assessments. We have had many deferrals as the pandemic continues to impact OT practice, however, moving ahead with this College process is an important public protection measure.

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. COVID-19 continues to be a topic of inquiry, including vaccinations. Staff are keeping in touch with their counterparts at other colleges to bring in consistency as much as possible, with respect to messages to registrants.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- The College had applied for several grants through the Ontario Bridge Training Funding Program to assist the Substantial Equivalency Assessment System (SEAS) with program development. Unfortunately, these were unsuccessful. The SEAS oversight committee will regroup to determine next steps.
- 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 now complete, and a soft launch of the documents was done October 19, 2021. This means that the document was circulated to key stakeholders associated with the steering committee, and not yet made generally public. An implementation plan is underway and will start with a forum in November. This plan is to assist with coordinating the timing of the implementation of these competencies from education of OTs; to the exam; and accreditation of university programs. Implementation for practicing OTs is not as interdependent, however, will still have an impact on all regulatory colleges for OT across Canada. A national educational module is under development to introduce these competencies to OTs across the country (Julie Entwistle is leading this project). It is anticipated that the new competencies will be made generally available sometime after the implementation forum.
- ACOTRO was asked to provide input into an initiative by the Accreditation Council to review the accreditation processes for occupational therapy programs in Canada.
- ACOTRO is developing a national agreement to cooperate about the regulation of virtual occupational therapy practice across the provinces. The Board will remember that it approved the policy that practice occurs where the OT is, and not the client, facilitating virtual care where appropriate, without having to have registrations in multiple provinces. Not all provinces can implement this, but the more that do, the better this will be. The College was recognized as a leader in this area and was approached by another regulator for a different profession about implementing a similar policy.

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. Sadly, the President, Kevin Taylor, died in August. I have stepped into the role as Chair to assist the organization for the time being. Formal elections for the role of Chair will be held in the future at which time the new Chair will be elected, so I will continue for a few more months.
- HPRO has been focused on collaborative initiatives to assist colleges in fulfilling their regulatory roles. Collaborative efforts have included working together to share resources and information related to

COVID-19 and the vaccine roll out, and completion of the College Performance Measurement Framework (CPMF).

- Another collaborative initiative started this spring centered around Diversity Equity and Inclusion. To that end, a consultant was hired to provide the group with some input around common actions that could be undertaken by HPRO. Tim Mbugua, our policy analyst, represents our College on this committee. In addition, HPRO has put in a proposal to the Federal Government to obtain additional funding for other work that could be done. We are awaiting word of the proposal's acceptance. A report is available on the initial work of that initiative. It is anticipated that the recommendations will turn into action plans in due course.

Ministry of Health (MOH)

- We are awaiting the details of the Ministry's review of College Governance. We have received the first round of legislative proposals. Of interest is the possible designation of Colleges as public agencies with the corresponding French Language requirements. HPRO is collaborating on an assessment of possible implications for colleges.
- College Performance Measurement Framework (CPMF) – We have now received the report and it is attached in your FYI package. A new version of the CPMF has just been soft -launched, and at this time, staff are reviewing it to determine the implications for its completion. The new version is not yet public.

Office of the Fairness Commissioner – (OFC)

- The College has received its initial assessment from the OFC based on their risk rating process. We are pleased that the College has been placed in the 'full-compliance' provisional rating category. We are awaiting the implementation of a new reporting system and requirements at which time we may need to review and implement any suggested requirements. See the Briefing Note to the Registration Committee on this topic and the OFC materials in your FYI package.

Canadian Institute for Health Information - (CIHI)

- The College, along with all other OT colleges in Canada, send data about the supply of occupational therapists to CIHI, every year. This year, they are looking at the data elements with a view to improving them. Their reports are public and are used by researchers and those in health human resources as well as government. Julie Entwistle participated in a national discussion about the revision of the data elements.

Truth and Reconciliation Report and College Activities

- The first National Day for Truth and Reconciliation was held on September 30, 2021. The College observed the day by organizing an opportunity for staff to come together (virtually) to learn, reflect and share their thoughts.

Diversity, Equity and Inclusion (DEI)

- Staff continue with their sessions with our consultant, Nafeesa Jalal, who is scheduled to work with the Board on October 27, 2021. Our first staff session was held this spring and three sessions were scheduled this fall. The consultant is focusing on developing a culture of inclusiveness and challenging staff to self-reflect. The final session will be held in November after which an action plan will be developed. While work like this cannot be completed in one session, the College will look to what actions can be taken in the short term and over the longer term. The College strategy is two

pronged. Meaning, actions that we would like to take as an employer and for our workplace, and actions that are related to expectations of registrants. You will note the document on culture, equity and justice on the agenda today.

See you at the meeting! Elinor



BOARD MEETING MINUTES

DATE: Thursday, June 24, 2021

TIME: 9:00 a.m. – 3:30 p.m. via video conference

In Attendance:

DIRECTORS:

Jennifer Henderson, *Chair*
Paola Azzuolo
Neelam Bal
Donna Barker
Nicholas Dzudz
Mary Egan
Allan Freedman
Heather McFarlane
Carol Mieras
Aruna Mitra
Brittany O'Brien
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Michelle Stinson

REGRETS:

Michael Dauncey

GUESTS:

Erica Richler, *Legal Counsel, Steinecke Maciura Leblanc*

OBSERVERS:

Sheila McAllister, *Sr. Policy Analyst, Ministry of Health of Ontario*

STAFF:

Elinor Larney, *Registrar*
Julie Entwistle, *Deputy Registrar*
Madeline Burge, *Student OT*
Sandra Carter, *Practice Consultant*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Lesley Krempulec, *Practice Consultant*
Tim Mbugua, *Policy Analyst*
Brandi Park, *Manager, Registration*
Isabel Otoya, *Student OT*
Nancy Stevenson, *Director, Communications*
Greg Zimnicki, *Interim Director, Finance and Corporate Services*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Jennifer Henderson called the meeting to order at 9:01 a.m. She welcomed everyone, and especially welcomed two new public members Brittany O'Brien and Nicholas Dzudz.

2.0 Board Orientation

Erica Richler, legal Counsel of Steinecke Maciura Leblanc and Greg Zimnicki conducted the Board Orientation Session and responded to questions.

3.0 Public Protection Mandate

The Chair reminded members that all considerations and decisions are made in the best interest of the public.

4.0 Land Acknowledgement Statement and Commitment to Stronger Engagement*

The Chair read the Land Acknowledgement and Commitment to Stronger Engagement statement (Appendix 1).

5.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

6.0 Approval of Agenda

The Chair called for additions or other changes to the agenda. None were reported.

MOVED BY: Neelam Bal

SECONDED BY: Carol Mieras

THAT the agenda be approved as presented.

CARRIED

7.0 Consent Agenda

The Chair called for edits or other changes to the consent agenda items as listed below:

- Registrar's Written Report - June 24, 2021
- Draft Council Minutes – March 25, 2021
- Draft Election Minutes – March 25, 2021
- Executive Minutes – March 4, 2021
- Executive Minutes – April 9, 2021
- Governance Minutes – March 11, 2021
- Governance Minutes – June 1, 2021

MOVED BY: Aruna Mitra

SECONDED BY: Carol Mieras

THAT the Board approves the consent agenda items as presented.

CARRIED

8.0 Registrar's Report

8.1 Presentation: FY 2020/21 Year End Reporting

The Registrar reported on outcomes for Year 1 (FY 20/21) and operational initiatives for Year 2 (FY 21/22), of the 2020-2023 Strategic Plan and responded to questions. She thanked staff for their commitment and hard work, especially in light of the challenges of working remotely during the pandemic. The Chair thanked Elinor and staff on behalf of the Board, for everything the College was able to accomplish over the past year.

8.2 Quarterly Performance Report

The Board reviewed the report and expressed appreciation for the new reporting format and thoroughness of information provided. Some old terminology will be updated for future reports.

MOVED BY: Vincent Samuel

SECONDED BY: Teri Shackleton

THAT the Board receives the Quarterly Report for Q4 of the 2020-2021 Fiscal Year.

CARRIED

8.3 Risk Management Report

The Registrar informed the Board that the Executive performed the annual review of the entire Risk Register at their last meeting earlier in June. The risks categorized as high or critical in this quarter were brought forward today for review. Overall, types of risk and levels remain unchanged from the last quarter.

MOVED BY: Heather McFarlane
SECONDED BY: Vincent Samuel

***THAT** the Board receives the risk management report.*

CARRIED

8.4 Annual Registrar Performance Review

The Chair informed the Board that at the recommendation of previous Board members, the previous Executive Committee, with the help of an outside consultant, reviewed and revised the annual Registrar Performance Evaluation Process and evaluation form. A survey link will be sent electronically to members with a minimum of three months experience on the Board. Selected staff will also participate. The Chair will review feedback with the Executive and then meet with the Registrar in August.

9.0 Finance

9.1 FY20/21 Q3 Financial Report

Greg Zimnicki presented the FY20/21 Q3 Financial Report.

MOVED BY: Allan Freedman
SECONDED BY: Michelle Stinson

***THAT** the Board receives the April 30, 2021 Financial Report, Statement of Financial Position and Statement of Operations, as presented.*

CARRIED

9.2 FY21/22 Annual Operating Budget

Greg informed the Board that the FY21/22 Annual Operating Budget projects a deficit budget of approximately 12.51%, due to the expected expenditure for the enterprise system. This deficit will be partially offset by the reserve fund set aside for this project. With the removal of the enterprise system expenditure, the remaining projected budget deficit was 2.94%, however the total deficit requires Board approval as it exceeds the 3% limit as per Governance Policy RL4 – Financial Planning and Budgeting. Preliminary revenue indicators from annual renewal indicate income better than projected which may offset the deficit further. The projected income was set for modest growth based on last year's actuals.

MOVED BY: Allan Freedman
SECONDED BY: Carol Mieras

***THAT** the Board approves the FY21/22 Annual Operating Budget as presented.*

CARRIED

10.0 Governance

10.1 Professional Appointment to Quality Assurance Committee

The Quality Assurance Committee put forward today the appointment of Michael Ivany as Professional Committee Appointee, to fill a vacant seat for a three-year term, effective immediately.

MOVED BY: Teri Shackleton

SECONDED BY: Brittany O'Brien

THAT the Board appoints Michael Ivany as a professional appointee to the Quality Assurance Committee for a three-year term commencing on June 24, 2021.

CARRIED

10.2 Professional Reappointment to Registration Committee

Professional Committee Appointee Joshua Theodore's first 3-year term on the Registration Committee will end on July 31, 2021. He has agreed to stay on for a second term if approved by the Board. Joshua is a valued and consistent member, and the Registration Committee strongly recommends his reappointment.

MOVED BY: Donna Barker

SECONDED BY: Stephanie Schurr

THAT the Board reappoints Joshua Theodore as a Professional Committee Appointee of the Registration Committee for a second three-year term commencing on August 1, 2021.

CARRIED

10.3 Committee Competency Framework

Stamatis reviewed the proposed Committee Competencies which are in addition to the Board Competency Framework previously approved by the Board. This initiative is related to governance modernization and the College Performance Measurement Framework (CPMF). A set of competencies for each College committee was determined and is based on an in-depth evaluation of the nature of the work of each committee, and discussions with individual program managers. It is understood that not every person on the committee will possess all the competencies, rather committee members will bring skills and competencies that, when combined with other committee members, provide the committee with a comprehensive competency profile. The Board recommended a minor wording change related to gender identity in the Board Competency Framework document, which will be incorporated.

MOVED BY: Stephanie Schurr

SECONDED BY: Aruna Mitra

THAT the Board approves the adoption of the College Committee Competencies Framework as presented.

CARRIED

10.4 Conflict of Interest Policy - Revised

Stamatis stated that revisions to the Conflict of Interest policy are recommended related to governance modernization initiatives and best practices outlined in the College Performance Measurement Framework (CPMF). The College's three current documents on Conflict of Interest were reviewed, revised and consolidated into one new document which will apply to all directors and appointed committee members alike. The CPMF recommends that conflict of interest declarations be visible to the public and presented in the form of a questionnaire. As such, two options for implementation were put forward: 1) Option for declarations to be completed by all members prior to meetings and included in meeting packages, or 2) option to provide a "Register of Interest" on the College website, whereby members would register conflicts prior to meetings, which would be kept as a running record. The Board held a discussion and concern was expressed over both options. The Governance Committee will review further and report back at a later date.

MOVED BY: Carol Mieras
SECONDED BY: Neelam Bal

***THAT** the Board approves the conflict of interest policy as presented.*

DEFEATED

MOVED BY: Carol Mieras
SECONDED BY: Neelam Bal

***THAT** the Board approves the creation of a Register of Interests to record conflicts of interest and that it be displayed on the College website.*

DEFEATED

11.0 New Business

11.1 Refund Following a Resignation – Policy

The Registrar provided rationale for the development of the new policy, *Refund Following a Resignation*. Bylaw changes are required but there is no requirement for public consultation under the Regulated Health Professions Act (RHPA) for the waiving of a fee.

MOVED BY: Vincent Samuel
SECONDED BY: Paola Azzuolo

***THAT** the proposed Refund Following a Resignation Policy be approved, effective June 1, 2021.*

CARRIED

MOVED BY: Vincent Samuel
SECONDED BY: Paola Azzuolo

***THAT** sections 18.03.3 and 18.04.8 of the College bylaws be rescinded effective immediately.*

CARRIED

11.2 Medical Assistance in Dying (MAiD) – Guidance Document

Tim explained that amendments to practice document, Medical Assistance in Dying, are necessary to align with newly-enacted changes in federal legislation. Public consultations are not required. Additional changes to the College's document include formatting and title change to remain consistent with other College documents.

MOVED BY: Heather McFarlane
SECONDED BY: Michelle Stinson

***THAT** the revised Medical Assistance in Dying (MAiD) practice document be approved for publication.*

CARRIED

11.3 Virtual Services – Guidance Document

Sandra explained that the College has experienced a significant increase in inquiries related to virtual practice over the past year and the Practice Subcommittee deemed it timely to review and update the existing document, *Guidelines for Telepractice in Occupational Therapy*, including title change. Public consultation is not required. The Board recommended several additional minor wording changes for clarity.

MOVED BY: Allan Freedman
SECONDED BY: Vincent Samuel

***THAT** the Board approves the document – Virtual Services, for publication, including today's changes.*

CARRIED

11.4 Diversity, Equity and Inclusion – Key Messages

Julie explained that one of the initiatives the College has undertaken to support Diversity, Equity and Inclusion within OT practice is the development of a new practice document, starting with the key messages presented today. The Board held a discussion and provided feedback.

MOVED BY: Heather McFarlane
SECONDED BY: Donna Barker

***THAT** the board approves the following key messages for the development of the new practice document on diversity, equity, and inclusion:*

- *Understand the terms, concepts, and language that shape what is expected to deliver on diversity, equity, and inclusion expectations in practice.*
- *How anti-racist and culturally safer practice protect the public and benefit recipients of occupational therapy service through the forming of inclusive relationships.*
- *How cultural humility requires a life-long commitment to recognizing and combating the personal biases and prejudices we all carry.*
- *How occupational therapists can be part of the systemic injustice solution.*

CARRIED

11.5 Decision-Making Framework

Lesley explained that practice document, *Conscious Decision-Making in Occupational Therapy* is one of the College's top viewed documents online. Last updated in 2012, a comprehensive review has now been done in order to reflect the current practice environment. The proposed document is more concise with updated terminology, new clinical case study, new section with reflective questions, title change, and overall reformatting. The Board provided several additional changes which will be incorporated. There are no policy or bylaw implications.

MOVED BY: Vincent Samuel
SECONDED BY: Heather McFarlane

THAT the Board approves the Decision-Making Framework document for publication, including today's changes.

CARRIED

12.0 Environmental Scan

Members congratulated the Registrar for her leadership in the development of the one competency document (CORECOM) and wished her all the best as the project comes to completion in a few months.

13.0 Other Business

13.1 Board Meeting Evaluation

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

14.0 Next Meetings

- HOLD DATE Board Education Session: Wednesday, October 27, 2021 9:00 – 4:00
- Board Meeting: Thursday, October 28, 2021, 9:00 – 3:30, Location TBA
- Board Meeting: Thursday, January 27, 2022, 9:00 – 3:30, Location TBA
- Board Meeting: Thursday, March 24, 2022, 9:00 – 4:00, Location TBA
- Board Meeting: Thursday, June 23, 2022, 9:00 – 3:30, Location TBA

15.0 Adjournment

There being no further business, the meeting was adjourned at 3:27 p.m.

MOVED BY: Teri Shackleton

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Land Acknowledgement and Commitment to Stronger Engagement**

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 (physically or remotely) 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. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. 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.

APPENDIX 2: Status of Implementation of Decisions of the Board

| Board Meeting Date | Decisions | Current Status |
|--------------------|---|--|
| June 24, 2021 | THAT the Board approves the Decision-Making Framework document for publication, including today's changes. | Complete |
| June 24, 2021 | THAT the revised Medical Assistance in Dying (MAiD) practice document be approved for publication. | Complete |
| June 24, 2021 | <p>THAT the Board approves the following key messages for the development of the new practice document on diversity, equity, and inclusion:</p> <ul style="list-style-type: none"> • Understand the terms, concepts, and language that shape what is expected to deliver on diversity, equity, and inclusion expectations in practice. • How anti-racist and culturally safer practice protect the public and benefit recipients of occupational therapy service through the forming of inclusive relationships. • How cultural humility requires a life-long commitment to recognizing and combating the personal biases and prejudices we all carry. • How occupational therapists can be part of the systemic injustice solution. | Complete |
| June 24, 2021 | <p>THAT the Board approves the conflict of interest policy as presented.</p> <p>THAT the Board approves the creation of a Register of Interests to record conflicts of interest and that it be displayed on the College website.</p> | Item returned to Governance Committee for further discussion |
| June 24, 2021 | THAT the Board approves the document – Virtual Services, for publication, including today's changes. | Complete |
| June 24, 2021 | <p>THAT the proposed Refund Following a Resignation Policy be approved, effective June 1, 2021.</p> <p>THAT sections 18.03.3 and 18.04.8 of the College bylaws be rescinded effective immediately.</p> | Complete |
| June 24, 2021 | THAT the Board approves the adoption of the College Committee Competencies Framework as presented. | Complete |
| March 25, 2021 | THAT Council approves the draft revised Standards for the Prevention and Management of Conflict of Interest for public and stakeholder consultation. | Implementation Pending |
| January 28, 2021 | THAT Council approves a fulsome review of the Standards of Practice for the purposes of combining, streamlining and reducing redundancies to enhance ease of use. | Ongoing |



GOVERNANCE COMMITTEE EMERGENCY MEETING MINUTES

DATE: Monday, June 14, 2021

TIME: 11:00 a.m. to 12:00 p.m. via video conference

In Attendance:

MEMBERS:

Jennifer Henderson, *Chair*
Nick Dzudz
Carol Mieras
Vincent Samuel
Stephanie Schurr

STAFF:

Elinor Larney, *Registrar*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Call to Order

Chair Jennifer Henderson welcomed everyone and called the meeting to order at 11:02 a.m. She thanked everyone for making themselves available for this unplanned meeting.

2.0 Public Protection Mandate

The Chair reminded members that the work of the College is to protect the public, and that all discussions and decisions revolve around this mandate.

3.0 Land Acknowledgement and Commitment to Stronger Engagement*

The Chair invited members to silently read and reflect on the Land Acknowledgement Statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

The Chair called for additions or other changes to the agenda. None were reported.

MOVED BY: Carol Mieras

SECONDED BY: Stephanie Schurr

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Draft Minutes of June 1, 2021

The Chair called for edits or other changes to the draft Governance Committee Minutes of June 1, 2021. None were reported.

MOVED BY: Nick Dzudz
SECONDED BY: Vincent Samuel

THAT the draft Governance Committee Minutes of June 1, 2021, be approved, as presented.

CARRIED

7.0 Governance Changes

The committee was convened today to discuss a letter from the Ministry of Health dated June 8, 2021, requesting feedback and recommendations by June 30th on governance reform. Stamatis reminded the committee that the Board, at their January 2020 meeting, approved moving forward with governance reform. The Committee reconfirmed their support on governance reform and today, provided feedback to staff to prepare a response to the ministry acknowledging that the Board supports these changes in principle:

1. Board composition (50-50 split public/professional members)
2. Board size (flexible 8-12)
3. Selection of Board Directors (appointment vs election)
4. Separation of Board and Statutory Committees
5. Role of Executive Committee
6. Changes in titles and terminology

MOVED BY: Nick Dzudz
SECONDED BY: Stephanie Schurr

THAT the College prepare a response to the request from the Ministry of Health outlining the ideas for governance changes outlined herein, and as per discussion with this committee today.

CARRIED

8.0 Next Meetings

- Thursday, September 9, 2021, 9:00 a.m. – 12:00 p.m.
- Tuesday, October 5, 2021, 9:00 a.m. – 12:00 p.m.

9.0 Adjournment

There being no further business, the meeting was adjourned at 12:00 p.m.

MOVED BY: Carol Mieras

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Land Acknowledgement and Commitment to Stronger Engagement**

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 (physically or remotely) 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. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. 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.



EXECUTIVE COMMITTEE MINUTES

DATE: Friday, June 11, 2021 **TIME:** 9:00 a.m. to 12:00 p.m. via Zoom

In Attendance:

MEMBERS:

Jennifer Henderson, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

STAFF:

Elinor Larney, *Registrar*
Sandra Carter, *Practice Consultant (items 8.1-8.5)*
Julie Entwistle, *Deputy Registrar (items 7.2 – 8.5)*
Brandi Park, *Manager, Registration (item 8.5)*
Tim Mbugua, *Policy Analyst (items 8.1, 8.5)*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

The Chair welcomed everyone and called the meeting to order at 8:59 a.m.

2.0 Public Protection Mandate

The Chair reminded the committee that all considerations and decisions are made in the best interest of the public.

3.0 Land Acknowledgement Statement*

The Chair invited members to silently read and reflect on the *Land Acknowledgement and Commitment to Stronger Engagement* statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for any declarations of conflict of interest. None were declared.

5.0 Approval of Agenda

The Chair called for additions or changes to the agenda. None were reported.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Draft Executive Minutes of April 9, 2021

The Chair called for edits or other changes to the draft Executive Minutes of April 9, 2021. None were reported.

MOVED BY: Vincent Samuel

SECONDED BY: Allan Freedman

THAT the draft Executive Minutes of April 9, 2021 be approved as presented.

CARRIED

6.2 Review of Draft Council Minutes of March 25, 2021

Executive reviewed the draft Council Minutes of March 25, 2021.

6.3 Review of Draft Council Elections Minutes of March 25, 2021

Executive reviewed the draft Council Elections Minutes of March 25, 2021.

7.0 Registrar's Report

7.1 Registrar's Verbal Report

Proposed FY21/22 Budget

The proposed budget was presented at the Finance, Audit and Risk Committee in May. At that time, a modest growth of 1.5% in revenue was projected for FY 2021/22 as compared to FY20/21 and this is primarily due to a deficit of OTs registering in the province or deferring registration. Annual renewal numbers are looking positive so far.

Enterprise System Project

The first meeting with Gestisoft to kick off Phase 3 of the Enterprise System Project will take place tomorrow. This is a huge project which will involve participation by all program areas over the next six months.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- The board met in May and new Executive officers were chosen. Elinor was acclaimed President and other members were acclaimed to fill the Vice President and Treasurer roles, as both former officers are planning to retire in 2022.
- Substantial Equivalency Assessment System (SEAS): The pandemic necessitated the transition to virtual assessments in 2020. The program has made a huge push this year to catch up on the backlog of assessments from last year.
- CORECOM
 - Julie Entwistle is coordinating the development of a national PREP module on the new national competencies which are set to be released in early September.
 - Many provinces are contributing monies.
 - French online version will also be available.
 - Competency section on cultural safety will be included.

Health Professions Regulatory Organizations (HPRO):

As Vice President, Elinor has also taken on the role of Acting Interim President due to the extended illness of the President. Officer elections will be held in the fall.

Ministry of Health of Ontario

- The Ministry's College Performance Measurement Framework (CPMF) Working Group has been analyzing feedback received from the colleges. The Ministry report, which was due June 1, is expected any day. There are no anticipated changes in reporting requirements for next year.
- The College received a letter on June 8 from the Assistant Deputy Minister related to governance reform. The letter requests that Colleges provide recommendations on governance changes for Ministry consideration. An emergency meeting of the Governance Committee will be held next week to provide guidance to staff on drafting the response, which is due by June 30.
- Bill 283, *Advancing Oversight and Planning in Ontario's Health System Act, 2021* passed into legislation recently. This legislation introduces a new government regulatory authority for Personal Support Workers (PSW) which may impact the way other groups are regulated in the future.
- Funding Autism: There is a change underway for the way therapy services will be funded and delivered. Instead of funding services, parents will receive money to purchase the services their child needs. OTs are one of the professions that will provide services under this funding model. Elinor and Julie have met with the government to assist with helping them understand the role of the college in determining the ability of OTs to provide services.

Board Orientation

Jennifer and Elinor held a Board Orientation session for the two new public directors, Nick Dzudz and Brittany O'Brien. Both have already begun work on their committees. There is no word from the Public Appointments Secretariat on any additional appointments.

Internal Operations

- Greg Zimnicki has taken over from Nabila Mohammed as Interim Director, Finance and Corporate Services. An HR firm has been hired, and recruiting is underway for a permanent candidate for this role.
- Nathaniel Howell has been hired on contract in Registration to cover an extended medical leave.
- Adrita Shah Noor has given notice for mid-June and is moving to a new position with another organization.
- A facilitated internal review of the organization was undertaken earlier this year and the College has begun implementing some of the recommendations.

Indigenous Cultural Safety Initiatives

A consultant was hired earlier this year to review internal and external facing policies related to Indigenous cultural safety. This consultant conducted the first of several staff training sessions, including an in-depth self-assessment, which was very well received. The same consultant has been invited to conduct Board training in October on this topic.

7.2 Risk Management Report/Annual Risk Register

Elinor reported on risk issues and responded to questions. There are no new risks, and existing risk-levels remain the same as the previous quarter. Executive members received the full Risk Register for their review in advance of the meeting today. A recommendation was made to add to Operational Risk #11 (O.11) the risk of high staff turnover. Overall, members were very positive in their comments about how thorough and detailed the Risk Register is and stated that it would benefit the Board to hold an education session on risk and to include the topic as part of Board orientation. Elinor will explore the possibility of holding a session on risk as part of the Board Education Day in October.

MOVED BY: Heather McFarlane
SECONDED BY: Allan Freedman

THAT Executive receives the Risk Management Report.

CARRIED

8.0 New Business

8.1 Medical Assistance in Dying (MAiD) – Guidance Document

Tim explained that amendments to practice document, Medical Assistance in Dying, were necessary to align with recent changes in federal legislation. Public consultations are not required. Additional changes to the document include formatting and title changes to remove “Guide” to remain consistent with other practice documents. Executive provided several minor wording changes which will be incorporated.

MOVED BY: Vincent Samuel
SECONDED BY: Heather McFarlane

THAT the revised Medical Assistance in Dying (MAiD) practice document be submitted to the Board for approval and publication, including today’s wording changes.

CARRIED

8.2 Virtual Services – Guidance Document

Sandra explained that with the emergence of COVID-19, the College has experienced a significant increase in inquiries related to virtual practice and it was deemed timely to update the existing document, *Guidelines for Telepractice in Occupational Therapy*, including title change. Public consultation is not required. Executive recommended a wording change in the introduction which will be incorporated.

MOVED BY: Allan Freedman
SECONDED BY: Heather McFarlane

THAT Executive Committee approves that the document – Virtual Services, be forwarded to the Board for their approval, including today’s change.

CARRIED

8.3 Diversity, Equity, and Inclusion – Key Messages

Julie provided an overview of measures the College has undertaken to support Diversity, Equity, and Inclusion initiatives within the College, and in OT practice. One of those initiatives is the development of a new practice document, starting with the key messages presented today.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

THAT Executive recommends that the following key messages for the development of the new practice document on diversity, equity, and inclusion:

- *Understand the terms, concepts, and language that shape what is expected to deliver on diversity, equity, and inclusion expectations in practice.*
- *How anti-racist and culturally safer practice protect the public and benefit recipients of occupational therapy service through the forming of inclusive relationships.*
- *How cultural humility requires a life-long commitment to recognizing and combating the personal biases and prejudices we all carry.*
- *How occupational therapists can be part of the systemic injustice solution.*

CARRIED

8.4 Standards Revisions and Streamlining

This is for information only. Julie provided an update on the status of the project to revise and streamline all College practice standards into one document, except for the Code of Ethics. This major project is on the work plan of the Practice Subcommittee. With the Patient Relations Committee and Practice Subcommittee both responsible for various documents, a joint-meeting was held to plan a path forward. A cross-country environmental scan revealed many ways to achieve a consolidated document, and some were deemed better than others. An editor has already been engaged to streamline any overlap and redundancy of information. Standards and indicators will be updated as necessary, and the new national competencies will be incorporated. The Subcommittee will consult with advisors and subject matter experts to inform the process. Julie will regularly update Executive, and Elinor will update the Board in her written Registrar's Report.

8.5 Refund Policy

Tim and Brandi provided rationale for the development of the new policy, *Refund Following a Resignation*. Public consultation is not required for the bylaw changes.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

THAT the Executive Committee recommends the approval of the proposed *Refund Following a Resignation Policy*, and that it be forwarded to the Board for approval.

THAT the Executive Committee recommends to the Board that sections 18.03.3 and 18.04.8 of the College bylaws be rescinded effective immediately.

CARRIED

9.0 Governance

9.1 College Performance Measurement Framework

This was covered under item 7.1.

9.2 Registrar Performance Review Process

Elinor explained that the registrar performance review process was revised this year to change the feedback sought from Directors in line with general goals for the registrar as well as to include feedback from staff. “Unable to rate” will be added to the rating scale. Directors with less than 3 months experience on the Board, will not be asked to participate.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

***THAT** Executive implement the process for the yearly evaluation of the Registrar.*

CARRIED

10.0 Business Arising

10.1 Committee Work Plan

Executive reviewed and updated the committee work plan. Governance Policies will be brought forward for review as necessary.

10.2 Board Education Day Update – October 27, 2021

Plans for the upcoming Board Education Day include a half-day facilitated session on Diversity, Equity, and Inclusion. For the second half, Elinor will look into arranging a discussion on risk management.

10.3 Draft Board Agenda – June 24, 2021

Executive reviewed and finalized the Board agenda.

11.0 Next Meetings

- Executive Meeting *in camera* (Registrar Performance Review): Thursday, August 12, 9:00 – 11:00 via Zoom
- Executive Meeting – Friday, October 8, 2021, 9:00 – 12:00 via Zoom
- Executive Meeting – January 11 or 13, 2022 (TBD at October meeting)
- Executive Meeting – March 7 or 8, 2022 (TBD at October meeting)

12.0 Adjournment

There being no further business, the meeting was adjourned at 11:40 a.m.

MOVED BY: Heather McFarlane

APPENDIX 1

*** Land Acknowledgement and Commitment to Stronger Engagement**

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 (physically or remotely) every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potowatomi, 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. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. 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.



FINANCE, AUDIT AND RISK COMMITTEE MINUTES

DATE: Tuesday, May 18, 2021 FROM: 9:01 a.m. – 11:40 a.m.

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PRESENT:

Allan Freedman, *Chair*
Jennifer Henderson (1.0-6.1)
Aruna Mitra (7.0-12.0)
Michael Dauncey
Paola Azzuolo

GUESTS:

Blair MacKenzie, *Hilborn LLP*
Peter Pang, *Hilborn LLP*

ALSO PRESENT:

Elinor Larney, Registrar
Nabila Mohammed, Director, Finance and Corporate Service,
Greg Zimnicki, Interim Director, Finance and Corporate Services
Aida da Silva, Coordinator, *Scribe*

1.0 Call to Order

The Chair welcomed everyone and called the meeting to order at 9:01 a.m. Elinor Larney introduced Greg Zimnicki, the new interim director, Finance and Corporate Services. All those in attendance introduced themselves.

2.0 Public Protection Mandate

The Chair reminded everyone that the purpose of the work of the Committee is to protect the public.

3.0 Land Acknowledgement Statement

The Chair invited members to silently read and reflect on the Land Acknowledgement Statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair asked if members had a conflict of interest to declare. None were declared.

5.0 Approval of Agenda

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

MOVED BY: Paola Azzuolo

SECONDED BY: Jennifer Henderson

THAT the agenda be approved as presented.

CARRIED

6.0 Pre-audit

6.1 Pre-audit meeting with Hilborn LLP

Nabila introduced auditors Blair Mackenzie and Peter Pang from Hilborn LLP. Blair and Peter explained the role of the auditors to the Committee. Blair outlined the process and function of the audit including expectations for this year's audit. Blair described the focus of their efforts for the audit. Three areas were highlighted: deferred revenue, investigations and resolutions accrual and cut-off to ensure proper recording of revenues and expenses in the fiscal year under review. Nabila was given the opportunity to mention any concerns, none were raised.

Members given the opportunity to ask any questions of the auditors. Blair, Peter and Jennifer left the meeting at 9:25 a.m.

7.0 Orientation

7.1 Finance, Audit and Risk Committee

Nabila presented the Finance, Audit and Risk Committee Orientation presentation provided in advance. Aruna Mitra joined the meeting at 9:33 a.m. The committee was given an opportunity to provide comments and ask questions at the end of the first part of the presentation. The Chair reminded members that there are only two people who are allowed to speak on behalf of the College. A request for the terms of reference was made, which will be sent to all committee members after the meeting. Members were given opportunities to ask questions throughout the second part of presentation.

BREAK 10:23 – 10:36

8.0 Finance Report

8.1 FY20/21 Financial Report

Nabila presented the FY20/21 Financial Report and provided an overview of the variances as stated in the Finance, Audit and Risk Meeting Package.

MOVED BY: Michael Dauncey
SECONDED BY: Aruna Mitra

THAT the Finance, Audit and Risk Committee recommends to the Board approval of the April 30, 2021 Financial Report, Statement of Financial Position, and Statement of Operations, as presented.

CARRIED

9.0 Investment Report

9.1 2021 Investment Report

Nabila represented the Investment Report for information only. Nabila provided an introductory education on how to read the overview of the report.

10.0 Budget

10.1 FY21/22 Projected Budget

Nabila presented the projected budget and budget assumptions as provided in the Finance, Audit and Risk Meeting package.

MOVED BY: Paola Azzuolo
SECONDED BY: Michael Dauncey

THAT the Finance, Audit and Risk Committee recommends to the Board approval of the FY2122 Annual Budget as presented.

CARRIED

The Chair recommended a new motion based on discussion that only the budget summary be provided to the Board as the public-facing document.

MOVED BY: Paola Azzuolo
SECONDED BY: Aruna Mitra

***THAT** the FY2122 Annual Budget summary page be provide to the Board for their review and consideration.*

CARRIED

11.0 Next Meeting

The next Finance, Audit and Risk Committee will be held on August 22, 2021 [subsequently changed to August 31, 2021]. Elinor made a final comment and farewell statement regarding Nabila's time at the College and transferred the role to the Interim Director, Greg Zimnicki. Aruna requested that Committee meetings start at 9:30 a.m. if on Tuesday. All members to review availability for meeting dates as presented on the agenda.

12.0 Adjournment

There being no further business, the meeting was adjourned at 11:40 a.m.

MOVED BY: Paola Azzuolo
SECONDED BY: none required

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

CARRIED

APPENDIX 1: Land Acknowledgement and Commitment to Stronger Engagement

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 (physically or remotely) 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. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. 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.



FINANCE, AUDIT AND RISK COMMITTEE MINUTES

DATE: Tuesday, August 31, 2021

FROM: 9:34 a.m. – 11:00 a.m.

Page 1 of 3

PRESENT:

Allan Freedman, *Chair*
Aruna Mitra
Paola Azzuolo

GUESTS:

none

REGRETS:

Michael Dauncey

ALSO PRESENT:

Elinor Larney, Registrar
Greg Zimnicki, Interim Director, Finance and Corporate Services
Aida da Silva, Coordinator, Finance and Human Resources, *Scribe*

OBSERVERS:

None

1.0 Call to Order

The Chair welcomed everyone and called the meeting to order at 9:34 a.m.

2.0 Public Protection Mandate

Reminded that purpose is to protect the public and organization.

3.0 Land Acknowledgement Statement

The Chair invited everyone to read the Land Acknowledgement Statement

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

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

MOVED BY: Paola Azzuolo

SECONDED BY: Aruna Mitra

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

The Chair asked if everyone had reviewed the draft minutes of May 18, 2021, and asked if there were any addition or changes

MOVED BY: Paolo Azzuolo

SECONDED BY: Aruna Mitra

THAT the draft Finance, Audit and Risk minutes of May 18, 2021 be approved as presented.

CARRIED

7.0 Work Plan

Greg provided a brief outline of the function of the work plan in managing the Finance, Audit and Risk Committee activities. Greg sought advice on whether workload, timing, and content is appropriate. The work plan was brought forward for the purpose of discussion. Greg highlighted one component (property/cyber insurance) to be discussed in the September Finance, Audit and Risk Committee. Greg also indicated risk management activities may still be the subject of discussion to delineate responsibilities between Finance, Audit and Risk and Executive.

7.1 Draft Annual Work Plan with Terms of Reference

The floor was open for discussion regarding the work plan.

The Chair requested information about retention of Finance, Audit and Risk Committee materials. Paola requested information about education sessions.

8.0 Audited Financial Statements

8.1 Review of Draft Financial Statements from Auditor

Greg provided an overview of the financial statements that had been introduced to the Finance, Audit and Risk Committee in the past meeting. Greg shared the Statement of Cash Flows and described how to read the statement to understand the cash flow through the year.

The Chair suggested that a one-pager be provided to explain to members why this year's financials numbers are significantly different from last, due to the pandemic especially as it relates to cash balance and deferred registration fees. Elinor suggested one may be provided to the Board and an additional comment may be placed in the annual report in plain language.

Aruna suggested that note 3 could be clearer to identify the implication of COVID-19 on cash balances and deferred revenue.

Paola requested insight on prepaid reduction in cash flow and variation in professional fees between years from statement of operations.

Aruna suggested the government remittances have a note to explain the connection with the HST collected from the deferred revenue. Greg said he would discuss with the auditors.

Aruna inquired about note 10 and the top up of the reserve fund. The Chair recommended that the auditors include the following, "that resulted in an increase in the fund from \$18,000 to \$25,000".

Greg provided the Finance, Audit and Risk Committee with the types of broad concerns they could ask the auditor *in camera* to ensure the integrity of the financial statements. Greg provided insight on the role of the auditors and the function of the Finance, Audit and Risk Committee with regard to the auditor's work, activities, and evaluation.

The Chair suggested that if no Management Letter is provided or required, that the auditor should indicate this.

9.0 Finance Forecast

9.1 5 Year Financial Forecast

Greg indicated that the 5-year forecast was provided as an update to the prior 5-year forecast given last year to the Executive and the Board. Overall, the financial capacity of the College has improved since the previous forecast.

Greg reviewed the 5-year forecast with members. Greg asked members if there are any specific areas of concerns or potential scenarios with which members would want to be provided.

Aruna inquired about the Board cost reduction from year-over-year. Greg advised this resulted from virtual meetings not requiring travel and accommodation costs. Elinor recommended that the October Board meeting be held virtually.

10.0 Investment Report

10.1 Investment Portfolio Review

Greg provided an overview of the investment policy. Greg advised that the College will be adding investments to RBC to increase the number of insured options for our funds.

Aruna inquired when the investment policy was last viewed and when it will be coming up for review. Aruna inquired if investments are selected to align to College's ethical philosophy and the type of institutions being invested in.

11.0 Internal Controls

11.1 Review of Internal Controls Matrix

The Finance, Audit and Risk Committee reviewed all the internal controls. Greg provided an overview of the function of the internal controls and how risks are identified. Greg informed members that this is a work in progress, but assured members that internal controls were operating effectively, only that further documentation to demonstrate these controls need to be developed.

Greg asked members if there were any suggestion of what they would like to see on the internal control matrix.

The Chair inquired about the Finance, Audit and Risk Committee size and if additional resources were needed. Elinor indicated that she and members would evaluate if additional resources were required, such as a public member with specific financial acumen.

12.0 Next Meeting

The next Finance, Audit and Risk Committee will be held on September 24, 2021.

13.0 Adjournment

There being no further business, the meeting was adjourned at 11:00 am

MOVED BY: Paola Azzuolo

THAT the meeting be adjourned.

CARRIED



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Finance, Audit and Risk Committee
Seema Singh-Roy, Director, Finance and Corporate Services
Subject: Audited Financial Statements for FY2021

Recommendation:

THAT the Board approves the audited financial statements for the fiscal year ended May 31, 2021, as presented.

Issue:

The Committee has a responsibility to review and recommend to the Board approval of the annual audited financial statements of the College.

As well, the Committee is responsible for discussing the results of the audit with the auditor and any issues, findings or concerns the auditor may wish to raise relating to the College staff, accounting records, accounting practices and systems of internal control, prior to making the above recommendation.

Link to Strategic Plan:

1.5 College operations are transparent, effective and efficient in serving and protecting the public interest.
1.5.1 College operations are optimized through collaboration and through responsible stewardship of resources.

Why this is in the Public Interest:

As a self-regulated profession, enhancing accountability, demonstrating stewardship and providing valuable information publicly will help to build stakeholder and public trust, ideally helping the College to continue to excel as a regulator protecting the public through its operations and programs.

Background:

As part of its duties, the Committee holds a discussion with the external auditor, Hilborn LLP, prior to the presentation to the Board of the annual audited financial statements to review the results of their audit and determine if there are any issues, findings or concerns relating to the College staff, accounting records, accounting practices or systems of internal control that need to be addressed.

To assist in this regard, the Committee has an option to hold an *in-camera* meeting following the presentation of the draft audited financial statements to make inquiries of the external auditor. Following that meeting, the Committee then inquires of College management as to whether the external auditor's performance was satisfactory, effective and meets the requirements of the College.

The Committee will take all this information into consideration when it next meets to discuss whether to recommend to the Board re-appointment of the external auditor or selection of a new external auditor.

BOARD MEETING BRIEFING NOTE

Audited Financial Statements for FY2021

Page 2 of 2

Discussion:

Management is satisfied with the work of Hilborn LLP and accepts the opinion of the external auditor on the audited financial statements of the College for the fiscal year ended May 31, 2021. Hilborn LLP has communicated its audit findings to management that it did not find anything of concern, which the Committee had an option to confirm during an *in-camera* meeting with Hilborn LLP.

The draft audited financial statements as presented incorporate changes recommended by the Committee at its August 31, 2021 meeting.

Management and the Committee advises the Board to approve the audited financial statements as presented.

Implications:

If approved by the Board, the audited financial statements will become recorded as finalized.

Attachments:

1. Draft audited financial statements of the College as at May 31, 2021

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

MAY 31, 2021

Draft Statements Subject to Revision

HILBORN_{LLP}

Independent Auditor's Report

To the Board of Directors of the College of Occupational Therapists of Ontario

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, 2021, 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, 2021, 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, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we 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 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.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact 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.

Independent Auditor's Report (continued)

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.

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
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Financial Position

| May 31 | 2021 \$ | 2020 \$ |
|---|------------------|------------------|
| ASSETS | | |
| Current assets | | |
| Cash (note 3) | 5,682,782 | 1,997,651 |
| Current portion of long-term investments (note 4) | 1,412,268 | 605,233 |
| Prepaid expenses | 45,140 | 45,147 |
| | 7,140,190 | 2,648,031 |
| Long-term investments (note 4) | 1,740,376 | 2,484,488 |
| Capital assets (note 5) | 255,062 | 238,823 |
| | 1,995,438 | 2,723,311 |
| | 9,135,628 | 5,371,342 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities (note 6) | 1,058,120 | 681,577 |
| Deferred registration fees (note 3) | 4,157,198 | 714,742 |
| | 5,215,318 | 1,396,319 |
| NET ASSETS | | |
| Invested in capital assets | 255,062 | 238,823 |
| Internally restricted for hearings and independent medical exams (note 8) | 400,000 | 400,000 |
| Internally restricted for premises (note 9) | 800,000 | 800,000 |
| Internally restricted for sexual abuse therapy and counselling (note 10) | 25,000 | 25,000 |
| Internally restricted for contingencies (note 11) | 1,600,000 | 1,600,000 |
| Internally restricted for enterprise wide IT system (note 12) | 435,000 | 435,000 |
| Unrestricted | 405,248 | 476,200 |
| | 3,920,310 | 3,975,023 |
| | 9,135,628 | 5,371,342 |

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Board of Directors:

Chair

Director

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Operations

| Year ended May 31 | 2021 \$ | 2020 \$ |
|--|------------------|------------------|
| Revenues | | |
| Registration fees | 4,297,611 | 4,228,552 |
| Application fees | 86,634 | 92,304 |
| Investment income | 60,483 | 169,048 |
| Other | 7,347 | 10,566 |
| | 4,452,075 | 4,500,470 |
| Expenses | | |
| Payroll | | |
| Salaries and benefits | 2,800,070 | 2,606,565 |
| Programs | | |
| Quality assurance | 100,096 | 92,070 |
| Investigations and resolutions (note 7) | 260,404 | 329,205 |
| Registration | 188,395 | 33,718 |
| | 548,895 | 454,993 |
| Communications | | |
| Newsletter and publications | 54,991 | 39,305 |
| Other | 33,785 | 29,160 |
| | 88,776 | 68,465 |
| Board of Directors | | |
| Professional members | 46,882 | 69,729 |
| Professional committee appointees | 39,073 | 51,970 |
| Other | 8,866 | 29,257 |
| | 94,821 | 150,956 |
| Operations | | |
| Rent | 306,570 | 292,971 |
| Information technology and systems | 173,882 | 153,135 |
| Operational initiatives | 215,536 | 199,903 |
| Professional fees | 86,390 | 214,809 |
| Amortization | 34,116 | 28,086 |
| Equipment maintenance and rental | 43,349 | 82,839 |
| Staff travel and accommodations | 431 | 24,881 |
| Other | 113,952 | 183,355 |
| | 974,226 | 1,179,979 |
| | 4,506,788 | 4,460,958 |
| Excess of revenues over expenses (expenses over revenues) for year | (54,713) | 39,512 |

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, 2021

| | 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 2021 \$ |
|--|--|---|--|---|---|--|--------------------|---------------------|
| Balance, beginning of year | 238,823 | 400,000 | 800,000 | 25,000 | 1,600,000 | 435,000 | 476,200 | 3,975,023 |
| Excess of expenses over revenues for year | - | - | - | - | - | - | (54,713) | (54,713) |
| Purchase of capital assets | 50,355 | - | - | - | - | - | (50,355) | |
| Amortization of capital assets | (34,116) | - | - | - | - | - | 34,116 | - |
| Balance, end of year | 255,062 | 400,000 | 800,000 | 25,000 | 1,600,000 | 435,000 | 405,248 | 3,920,310 |

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 Cash Flows

| Year ended May 31 | 2021 \$ | 2020 \$ |
|--|------------|-------------|
| Cash flows from operating activities | | |
| Excess of revenues over expenses (expenses over revenues) for year | (54,713) | 39,512 |
| Adjustments to determine net cash provided by (used in) operating activities | | |
| Amortization of capital assets | 34,116 | 28,086 |
| Unrealized gain in fair value of long-term investments | (6,972) | (56,405) |
| Interest capitalized on long-term investments | (21,400) | (25,618) |
| Interest received on long-term investments capitalized in prior years | 80,858 | 116,666 |
| | 31,889 | 102,241 |
| Change in non-cash working capital items | | |
| Decrease (increase) in prepaid expenses | 7 | (7,066) |
| Increase (decrease) in accounts payable and accrued liabilities | 376,543 | (48,850) |
| Increase (decrease) in deferred registration fees | 3,442,456 | (3,262,713) |
| | 3,850,895 | (3,216,388) |
| Cash flows from investing activities | | |
| Purchase of long-term investments | (660,000) | (385,975) |
| Proceeds from disposal of long-term investments | 544,591 | 1,444,234 |
| Purchase of capital assets | (50,355) | (162,093) |
| | (165,764) | 896,166 |
| Net change in cash | 3,685,131 | (2,320,222) |
| Cash, beginning of year | 1,997,651 | 4,317,873 |
| Cash, end of year | 5,682,782 | 1,997,651 |

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements

May 31, 2021

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.

Effective April 1, 2021, the College changed certain terminology in its bylaws to improve clarity for the members. References to "Council", "Council Member" and "President of Council" were changed to "Board" or "Board of Directors", "Director" and "Chair of the Board of Directors" respectively.

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.

Notes to Financial Statements (continued)

May 31, 2021

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

(b) **Investments**

Investments consist of fixed income investments with maturity dates of twelve months or greater from the date of acquisition. Investments that mature 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, 2021

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, 2021

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, 2021

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:

| | 2021 | 2020 |
|-------------|------------------|------------------|
| | \$ | \$ |
| Cash | 5,682,782 | 1,997,651 |
| Investments | 3,152,644 | 3,089,721 |
| | <u>8,835,426</u> | <u>5,087,372</u> |

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, 2021

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 on cash, deferred registration fees and government remittances

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

In recognition of the challenges the pandemic has posed, the College, in the current fiscal year, offered registrants in respect of the registration fees for the period June 1, 2021 to May 31, 2022, the option to make payments in two or three instalments prior to the annual renewal deadline of May 31, 2021.

In the prior fiscal year, the College extended the annual renewal deadline for all registrants from May 31, 2020 to August 31, 2020.

As a result of the change in the renewal deadline from the prior year, there has been an increase to cash, deferred registration fees and a commensurate increase in government remittances payable for harmonized sales tax collected as at May 31, 2021 (note 6).

Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, if any, on the College.

4. Investments

| | 2021 | 2020 |
|------------------------------------|------------------|------------------|
| | \$ | \$ |
| Provincial and municipal bonds | 1,234,094 | 1,374,791 |
| Guaranteed investment certificates | 1,918,550 | 1,714,930 |
| | <u>3,152,644</u> | <u>3,089,721</u> |
| Less: current portion | 1,412,268 | 605,233 |
| | <u>1,740,376</u> | <u>2,484,488</u> |

The fixed income investments have effective interest rates ranging from 0.25% to 3.42% (2020 - 2.03% to 4.01%), with maturity dates ranging from December 2020 to August 2026 (2020 - June 2020 to August 2026).

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2021

5. Capital assets

| | Cost \$ | Accumulated Amortization \$ | 2021 Net \$ |
|------------------------|------------------|-----------------------------------|-------------------|
| Furniture and fixtures | 320,126 | 318,281 | 1,845 |
| Computer equipment | 438,468 | 424,654 | 13,814 |
| Leasehold improvements | 502,091 | 262,688 | 239,403 |
| | <u>1,260,685</u> | <u>1,005,623</u> | <u>255,062</u> |

| | 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 |
| | <u>1,210,330</u> | <u>971,507</u> | <u>238,823</u> |

6. Accounts payable and accrued liabilities

| | 2021 \$ | 2020 \$ |
|--|------------------|----------------|
| Accounts payable and accrued liabilities | 311,457 | 325,850 |
| Accrued liabilities - investigations and resolutions | 227,000 | 290,000 |
| Government remittances (note 3) | 519,663 | 65,727 |
| | <u>1,058,120</u> | <u>681,577</u> |

7. Investigations and resolutions

| | 2021 \$ | 2020 \$ |
|--|----------------|----------------|
| Costs incurred | 323,404 | 134,205 |
| Adjustment of estimate to resolve open cases | (63,000) | 195,000 |
| | <u>260,404</u> | <u>329,205</u> |

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, 2021

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

The Board of Directors 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 prior year, the Board of Directors approved a transfer of \$50,000 from unrestricted net assets to net assets internally restricted for hearings and independent medical exams. This resulted in an increase in the net assets internally restricted for hearings and independent medical exams from \$350,000 to \$400,000.

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance, Audit and Risk Committee.

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

The Board of Directors 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.

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance, Audit and Risk Committee.

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

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

During the prior year, the Board of Directors approved a transfer of \$7,000 from unrestricted net assets to net assets internally restricted for sexual abuse therapy and counselling. This resulted in an increase in the net assets internally restricted for sexual abuse therapy and counselling from \$18,000 to \$25,000.

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance, Audit and Risk Committee.

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

The Board of Directors 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 the Board of Directors, 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 the Board of Directors.

During the prior year, the Board of Directors approved a transfer of \$10,000 from unrestricted net assets to net assets internally restricted for contingencies. This resulted in an increase in the net assets internally restricted for contingencies from \$1,590,000 to \$1,600,000.

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance, Audit and Risk Committee.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2021

12. **Net assets internally restricted for enterprise wide IT system**

The Board of Directors 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 prior year, the Board of Directors approved a transfer of \$310,000 from unrestricted net assets to net assets internally restricted for enterprise wide IT system. This resulted in an increase in the net assets internally restricted for enterprise wide IT system from \$125,000 to \$435,000.

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance, Audit and Risk 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:

| | \$ |
|------------------|------------------|
| 2022 | 352,069 |
| 2023 | 362,334 |
| 2024 | 378,758 |
| 2025 | 386,970 |
| 2026 | 399,288 |
| Subsequent years | 3,153,943 |
| | <u>5,033,362</u> |

HILBORN

LISTENERS. THINKERS. DOERS.



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Executive Committee
Subject: 2021 Annual Report

Recommendation:

THAT the Board accepts the Annual Report for the 2020-2021 fiscal year.

Link to Strategic Plan:

- Public Confidence: The public trusts occupational therapy regulation.

Why this is in the Public Interest:

Ensuring that the College is meeting its public protection mandate and operating in a fiscally prudent manner serves the public interest.

Background:

As per the *Regulated Health Professions Act, 1991*, each College is required to report annually to the Ministry on its activities and financial affairs.

A digital version of the Annual Report <https://readymag.com/collegeofots/2021-draft/> has been prepared and is available for review.

Committee reports are now included, and publicly available, in Board packages and referenced as such in the Annual Report.

Draft financial statements have been provided by the auditor. Following approval of the statements at the October Board meeting, the auditor will provide final statements for inclusion in the report with signature added and watermark removed.

Discussion:

The Annual Report for the 2020-2021 fiscal year has been prepared and is presented to the Board for acceptance.

Implications:

If accepted by the Board, 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.

Attachments: N/A



MEMO

Date: October 28, 2021
To: Board
From: Julie Entwistle, Deputy Registrar
Subject: Q1 Quarterly Report: New Reporting Items for FY 2021-22

Greetings Board Members;

As you are aware, for FY 2020-2021 I was responsible for creating and disseminating a new Quarterly Report to highlight for the Board the committee items that were important to report on. After a year of having the new report in circulation, I reviewed its purpose and content again with staff, and some changes to the reporting structure have been made. I just wanted to summarize these for you as follows:

No changes have been made to the Executive, Discipline, Practice Subcommittee and Governance committee reports.

The “number of cases” as a metric has been removed from Patient Relations and Fitness to Practise reporting (as cases here are rare, these can be added to commentary if they occur).

For all reports where there are numbers reported, the previous years’ quarter numbers for the same items are listed in brackets beside the new number.

The first page and introduction to the Quarterly Report have been updated.

The Legend of acronyms or specific committee terms has been moved from the front page to the committee page to improve clarity.

Additions to the other committee reports are as follows:

Registration Committee

- Number of new registrants and associated processing time has been categorized for Canadian, Internationally Educated, or Returning applicants
- Number of non-registrants practicing without a certificate
- Registrant liability insurance renewal status separated by those that didn’t update, had a lapse, or were referred to I&R
- Number of expired certificates for provisional and temporary registrants
- Cases reviewed are separated now by type of case
- Number of policies updated

MEMO

Q1 Quarterly Report: New Reporting Items for FY 2021-22 - October 28, 2021

Page 2 of 2

Inquiries, Complaints and Reports Committee

- Case outcomes categorized based on risk instead of listing all of the outcomes separately.

Quality Assurance Committee

- Competency assessment selection reason (risk-based or directed)
- Number of registrants selected for the screening step
- Pending PPA/Competency Assessment categorized by registrants who were selected or directed
- Completion statistics of annual QA requirements
- Type of case, number of cases pending, number completed, and average case time
- Judicial reviews updated from HPARB (as HPARB does not apply to QA)
- Number of policies updated or reviewed

Should you have any questions about this updated report, please ask.

Quarterly Performance Report

The purpose of this report is to provide quarterly information on program and committee activities that relate to the 2020-2023 identified strategic priorities. This replaces and combines two previous reporting mechanisms: the Priority Performance Report and Committee Reports to the Board. Some metrics have been included for information purposes, and anomalies will be explained. Any decisions being brought forward to the Board will have a separate briefing note in the Board package, and any previous Board decisions during the quarter being reported will be outlined under “Commentary.”

Importantly, this report and its contents are in the public interest as the Board oversees the College’s strategic plan, committees, finance, risk, and Regulated Health Professions Act (RHPA) compliance and these are vital components of ensuring the public has access to safe, ethical, and quality care from occupational therapists. If metrics in this report differ from those in the Annual Report, those in the Annual Report would be considered most accurate.

General Legend:

Health Professions Appeal and Review Board (HPARB).

Response Compliance: Percent of decision letters sent to registrants on time as per RHPA requirements.

Average Case Time: Average time for closed cases from when the case is received to the date the decision is sent out.

Brackets around numbers (i.e. (34)): Corresponding data from the same quarter the previous year.

Specific program Legend’s with associated acronyms are included in each section.

Executive

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence, Quality Practice

| | |
|-----------------------|--|
| Workplan 2021/2022 | Possible RHPA and or Governance model changes |
| | Board Orientation, Education, and Policy Review |
| | Oversight of Risk Management and Registrar |
| | 2022 Elections of Board Members |
| | Essential Competencies for Occupational Therapists in Canada Redevelopment (CORECOM) |
| | Exam and Accreditation (high level oversight monitoring) |

| | |
|----|---|
| Q1 | <p>Committee Activities: Two meetings held.: 1) <u>June 11, 2021</u>, reviewed the risk management report, annual risk register, annual registrar performance evaluation process, revised Medical Assistance in Dying document, new Virtual Services document, proposed key messages related to Diversity, Equity and Inclusion, new Refund Policy; discussed progress of the standards revisions and streamlining project and finalized plans for the Board education session. 2) <u>July 29, 2021</u>, discussed the outcome of the annual registrar performance evaluation. During Q1 the Board approved the following documents from Practice Subcommittee (via Executive): Medical Assistance in Dying, Virtual Services, and Key Messages on Diversity, Equity, and Inclusion document development. The Refund Policy for registration was also approved by the Board.</p> |
| | <p>Decisions Not Requiring Board Approval: Annual risk register and risk management report, annual registrar performance evaluation process and outcome.</p> |
| | <p>Decisions Requiring Board Approval: Annual Report, 2020-2021, proposed amended by-laws, agents of the College policy, Culture, Equity, and Justice Practice Document.</p> |

Governance

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence, System Impact

| | |
|-----------------------|--|
| Workplan 2021/2022 | Consolidate and update conflict of interest policy |
| | Develop an online orientation program for Board and Committee Members prior to election or appointment |
| | Make bylaw changes to support governance modernization |
| | Develop new application forms for Board elections and Committee appointments |

| | |
|----|---|
| Q1 | <p>Committee Activities: Two meetings: <u>June 1, 2021</u>: Annual Committee orientation session was conducted by staff. A revised and consolidated Conflict of Interest policy was presented which included a declaration of interest form. The Committee provided a final review of the proposed Committee competencies that are in addition to the Board Competency Framework previously approved by the Board. A set of competencies for each College Committee was determined and is based on an in-depth evaluation of the nature of the work of each committee, and discussions with individual program managers and staff. <u>June 14, 2021</u>: An emergency meeting was convened to discuss a letter from the Ministry of Health dated June 8, 2021, requesting feedback and recommendations by June 30th on governance reform. The Committee reconfirmed their support on governance reform and provided feedback to staff to prepare a response to the ministry acknowledging that the Board continues to support governance modernization. The College’s response was submitted to the Ministry and shared with all Board Directors.</p> |
| | <p>Decisions Requiring Board Approval: Conflict of Interest Policy, Committee Competencies</p> |

Finance, Audit and Risk

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

| | |
|-----------------------|---|
| Workplan 2021/2022 | Review quarterly financial reports and annual projected budget for recommendation to the Board |
| | Review draft audited financial statements for recommendation to the Board |
| | Review updated five-year financial forecast |
| | Review internal controls matrix |
| | Review risk register to ensure all appropriate risks are identified and sufficiently mitigated |
| | Review investment portfolio to determine if policy changes are warranted |
| | Review and update policies governing financial, investment and risk management matters |
| | Review property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency |
| | Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board |

| | |
|----|--|
| Q1 | <p>Committee Activities: Met on <u>August 31, 2021</u>. Confirmed the work plan for the year. Reviewed preliminary draft audited financial statements and recommended changes to notes to clarify explanations. The five-year financial forecast was provided for discussion as to whether it should be expanded to include different forecasting scenarios; further refinement to be performed and re-presented to the Committee later. The investment portfolio was provided for information purposes. Status of the documentation project for the internal controls matrix was reported to the Committee along with management reporting that internal controls are operating effectively.</p> <p>Finance Report: The five-year financial forecast was satisfactory, requiring no action.</p> <p>Risk Report: This was not discussed as the Committee needs to seek input from other committees regarding oversight responsibilities.</p> <p>Decisions Requiring Board Approval: None</p> |
|----|--|

Registration

Chair: Donna Barker

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

Internationally Educated (IE): Occupational therapists that attended school outside of Canada.

| | |
|-----------------------|--------------------------------------|
| Workplan 2021/2022 | Registration Committee policy review |
|-----------------------|--------------------------------------|

| | | | | | | | | | | | | | |
|---|--|----|-----------|-----------|---|------------------|------------------------|--|--------------------------|---------|-----------------|----------------------|-----------|
| Q1 | Metrics | | | | | | | | | | | | |
| | 6454 (6480) Registrants | | | | Application Processing Time 56.1 (Avg in Days) | | | Practicing without a Certificate | Liability Insurance | | | Expired Certificates | |
| | 82 (75) Certificates Issued | | | Resigned | CAN | IE | Returning | | Didn't Update | Lapse | I&R Referral | Provisional | Temporary |
| | CAN | IE | Returning | | | | | | | | | | |
| | 24 | 5 | 53 | 62 (255*) | 38 | 142.8** | 32.6 | 2 | 0 | 1 | 1 | 3 | 0 |
| | Commentary: *extended renewal period in FY 2020 resulted in higher number of registrations in Q1 FY 2020 ** shortest duration was 18 days and longest was 315 days. | | | | | | | | | | | | |
| | Cases | | | | | Meetings Held | Response Compliance | HPARB Appeals | Policies | | | | |
| | Type | | | New | Resolved | | | | Avg Case Time | Updated | To Review | | |
| | Currency | | | 1 | | 95 days | 1 | 100% (1/1) | 0 Reviewed N/A Upheld | 0/18 | 18 | | |
| | Education | | | | | | | | | | | | |
| Examination | | | | 1 | | | | | | | | | |
| Language | | | | | | | | | | | | | |
| Second Provisional Certificate | | | 2 | | | | | | | | | | |
| Suitability to Practice | | | 1 | | | | | | | | | | |
| Outcomes | Issue certificate after successful completion of the National Occupational Therapy Certificate Examination | | | | | | | | | | | | |
| Committee Activities: The committee met on <u>August 23, 2021</u> to review an application for a certificate of registration. Joshua Theodore was reappointed as a Professional Committee Appointee of the Registration Committee for a second three-year term commencing on August 1, 2021. | | | | | | | | | | | | | |
| Decisions Requiring Board Approval: None | | | | | | | | | | | | | |

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Carol Mieras

Strategic Priorities: Public Confidence, Quality Practice

Investigations and Resolutions Legend:

No Risk Outcomes: Frivolous and Vexatious, Take No Action, Alternative Dispute Resolution (ADR), Administratively close with no action

Low Risk Outcomes: ADR, Advice/Guidance, Remedial Agreements (discontinued effective January 2021), Educational letter from the Office of the Registrar, Administrative Undertakings

Moderate Risk Outcomes: Undertaking, Health Undertaking, Caution, Specified Continuing Education and Remedial Program (SCERP)

High Risk Outcomes: Undertaking with Restrictions, Health Undertaking, Undertaking Agreeing to Resign and Never Reapply, Referral to Discipline or Fitness to Practise

| | |
|-----------------------|--|
| Workplan 2021/2022 | Support I&R staff with the development of a new registrant-centric system that allows for accurate, informative reporting on ICRC related activities to help inform regulatory functions |
| | CORECOM project – receive training on the forthcoming National Competencies prior to implementation and review website to ensure it is consistent with any Competency-related changes |
| | Arising out of quality improvement commitments given in the 2020 CPMF, provide input into the Sharing of Information with Third Parties Policy to be developed |

| Q1 | Cases | | | | Meetings Held | Response Compliance | HPARB Appeals |
|----|--|---|----------|----------------|--|---------------------------------|------------------------|
| | Type | New | Resolved | Avg Case Time | | | |
| | Registrar Reports | 4 (3) | 2 (3) | 322 (377) days | Panel A = 2 Panel B = 1 All ICRC = 0 | 14 days: 100% 150 days: 100% | 1 Reviewed 1 Upheld |
| | Registrar Administrative Action | 0 (1) | 4 (1) | N/A | | | |
| | Complaints | 3 (4) | 7 (4) | 181 (194) days | | | |
| | Outcomes | ICRC: No Risk: 5, Low Risk: 3, Moderate Risk: 1, High Risk: 0 Registrar: No Risk: 1, Low Risk: 3, Moderate Risk: 0, High Risk: 0 | | | | | |
| | Commentary: During Q1, two of the four members of the I&R team left the College to pursue other opportunities, and another took a temporary leave to attend to a personal emergency. As of Q2, the program has a full staff complement, but these situations, together with work on the ES System project, have impacted active investigations' case completion times. The I&R team expect to have the program operating at its usual efficiency by late Q3/early Q4. | | | | | | |
| | Committee Activities: Meetings held on <u>June 3, 2021</u> , <u>July 15, 2021</u> and <u>August 26, 2021</u> to review and decide on cases. | | | | | | |
| | Decisions Requiring Board Approval: None | | | | | | |

Quality Assurance (QAC)

Chair: Teri Shackleton

Strategic Priorities: Public Confidence, Quality Practice

Quality Assurance Legend:

Self Assessment (SA): Completed by registrants every 2 Years usually due October 31.

Professional Development Plan (PDP): Completed by registrants annually, usually due May 31.

Prescribed Regulatory Education Program (PREP): Completed by registrants annually, usually due October 31.

Peer and Practice Assessment (PPA): OT competency assessment with peer assessor when OT is selected or referred.

Specified Continuing Education and Remediation Program (SCERP): One type of decision / outcome of the QA Committee.

* Annual Tool Completion: Of the people that are required to complete the tool, the percent that have done it to end of quarter.

| | |
|-----------------------|--|
| Workplan 2021/2022 | Approval of changes to the peer and practice assessment policies and procedures |
| | Approval of policy changes including, streamlining processes relating to case decisions and annual QA requirements |
| | Feedback on 2022 Prescribed Regulatory Education Program (PREP) final content |
| | Oversight of integration of new competency assessment process into the QA program |
| | Oversight of risk-based selection and screening tool pilot |

| | | | | | | | | | | |
|---|---|--------------|-----------|-------------------|-------------|--------------|--------------------------------|------------------|-------------|--|
| Q1 | Metrics | | | | | | | | | |
| | Competency Assessment | | | | | | Annual Requirement Completion* | | | |
| | Risk-Based Selection | PPA Directed | Deferrals | Screening Pending | PPA Pending | | SA | PDP | PREP | |
| | 110 (0) | 0 | 0 | 110 | Selected | Directed | 115 of 3607 | 4 of 6423 | 300 of 6423 | |
| | | | | | 110 | 0 | 3% | <1% | 5% | |
| | Committee | | | | | | | | | |
| | Cases / Decisions | | | | | Meetings | Statutory Compliance | Judicial Reviews | Policies | |
| | Type | Pending | Completed | Avg Case Time | Updated | | | | To Review | |
| | PPA Selected | 0 | 9 | 106 days | 1 | 100% (10/10) | 0 | 2 | 17 | |
| | PPA Directed | 0 | 0 | | | | | | | |
| Non-Compliance (NC) | 1 | 1 | | | | | | | | |
| Outcomes | NC (1): Registrant issued notice of intention to issue a SCERP. PPA (9): 4 Take No Action (TNA) (including 3 perfect scores), 5 TNA with recommendation. | | | | | | | | | |
| Commentary: The screening pilot was launched during this quarter. This involved 110 registrants selected for both screening and PPA. | | | | | | | | | | |
| Committee Activities: Quality Assurance Subcommittee met on <u>June 8, 2021</u> and <u>June 28, 2021</u> for orientation, to receive program updates and for training on a new approach to develop case scenarios for the screening tool. The screening tool was developed in August 2021. | | | | | | | | | | |

| |
|---|
| <p>For the screening tool pilot all selected registrants will be participating in a peer and practice assessment regardless of screening outcome. <u>Quality Assurance Committee</u> met on <u>July 6, 2021</u>. Cases: 9 were decided, and staff supported Committee to implement a more streamlined case review process; Policies: approved an updated QA compliance policy and the combining of two outdated policies into one: Competency Reports, Outcomes and Decisions Policy.</p> |
| <p>Decisions Requiring Board Approval: None</p> |

Discipline

Chair: Donna Barker

Strategic Priorities: Public Confidence, Quality Practice

| | |
|-----------------------|--|
| Workplan 2021/2022 | Ensure discipline processes are discharged in a timely and procedurally fair manner |
| | Annual orientation and training and ensure new members receive HPRO’s discipline orientation training |
| | Develop a guide outlining discipline hearing processes and timelines, to include a glossary of legal terms, to help hearing panel members effectively discharge their duties and understand expectations |

| | Case Status | | | Case Time | Outcomes | Response Compliance | HPARB Appeals |
|----|---|---------|----------|-----------|----------|---------------------|---------------|
| | New | Pending | Resolved | | | | |
| | 0 | 0 (1) | 1 (0) | | | | |
| Q1 | Commentary: The updated <i>Discipline Committee Rules of Procedure</i> , as approved in March 2021, were published in both French and English on the College’s website. The Divisional Court appeal in <i>COTO v. SZ</i> remains outstanding with no update. | | | | | | |
| | Committee Activities: The Committee received orientation and training together with the Fitness to Practise Committee from external legal counsel. Members of the panel selected to hear <i>COTO v. JS</i> , also received additional training from the same lawyer who acted as Independent Legal Counsel. On August 18, 2021, a hearing into <i>COTO v. JS</i> was held electronically (via Zoom). The hearing proceeded by way of an Agreed Statement of Facts (ASF) and Joint Submission on Penalty (JSP). The Panel accepted the ASF and JSP and found that Ms. JS committed acts of professional misconduct. A 4-month suspension was imposed together with 2 TCLs being placed on Ms. JS’s certificate of registration. The Panel’s written reasons for its decision were not issued in Q1. | | | | | | |
| | Decisions Requiring Board Approval: None | | | | | | |

Patient Relations

Chair: Michelle Stinson

Strategic Priorities: Quality Practice, Public Confidence

| | |
|-----------------------|--|
| Workplan 2021/2022 | Review, revise and update the Conflict of Interest, Professional Boundaries, and the Prevention of Sexual Abuse Standards for inclusion in the One Standard Project for Board approval |
| | Finalize and post the Client Bill of Rights |
| | Contribute to the development of a case study addressing the issue of sexual abuse |
| | Oversee the development of sexual abuse educational content to be delivered annually to OT students |

| | |
|----|--|
| Q1 | Funding Applications: 1 newly approved application. 0 resolved applications. |
| | Commentary: For the first time in College history, there are 2 persons approved to access, and using, the College Sexual Abuse Funding Program. |
| | Committee Activities: The Committee held 1 meeting on <u>June 23, 2021</u> , the purpose of which was to review an application for funding. |
| | Decisions Requiring Board Approval: None |

Fitness to Practise

Chair: Neelam Bal

Strategic Priorities: Quality Practice

| | |
|-----------------------|---|
| Workplan 2021/2022 | Should a referral be received, ensure fitness to practise processes are discharged in a timely and procedurally fair manner |
| | Ensure committee members receive orientation and training annually |

| | |
|----|---|
| Q1 | The Committee received orientation and training together with the Discipline Committee from external legal counsel during Q1. |
|----|---|

Practice Subcommittee

Chair: Heather McFarlane

Strategic Priorities: Quality Practice, System Impact

| | |
|-----------------------|---|
| Workplan 2021/2022 | Alignment and streamlining of Standards 2021/2022 - Standards for Consent, Record Keeping, Psychotherapy under review |
| | Culture, Equity, and Justice Document Development |
| | Privacy, Security and Access Document Development |
| | Coroner’s Request – Guidance to OTs about the dangers of sit to stand recliner chairs |

| Q1 | 391 (329) Inquiries | | | Same Day Response | Top OT Themes | Top Public Themes | Documents Completed |
|---|---------------------|---------|-----------|-------------------|---|---|--|
| | OT | Public | Other | | | | |
| | 79% (86%) | 4% (4%) | 17% (10%) | 95% (93%) | Record Keeping Jurisdiction Consent | Record Keeping Jurisdiction Students / Provisional Practice | Virtual Services Decision-Making Framework Medical Assistance in Dying |
| <p>Commentary: <u>Board Decisions:</u> In this quarter, the Board approved the finalized Virtual Services, the Decision-Making Framework and MAID documents, along with the key messages for the development of the new practice document on diversity, equity, and inclusion.</p> <p><u>Practice Activities:</u> Inquiries related to COVID-19 decreased slightly in June and July and increased again in August regarding vaccination. Practice created a Q & A to assist OTs in managing questions from clients about sharing their vaccine status. Calls about jurisdiction and virtual services remain consistent as OTs continue to weigh appropriate delivery options. Practice collaborates with Policy to review Ministry of Health COVID 19 Directives and public health information to understand and communicate any impact to OT practice. Practice provided support to four 2nd year OT students who assisted with the development and revisions to practice documents. <u>Outreach:</u> presented to McMaster 2nd year OT students about the complexities of entering practice.</p> <p>Committee Activities: Practice Subcommittee met by videoconference on <u>July 20, 2021</u>. Practice documents currently under review align with the Subcommittee’s approved 2021/2022 workplan.</p> <p>Decisions Requiring Board Approval (Through Executive Committee): None</p> | | | | | | | |



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Executive Committee
Subject: Risk Management Report

Recommendation:

THAT the Board receives the risk management report.

Issue:

The Board, in its policy RL12, requires that information on risks, to aid the Board in discharging its risk management oversight role, shall not be incomplete or inappropriate. The Board has previously delegated the oversight of the Risk Management Program to the Executive Committee. However, with the inception of the Finance, Audit and Risk Committee, a determination needs to be made about how to manage this process going forward. It may be that the Finance Audit and Risk Committee focuses on financial and operational risks, and the Executive Committee continues to monitor Quality and Strategic Risks. This has yet to be decided.

The risk register in its entirety was reviewed by Executive at their June 2021 meeting. (it is a large multi-page excel spreadsheet) It has changed quite a bit, as some risks have been removed as they are no longer material, and some have been removed for other reasons. We have added a few new ones too. The risks that have been categorized as high or critical risks in this quarter are brought forward for review.

Link to Strategic Plan:

- 1.5 College operations are transparent, effective and efficient in serving and protecting the public interest.

Why this is in the Public Interest:

Managing risks is a fundamental responsibility of the College as it works to regulate the profession of occupational therapy in the public interest. Ensuring the College understands the risks it faces, the plans in place to control, mitigate, avoid or transfer these risks appropriately is an important oversight responsibility of the Board.

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.

Two risks have been deleted: the risk that revenue for the College would be lower than expected. This risk was not realized, the College has conservatively estimated revenue and has taken in slightly more than expected; and a relational risk with registrants as the College continues (Mostly) with our regular operations and fees despite the ongoing pandemic. Renewal has now closed.

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

| Risk Category | STRATEGIC |
|---|--|
| Risk: | <p>Regulatory Modernization</p> <p>The Ministry of Health has implemented the yearly collection of a large number of metrics and evidence around various facets of all college operations through the College Performance Measurement Framework (CPMF). The first report was submitted early in 2021, so far, no word on its outcome has been received by the College.</p> |
| 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 relationships 5. 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 participation 2. Ministry updates 3. College networking updates 4. Governance Committee reports at Council Meeting <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Work plan developed to implement any missing processes required by the CPMF. 2. Governance Committee work will help to fulfil some requirements. 3. The College will assume this process will repeat next year, so will have plans in place to complete this report again. 4. When implementing the new enterprise system, attention to data requirements will be an important consideration. |

BOARD MEETING BRIEFING NOTE

| 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. The updated National Competencies require QA program tool updating. |
| Control Procedure(s) | <ol style="list-style-type: none"> 1. The QA program annual tools (SA, PDP and PREP) are operating as usual for 2021. 2. Monitoring of compliance metrics (MyQA) with mandatory annual QA requirements is ongoing. 3. Liability insurance requirements for all OTs being monitored, as a risk mitigation strategy. 4. Complaints mechanism in place, as a risk mitigation strategy. 5. QA competency assessment process and screening step project are now in the pilot stage. 6. All competency assessments deferred or delayed from 2020 have been initiated or completed. 7. New competency assessment selection process (Step 1) commenced in March 2021. 8. Vendor assisting with competency integration and SA/PDP and Peer Assessment changes needed. 9. Project Manager assisting with National PREP for competency integration for 2022. |
| Action Plan & Monitoring Process | <p>Monitor through:</p> <ol style="list-style-type: none"> 1. Compliance with mandatory requirements, case reviews by QAC 2. Competency assessment project progress and approval by Quality Assurance Committee 3. Project progress updates through Quarterly Performance Report <p>Action Plan:</p> <ol style="list-style-type: none"> 1. New Competency Assessment screening step approved by QAC and is in the pilot stage with 110 registrants selected in August 2021 2. Additional peer assessors were retained to build capacity. More will be hired in early 2022 to meet program needs. 3. Policies relating to the peer assessment process, screening step, and non-compliance with program requirements have been approved. |

BOARD MEETING BRIEFING NOTE

| Risk Category | OPERATIONAL |
|---|---|
| Risk: | Current information systems/IT infrastructure not meeting the growing organizational needs. Project underway is a critical high-risk infrastructure project that will put demands on staff. Staff may not be able to meet these demands. Staff turnover has created organizational stress. |
| Control Procedure(s) | <ol style="list-style-type: none">1. Dedicated resources for IT operations2. External vendors providing support3. Contracts with vendors with service level agreements4. Security audit completed. Priority actions resolved.5. Enterprise System implementation underway. |
| Action Plan & Monitoring Process | Action Plan: <ol style="list-style-type: none">1. Enterprise-wide System Phase 3, implementation, underway for the 2021-2022 fiscal year2. External project manager in place and work is progressing. Plans have been refined and timelines adjusted and may need to continue to be adjusted as the project progresses.3. Ongoing financial reserves in place for development and maintenance of this critical College infrastructure4. Contract with new vendor, Gestisoft, is now in place.5. Mitigation strategies to manage staff resources being reviewed.6. The Board will be kept informed as this project progresses. |

BOARD MEETING BRIEFING NOTE

| Risk Category | OPERATIONAL |
|---|--|
| Risk: | College operations disrupted as a result of a pandemic (i.e., COVID-19) Staff have now been operating at home for over 18 months, and there is much trepidation about any return to the office. The Board and committees have been operating virtually and future plans need to be made as the impact of the pandemic lessens. |
| 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. College Pandemic task force in place to triage decision-making |
| Action Plan & Monitoring Process | <p>Monitor through:</p> <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 bi-weekly updates <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Ongoing review and monitoring of legislation to inform decision-making 2. Ongoing discussions regarding registrant challenges to further inform decision-making 3. Documents developed to assist occupational therapists to manage many of the practice changes they are experiencing 4. Updating and documenting of Pandemic plan 5. Plans for COTO office safe operations complete and will be reviewed prior to re-opening on a larger scale. 6. Discussions about vaccination status of employees commenced, to discuss with the Board re: Board and Committee vaccination status. |



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Finance, Audit and Risk Committee
Seema Singh-Roy, Director, Finance and Corporate Services
Subject: FY21/22 Q1 (June 1, 2021 to August 31, 2021) Financial Report

Recommendation:

THAT the Board receives the August 2021 Financial Report, Statement of Financial Position, and Statement of Operations, as presented.

Issue:

To review the financial results of the College's first quarter for fiscal year 2021/22 and advise the Board of any issues.

Link to Strategic Plan:

1.5 College operations are transparent, effective and efficient in serving and protecting the public interest.
1.5.1 College operations are optimized through collaboration and through responsible stewardship of resources.

Why this is in the Public Interest:

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

Background:

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, 2021
 - **Statement of Operations** for the period June 1, 2021 to August 31, 2021
 - **Statement of Reserve Funds** as at August 31, 2021

Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at August 31, 2021)

BOARD MEETING BRIEFING NOTE

FY21/22 Q1 (June 1, 2021 to August 31, 2021) Financial Report

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

- The cash position as at August 31, 2021 is more in line with amounts based on the normal annual renewal deadline of May 31. The prior year cash balance reflected funds received during the period of the extended annual renewal deadline of August 31 as well as allowing installment payments for renewal that continued for several more months.
- 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 matured and reinvested in June 2021, recognizing the interest reinvested in the balance.
- The change in property and equipment is due from some final renovation additions and installation costs of a new server in Q2 of FY2021, net of accumulated amortization for all fixed assets over the period resulting in an overall reduction. No additions or disposals took place in the quarter.

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

- Accounts payable and accrued liabilities are lower compared to the same period last year due to the HST collected during the period of June 1, 2020 to August 31, 2020 and recorded within accounts payable and accrued liabilities as the remittance payment was being prepared right at the end of the quarter. The extension of the renewal deadline last year resulted in more HST being collected in Q1 because the majority of renewal funds were received during this period. This year, the majority of renewal funds were collected by May 31, 2021, with remittance of related HST being made shortly after the quarter end, so less HST was collected during Q1 this year compared to last year.
- 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 normally applied evenly at a quarterly rate over the year, with this year being applied at approximately \$1,040,000 per quarter. Deferred registration fees are significantly higher compared to last year owing to the extension of the annual renewal deadline for FY2020. The majority of last year's renewal fees were received in Q1 FY2021 and recognized immediately as revenue instead of deferring and applying evenly over the year.

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

- An increase in the reserve funds as hearings costs that were charged to the reserve funds during FY2021 were re-allocated to the relevant expense category within Programs to maintain the reserve funds balances.
- A decrease in the amount invested in fixed assets due to the accumulated amortization of all fixed assets net of final costs associated with the renovation and deployment of a new server.
- A decrease in the excess of revenues over expenses for the period over the prior year is due to last year's extension of the annual renewal deadline. Instead of smoothing the recognition of deferred registration fees over the fiscal year, renewal fees collected were recognized in income immediately.

BOARD MEETING BRIEFING NOTE

FY21/22 Q1 (June 1, 2021 to August 31, 2021) Financial Report

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Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2021, to August 31, 2021)

The excess of revenues over expenses for the period was \$205,853. The budget had projected a surplus of \$18,103 for this period. The results are \$187,750 favourable to budget.

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

- Total revenues are favourable to budget by \$97,029, representing new and returning applications tracking better than expected.
- Salaries and benefits are favourable to budget by \$72,909 since there were several position vacancies that were not filled until Q2, however a portion of this variance also relates to charges to interim and temp agencies for one month that will be reflected in Q2, so only \$56,000 would be an ongoing favourable variance.
- Programs are favourable to budget by \$13,581, however additional investigations costs of \$11,700 are not reflected in the quarter and expected costs in the quarter for peer assessments of \$19,000 will be incurred later as assessment selections only took place towards the end of Q1. Also, payment processing fees are higher than budget given the increase in applications and registrations.
- Communications is favourable to budget by \$27,804 as expenses for the annual report and public outreach expected to be incurred during the quarter are to be incurred in Q2, so most of this variance will levelling out by the next quarter. Translation costs expected to be incurred in Q1 will be incurred in later quarters, further reducing the variance.
- Board expenses are favourable to budget by \$11,737 resulting from a combination of budgeted in-person meeting expenses not being incurred and claims for reimbursement and per diems not being submitted in the quarter for meetings in Q1. This variance should reduce as claims submissions become more timely.
- Rent is favourable to budget by \$8,782 as the College is not incurring on-site expenses for which amounts were budgeted given it continues to operate remotely.
- Operational Initiatives are unfavourable to budget by \$42,135 as \$23,000 of Enterprise-Wide Systems costs are being tracked here instead of applied against the reserve fund set up for it, and \$11,800 of QA Continuing Competency project costs that were expected to be incurred in FY2021 were incurred in this quarter. Some additional costs for the organizational review related to change management were incurred in this quarter.
- Professional fees are unfavourable to budget by \$4,252 as outside recruitment costs were incurred to fill vacant positions.
- Depreciation is higher than budget by \$2,187 as additional depreciation for computer equipment and furniture was budgeted for at the time of preparing the budget. This will be an ongoing variance each quarter.

Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as of August 31, 2021)

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

BOARD MEETING BRIEFING NOTE

FY21/22 Q1 (June 1, 2021 to August 31, 2021) Financial Report

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To date, the follow expenses have been incurred:

- \$1,319 for a hearing that is currently in progress. This amount is currently reflected in the Hearings and Independent Medical Exam Fund.
- \$800 for therapy claims submitted and applied to the Sexual Abuse Therapy Fund.
- (\$6,792) has been allocated to the Invested in Fixed Assets amount and is reflective of amortization for the period.

Statutory Remittances and Filings:

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

| Description | Frequency/Timing | Status |
|---|---|------------|
| Remittance of payroll withholding taxes (CPP, EI, Income Tax) | Bi-weekly | Up to date |
| Remittance of CPP on Council per diems | Monthly | Up to date |
| Remittance of Employer Health Tax | Remittance for fiscal year is set at 1.95% of calendar year payroll over \$1,000,000. | Up to date |
| Filing of Harmonized Sales Tax return (Monthly) | Monthly Upcoming Filing Due Dates: October 31, 2021 November 30, 2021 December 31, 2021 | Up to date |
| Filing of T4, T4A returns | Annually based on calendar year. Due last day of February. | Up to date |
| Filing of Corporate Income Tax Return (T2) | Annually based on fiscal year. Due November 30, 2021. | Up to date |
| Filing of Non-Profit (NPO) Information Return (T1044) | Annually based on fiscal year. Due November 30, 2021. | Up to date |

Implications:

All statutory filings up to date.

The Committee is to review the reserve funds as the year progresses to determine if adjustments are required based on expenditures incurred and expected in the future, with a recommendation for any adjustments to provide to the Board for approval.

BOARD MEETING BRIEFING NOTE

FY21/22 Q1 (June 1, 2021 to August 31, 2021) Financial Report

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Attachments:

1. Statement of Financial Position as at August 31, 2021
2. Statement of Operations for the period June 1, 2021 to August 31, 2021
3. Statement of Reserve Funds as at August 31, 2021



College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION

As at August 31, 2021

| | 31-Aug-21 | 31-Aug-20 |
|---|---------------------|---------------------|
| | \$ | \$ |
| ASSETS | | |
| Current assets | | |
| Cash | 3,901,954 | 3,516,919 |
| Accounts receivable and prepaid expenses | 31,571 | 39,110 |
| Total current assets | 3,933,525 | 3,556,029 |
| Investments | 3,459,314 | 3,403,321 |
| Property and equipment, net of accumulated amortization | 248,270 | 255,055 |
| TOTAL ASSETS | \$ 7,641,109 | \$ 7,214,405 |
| LIABILITIES | | |
| Current Liabilities | | |
| Accounts payable and accrued liabilities | 379,857 | 769,916 |
| HST payable | 34,717 | 134 |
| Deferred registration fees | 3,102,490 | 448,285 |
| Total current liabilities | 3,517,064 | 1,218,335 |
| Total liabilities | 3,517,064 | 1,218,335 |
| NET ASSETS | | |
| Reserve funds | 3,257,882 | 3,137,332 |
| Invested in fixed assets | 248,270 | 255,055 |
| Unrestricted | 412,040 | 459,968 |
| Excess of revenues over expenses for the period | 205,853 | 2,143,715 |
| Total net assets | 4,124,045 | 5,996,070 |
| TOTAL LIABILITIES AND NET ASSETS | \$ 7,641,109 | \$ 7,214,405 |



College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
June 2021 to Aug 2021

| | 3 Months Actuals ended Aug 2021 | 3 Months Budget FY21/22 | Variance |
|--|--|--|-----------------|
| | \$ | \$ | % |
| REVENUES | | | |
| Registration fees | 1,179,160 | 1,103,830 | 7% |
| Application fees | 32,540 | 10,964 | 197% |
| Interest & other income | 6,749 | 6,627 | 2% |
| TOTAL REVENUES | 1,218,449 | 1,121,420 | 9% |
| EXPENSES | | | |
| Salaries and benefits | 693,841 | 766,750 | -10% |
| Programs | 33,919 | 47,500 | -29% |
| Communications | 7,321 | 35,125 | -79% |
| Board of Directors | 12,858 | 24,595 | -48% |
| Rent | 100,593 | 109,375 | -8% |
| Information technology | 33,407 | 36,796 | -9% |
| Other office operations | 15,177 | 16,270 | -7% |
| Operational initiatives | 74,635 | 32,500 | 130% |
| Professional fees | 34,052 | 29,800 | 14% |
| Depreciation | 6,792 | 4,605 | 47% |
| TOTAL EXPENSES | 1,012,596 | 1,103,317 | -8% |
| EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD | 205,853 | 18,103 | 1037% |



| STATEMENT OF RESERVE FUNDS | | | |
|--|---|--|--|
| | Opening Balance Jun 1, 2021 \$ | Spent to Date/Change \$ | Closing Balance Aug 31, 2021 \$ |
| Hearings and independent medical exam fund | \$ 400,000 | (1,319) | 398,682 |
| Sexual abuse therapy fund | 25,000 | (800) | 24,200 |
| 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 | 255,062 | (6,792) | 248,270 |
| Unrestricted | 476,200 | 6,792 | 412,040 |
| Excess of revenues over expenses for the period* | | 205,853 | 205,853 |
| TOTAL RESERVES | 3,991,262 | 203,735 | 4,124,045 |



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Governance Committee
Subject: Revised Conflict of Interest policy

Recommendation:

THAT the Board approves the revised Conflict of Interest policy for Directors and Committee Members.

Issue:

The Board is asked to provide feedback to the proposed Conflict of Interest policy for Directors and committee members. It has been revised to reflect the concerns expressed by the Board at their June 2021 meeting.

Link to Strategic Plan:

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.

Why this is in the Public Interest:

Public confidence in the ability of the College to fulfill its mandate to protect the public requires Directors and committee members to avoid any perceived or actual conflicts of interests in the discharge of their duties and responsibilities. An annual conflict of interest questionnaire would require Directors and committee members to disclose in writing any professional, business or personal interests.

Background:

- In June, the Board directed staff to bring back the conflict of interest policy to the Governance Committee citing concerns with the original proposal.
- Conflict of interest is becoming more of a concern for regulatory colleges and is a concern of the Ministry of Health, such that Board members must take care to make decisions that are in the interest of the public and not in the professional interest. It is timely to review this policy for that reason.
- The College first developed its conflict of interest policy in 2009 and has reviewed it annually every three years as part of the College's policy review process. There have been minimum changes and the last Board review occurred in January 2019. In addition, our governance policies also contain a conflict of interest guideline that was established in 2006 that speaks to a number of concepts related to conflict of interest.

- Currently, Directors and committee members are required to complete a simple conflict of interest disclosure form shortly after their term starts. Also, at the beginning of each Board and committee meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.
- In 2019, the College underwent a governance review conducted by Don McCreesh of the Garnett Group. In his presentation to the Board, the consultant outlined his findings on several governance areas and included recommendations about consolidating and updating the College's conflict of interest policy into one document.
- In addition, another driver is the Ministry of Health's College Performance Measurement Framework (CPMF) that requires all decisions related to a Council's (Board's) strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.
- The evidence that the Ministry is requesting from health regulatory colleges in support of this measure includes that the College has a conflict of interest policy that is accessible to the public.
- The steps taken in revising the conflict of interest policy included benchmarking the College's policy against other colleges including Optometrists, Opticians and Naturopaths as well as undergoing a legal review by Julie Maciura, College's legal counsel.

Discussion:

- Looking into governance best practices along with the issues raised by the Board at its last meeting created an opportunity to update the College's conflict of interest policy.
- The following changes have been made to the proposed conflict of interest policy:
 - Terminology has been updated, Council member is replaced with 'Director', Non-Council members are generalized and replaced with 'committee members'.
 - The proposed Conflict of Interest policy is one document and is applicable to both Directors and committee members.
 - Removed any outdated reference to the previous Governance Policies and limitations which are due to be revised in the future to be in line with our modernized governance processes.
 - The proposed policy details which types of relationships potentially represent conflicts of interest and thus need to be disclosed; describes how conflict of interest is defined; lists potential situations that may lead to conflict of interest; and outlines the College's procedure for handling, addressing and recording conflicts of interest.
 - Any reference to a public register of conflicts of interest has been removed.

Implications:

- If approved, the revised conflict of interest form will be shared with all Director and Committee Members prior to the start of the new term of the College year.
- The adoption of the revised conflict of interest policy will fulfill the Ministry's requirements.

BOARD MEETING BRIEFING NOTE

Revised Conflict of Interest policy

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Attachments:

1. Proposed version: Conflict of Interest Questionnaire Form
2. Proposed version: Conflict of Interest Policy: Located at the end of the meeting package



Conflict of Interest Questionnaire

Name: _____

Role within the College: Director Committee Member

Instructions:

Answer all questions.

Your response should indicate whether you are disclosing a conflict of interest for you or a family member.

For the purposes of this policy, a family member is defined as:

- Spouse, any person to whom the director or committee member is married or with whom the person is living in a conjugal relationship outside of marriage
- Parent, including step-parent and legal guardian
- Child, including step-child
- Sibling and children of siblings
- Father/mother-in-law, brother/sister-in-law, son/daughter-in-law
- Any family member who lives with the directors or committee member on a permanent basis

If any answers to questions below should change after the questionnaire has been completed, you must immediately notify the College.

Complete the questionnaire, date, and sign the affirmation at the end of the document.

1. Please list all paid employment, including full and part time work, consultancies, contract, and paid directorships.

2. Do you or does any family member have a direct or indirect ownership or other financial interest in any corporation, company, or other business related to occupational therapy?

YES **NO**

If yes, please provide details.

3. Do you maintain membership in other professional bodies, associations, voluntary or otherwise? (Individuals are free to maintain membership in professional organizations. A declaration of these memberships gives assurance that there is no conflict with the College's mandate.)

YES **NO**

If yes, please provide details.



4. Do you or any family member hold a position of responsibility such as director, owner, board member, officer or employee of another organization where their duties may reasonably be seen as influencing their judgement in matters under consideration by the Board or its committees? **YES** **NO**
-

If yes, please provide details.

5. Do you or does any family member have any close personal ties with other College directors, committee members, or College staff? **YES** **NO**
-

If yes, please provide details.

I understand that upon appointment or election, and annually thereafter, every director and committee member shall fully complete a conflict of interest questionnaire.

I certify the above information is true and correct to the best of my knowledge. If any matter that gives rise to, or may be perceived to rise to, a conflict of interest during my participation on the Board of Directors or any College committee, I will promptly notify the responsible staff, and provide an updated questionnaire.

- I confirm I have read, considered, and understood the conflict of interest policy and agree to abide by its provisions.

Full Name

Signature

Date



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Executive Committee
Subject: Bylaw Review

Recommendation:

THAT the Board approves the amended bylaws.

(Note: The bylaw changes recommended this time are not required to be circulated, however, can be if the Board deems it necessary)

Issue:

The Board is asked to review the proposed changes to College bylaws as part of annual review process.

Link to Strategic Plan:

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.
- 1.5 College operations are transparent, effective and efficient in serving and protecting the public interest.

Why this is in the Public Interest:

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

Background:

As the Board will recall, each year the College conducts a review of its bylaws and where necessary the associated governance policies to ensure these reflect changing laws, policies, and the environment.

Last year the bylaw review was a substantial one, with significant effort being made to allow the College to move towards governance best practices. This included:

- Changes in titles and terminology.
- Expanded the eligibility and disqualification requirements for both Directors and Professional Committee members.
- Committee composition has been expanded to include members of the public to serve on College committees; and,

- Delegating prior responsibilities from the Executive Committee and moving them to the Governance and Finance, Audit and Risk Committee.

The steps taken for this year's bylaw review include the following:

- Benchmarking the college bylaws against the College Performance Measurement Framework (CPMF).
- Undertaking an internal 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:

Several bylaw provisions have been identified as being in need to consolidate, simplify and update to better reflect current best practices in bylaw structure and governance reform.

Amendments have been proposed to Parts 1 (Definitions); 2 (Head Office); 3 (Financial Matters); 5 (Election of Board Members); 6 (Academic Appointments to the Board); 8 (Board); 9 (Registrar and Interim Registrar); 10 (Communications); 12 (Professional Committee and Community Appointees); 13 (Committees); and 17 (Public Register).

Some of the highlights of the proposed amendments include:

- Removing duplicative or unnecessary sections/subsection throughout the bylaws.
- Some provisions dealing with financial matters in Part 8 (Board) have been consolidated and moved to Part 3 (Financial Matters).
- Being consistent with the CPMF requirement by adding, under eligibility requirements for Board and committee members, that they complete an orientation program prior to their election or appointment.
- Provisions have been added to clarify the process for disqualification of Board and committee members.

The complete list of all proposed changes including rationales is included in Attachment 1 of this document.

Implications:

Should the proposed bylaw changes be approved by the Board they do not require to be circulated to registrants and stakeholders. Once approved by the Board they will take effect immediately or until a later date specified by the Board.

Attachments:

1. Proposed bylaw changes (chart form)



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: | None | |
| CNAR Means Canadian Network of Agencies for Regulation | CNAR Means Canadian Network of Agencies for Regulation | This entity is not referenced elsewhere in the by-laws so it doesn't need to be defined. |
| OSOT Means Ontario Society of Occupational Therapists | OSOT Means Ontario Society of Occupational Therapists | This entity is not referenced elsewhere in the by-laws so it doesn't need to be defined. |
| Registrar Means the person appointed by the Board as Registrar or Interim Registrar of the College. | Registrar Means the person appointed by the Board as Registrar or Interim Registrar of the College, <u>in the case of the absence or inability of the Registrar or Interim Registrar, the Deputy Registrar.</u> | This addition will help make it clear that when the Deputy Registrar is acting on behalf of the Registrar that person can fulfill the duties assigned |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|--|---|---|
| | | to the Registrar under the RHPA. |
| <p>Stakeholders In these bylaws, they include members of the public, other regulated health professions and occupational therapy regulators in other jurisdictions in Canada.</p> | <p>Stakeholders In these bylaws, they include members of the public, other regulated health professions and occupational therapy regulators in other jurisdictions in Canada.</p> | This word is not referenced elsewhere in the by-laws so does not need to be defined. |
| <p>1.01 Changes of Number and Gender These bylaws are to be read with all changes of number and gender required by the context.</p> | <p>1.01 Changes of Number and Gender These bylaws are to be read with all changes of number and gender required by the context.</p> | The by-laws are already gender neutral. |
| <p>Part 2: Head Office</p> | <p>Part 2: Head Office</p> | |
| <p>The head office of the College shall be located within the city in which the Provincial Legislature sits. The physical premises occupied by the College shall be determined by the Board.</p> | <p>The head office of the College shall be located within the city in which the Provincial Legislature sits. The physical premises occupied by the College shall be determined by the Board.</p> | This is not required to be included in the by-laws; it can be included in policy instead which provides more flexibility. |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|--|--|---|
| Part 3: Financial Matters | Part 3: Financial Matters | |
| <p>8.07 Accounts</p> <p>The Board 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 Board otherwise decides, be the responsibility of the Registrar.</p> <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> <ol style="list-style-type: none"> a. reviewed by the Finance, Audit and Risk Committee; b. presented annually to the Board; c. provided to the Minister of Health; and d. made available to the public in the College's annual report. <p>8.09 Auditor</p> <p>The Board shall appoint a licensed public</p> | <p>3.07 Accounts</p> <p>The Board 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 Board otherwise decides, be the responsibility of the Registrar.</p> <p>3.08 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> <ol style="list-style-type: none"> a. reviewed by the Finance, Audit and Risk Committee; b. presented annually to the Board; c. provided to the Minister of Health; and d. made available to the public in the College's annual report. <p>3.09 Auditor</p> <p>The Board shall appoint a licensed public</p> | <p>These sections are currently found in bylaws 8.07-8.10; we are simply proposing that they be moved up in the bylaws (to Part 3 which is entitled "Financial Matters") so that all items related to financial issues are in one place. The content of the provisions does not change; only the numbering changes.</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|---|---|-----------|
| <p>accountant as auditor of the College at least every fifth year for a term not exceeding five years.</p> <p>8.09.1 Audit The auditor shall make such examinations as will enable them to report to the Board as required by law and under these bylaws. Without limiting the generality of the foregoing, the auditor shall report to the Finance, Audit and Risk Committee before the Board meeting at which the financial statements of the College are to be submitted. The auditor of the College shall report in writing to the Board 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.</p> <p>8.10 Borrowing Funds The Chair or Vice-Chair, together with the</p> | <p>accountant as auditor of the College at least every fifth year for a term not exceeding five years.</p> <p>3.09.1 Audit The auditor shall make such examinations as will enable them to report to the Board as required by law and under these bylaws. Without limiting the generality of the foregoing, the auditor shall report to the Finance, Audit and Risk Committee before the Board meeting at which the financial statements of the College are to be submitted. The auditor of the College shall report in writing to the Board 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.</p> <p>3.10 Borrowing Funds The Chair or Vice-Chair, together with the</p> | |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|--|--|-----------|
| <p>Registrar and such other officer or person as may be authorized by resolution of the Board may:</p> <ul style="list-style-type: none"> 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. | <p>Registrar and such other officer or person as may be authorized by resolution of the Board may:</p> <ul style="list-style-type: none"> 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. | |
| <p>Part 5: Election of Board Members</p> | <p>Part 5: Election of Board Members</p> | |



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| <p>5.03 Eligibility for Election</p> <p>5.03.1 A Registrant is eligible for election to the Board in an electoral district if, on the date of the deadline for nomination:</p> <ul style="list-style-type: none">a. the Registrant is entitled to vote in an election in accordance with Bylaw 5.01.2 and 5.01.3;b. the Registrant is not in default of payment of any fees required under these bylaws;c. the Registrant is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside Ontario;d. the Registrant's certificate of registration has not been revoked or suspended, inside or outside of Ontario in the six years preceding the date of nomination as a result of a professional misconduct, | <p>5.03 Eligibility for Election</p> <p>5.03.1 A Registrant is eligible for election to the Board in an electoral district if, on the date of the deadline for nomination:</p> <ul style="list-style-type: none">a. they are Registrant is entitled to vote in an election in accordance with Bylaw 5.01.2 and 5.01.3;b. they are Registrant is not in default of payment of any fees required under these bylaws;c. They have completed the College orientation program;d. they are Registrant is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside Ontario;e. their Registrant's certificate of registration has not been revoked or suspended, inside or outside of Ontario in the six years preceding the date of nomination as a result of a professional misconduct, | <p>By changing "The Registrant" to "they", it will allow reference to be made back to these requirements when later sections of the bylaws are addressing non-Registrant committee members and as a result, reduce duplication in the bylaws.</p> |



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| <p>incompetence or incapacity proceeding;</p> <p>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;</p> <p>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;;</p> <p>g. the Registrant has not</p> | <p>incompetence or incapacity proceeding;</p> <p>f. their 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;</p> <p>g. A period of at least six years has elapsed since they 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;;</p> <p>h. they Registrant has have not been disqualified from the Board or a Committee in</p> | |



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| <p>been disqualified from the Board or a Committee in accordance with the bylaws in the six years preceding the date of nomination;</p> <p>h. the Registrant is not at present nor has been at any time within the three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association;</p> <p>i. the Registrant has not resigned from the Board in the three years preceding the date of nomination;</p> <p>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.</p> <p>k. a court or other lawful authority (unless it has</p> | <p>accordance with the bylaws in the six years preceding the date of nomination;</p> <p>i. they Registrant has have not at present nor has been at any time within the three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association;</p> <p>j. they Registrant has have not resigned from the Board in the three years preceding the date of nomination;</p> <p>k. they 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.</p> <p>l. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against them Registrant in respect of:</p> <p>i. a criminal offence;</p> | |



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| <p>been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of:</p> <ul style="list-style-type: none">i. a criminal offence;ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; oriii. any offence relevant to the Registrant's suitability to practise occupational therapy; <p>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;</p> <p>m. the Registrant has not initiated, joined,</p> | <ul style="list-style-type: none">ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; oriii. any offence relevant to the Registrant's suitability to practise occupational therapy; <p>m. they Registrant is are 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;</p> <p>n. they Registrant has have not initiated, joined, continued, or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and, they Registrant have not been an employee or paid consultant of the</p> | |



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| <p>continued, or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and,</p> <p>n. the Registrant has not been an employee or paid consultant of the College in the six years preceding the date of nomination.</p> | <p>College in the six years preceding the date of nomination.</p> <p>o. they Registrant has have not been an employee or paid consultant of the College in the six years preceding the date of nomination.</p> | |
| <p>Part 6: Academic Appointments to the Board</p> | <p>Part 6: Academic Appointments to the Board</p> | |
| <p>6.01.4 For the purposes of clause 5(1) (c) of the <i>Act</i>, a Registrant is eligible for an Academic appointment to the Board if, on the date of the appointment:</p> <p>a. the Registrant has a faculty appointment in an occupational therapy program in Ontario approved</p> | <p>6.01.4 For the purposes of clause 5(1) (c) of the <i>Act</i>, a Registrant is eligible for an Academic appointment to the Board if, on the date of the appointment they meet the requirements in clauses (c) through (o) of Bylaw 5.03.1 and:</p> <p>a. they Registrant has have a</p> | <p>Duplication in the bylaws can be reduced by referring to the eligibility requirements that also apply to the Board, rather than listing the exact same requirements again. Even though it does require the reader to refer back to another section of the bylaws, it is felt that because</p> |



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| <p>by the College of Occupational Therapists of Ontario;</p> <p>b. the Registrant is not in default of payment of any fees prescribed in these bylaws;</p> <p>c. the Registrant is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside Ontario;</p> <p>d. the Registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the nomination, by a body that governs a profession, inside or outside of Ontario;</p> <p>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</p> | <p>faculty appointment in an occupational therapy program in Ontario approved by the College of Occupational Therapists of Ontario; and</p> <p>b. they have completed the College orientation program.</p> <p>c. the Registrant is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside Ontario;</p> <p>d. the Registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the nomination, by a body that governs a profession, inside or outside of Ontario;</p> <p>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</p> | <p>it is such a large list of criteria, it makes sense to simply refer to the clause numbers and then list the <u>additional</u> specific criteria that apply only to Academic appointees in this provision.</p> <p>Requirement to complete orientation program has been added.</p> |



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| <p>governs a profession, inside or outside of Ontario;</p> <p>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;</p> <p>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;</p> <p>h. the Registrant is not at present nor has been at any time within the last three years a director, owner, board member, officer, or employee of any professional association ;</p> <p>i. the Registrant has not resigned from the Board in the three years preceding the date of appointment;</p> <p>j. the Registrant does not have</p> | <p>Assurance Committee, or by a similar committee of a body that governs a profession, inside or outside of Ontario;</p> <p>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;</p> <p>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;</p> <p>h. the Registrant is not at present nor has been at any time within the last three years a director, owner, board member, officer, or employee of any professional association ;</p> <p>i. the Registrant has not resigned from the Board in</p> | |



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| <p>a conflict of interest to serve as a Board Director or has agreed to remove any such conflict of interest before taking office;</p> <p>k. 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:</p> <ul style="list-style-type: none">i. a criminal offence;ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; oriii. any offence relevant to the Registrant's suitability to practise occupational therapy; <p>l 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</p> | <p>the three years preceding the date of appointment;</p> <p>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;</p> <p>k. 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:</p> <ul style="list-style-type: none">i. a criminal offence;ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs;oriii. any offence relevant to the Registrant's suitability to practise occupational therapy; <p>l. the Registrant is not subject to any existing conditions or restrictions (such as bail</p> | |



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| <p>Registrant's practice;</p> <p>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</p> <p>n. the Registrant has not been an employee or paid consultant of the College in the six years preceding the date of appointment.</p> | <p>conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice;</p> <p>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</p> <p>n. the Registrant has not been an employee or paid consultant of the College in the six years preceding the date of appointment.</p> | |
| <p>Part 8: Board</p> | <p>Part 8: Board</p> | |
| <p>8.02 Disqualification of Directors</p> <p>8.02.1 The Board shall disqualify an Elected Director or an Academic Appointee if they:</p> <p>a. resign from the Board;</p> <p>b. in the case of an elected</p> | <p>8.02 Disqualification of Directors</p> <p>8.02.1 The Board shall disqualify An Elected Director or an Academic Appointee shall be automatically disqualified from the Board if they:</p> <p>a. resign from the Board;</p> | <p>It is easier to understand if the criteria that will <u>automatically</u> result in disqualification are listed separately from the criteria that <u>may</u> result in</p> |



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| <p>Director, cease to either practise or reside in the electoral district for which they were elected;</p> <p>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.</p> <p>d. are in default of any fees prescribed by these bylaws for a period of more than 30 days;</p> <p>e. are found by a panel of the Discipline Committee to have committed an act of professional misconduct or are found to be incompetent;</p> <p>f. are found by a panel of the Fitness to Practise Committee to be incapacitated;</p> <p>g. are found by two-thirds majority of Directors to have breached the Code of Conduct;</p> <p>h. fail to attend two consecutive meetings of the Board or of a Committee, of which they are a member, without reasonable cause in the opinion of the Board;</p> <p>i. fail to attend a hearing or</p> | <p>b. no longer meet the requirements for appointment; in the case of an elected Director, cease to either practise or reside in the electoral district for which they were elected;</p> <p>e. 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.</p> <p>c. are in default of any fees prescribed by these bylaws for a period of more than 30 days;</p> <p>d. are found by a panel of the Discipline Committee to have committed an act of professional misconduct or are found to be incompetent;</p> <p>e. are found by a panel of the Fitness to Practise Committee to be incapacitated;</p> <p>f. are found by a two-thirds majority of Directors to have breached the Code of</p> | <p>disqualification (i.e., the discretionary criteria), the latter of which require the procedure in bylaw 8.02.4 to be followed. This amendment moves the discretionary criteria to a separate section below.</p> <p>Clauses b and c can be combined and simplified by simply saying that the person no longer meet the requirements for appointment (rather than listing some of them specifically).</p> |



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| <p>proceeding, or part thereof, of a panel on which they sit;</p> <p>j. fail to attend, without cause, Director education hosted by the College annually;</p> <p>k. are found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:</p> <ul style="list-style-type: none"> 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,; <p>l. breach section 36 of the RHPA, in a manner that in the opinion of the Board, warrants disqualification;</p> <p>m. breaches the conflict of interest provision(s) of these bylaws in a manner that in the opinion of the Board warrants disqualification;</p> <p>n. fails, in the opinion of the Board, to discharge properly or</p> | <p>Conduct;</p> <p>g. fail to attend two consecutive meetings of the Board or of a Committee, of which they are a member, without reasonable cause in the opinion of the Board;</p> <p>h. fail to attend a hearing or proceeding, or part thereof, of a panel on which they sit;</p> <p>i. fail to attend, without cause, Director education hosted by the College annually;</p> <p>f. are found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:</p> <ul style="list-style-type: none"> i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant to their suitability to practise occupational therapy; <p>g. breach section 36 of the RHPA, in a manner that in the opinion of the Board, warrants disqualification;</p> | <p>The provisions that do not result in automatic revocation (which are struck out here) have been moved to a separate section below for ease of understanding.</p> |



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| <p>honestly any office to which they have been elected or appointed;</p> <ul style="list-style-type: none">o. become a director, owner, board member, officer, or employee of any professional association;p. become a member of a Board of any other college regulated under the RHPA.q. ceases to hold a certificate of registration;r. remains, thirty days after notice, in default of providing any information required by the College; ors. initiates, joins, materially contributes or continues a legal proceeding against the College or any committee or representative of the College. | <p>h. breaches the conflict of interest provision(s) of these bylaws in a manner that in the opinion of the Board warrants disqualification;</p> <p>i. fails in the opinion of the Board, to discharge properly or honestly any office to which they have been elected or appointed.</p> <p>g. become a director, owner, board member, officer, or employee of any professional association;</p> <p>h. become a member of a Board of any other college regulated under the RHPA.</p> <p>i. cease to hold a certificate of registration;</p> <p>j. remain, thirty days after notice, in default of providing any information required by the College; or</p> <p>k. initiate, join, materially contribute or continue a legal proceeding against the College or any committee or representative of the College.</p> | |



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| <p>8.02.2 An Elected Director or Academic Appointee who is disqualified from sitting on the Board ceases to be a Director.</p> | <p>8.02.2 An Elected Director or Academic Appointee who is disqualified from sitting on the Board ceases to be a Director.</p> <p>8.02.2 The Board may disqualify an Elected Director or an Academic Appointee from the Board if they:</p> <ul style="list-style-type: none">a. are found by two-thirds majority of Directors to have breached the Code of Conduct;b. fail to attend two consecutive meetings of the Board or of a Committee, of which they are a member, without reasonable cause in the opinion of the Board;c. fail to attend a hearing or proceeding, or part thereof, of a panel on which they sit;d. fail to attend, without cause, Director education hosted by the College annually;e. are found guilty by a court or other lawful authority (unless it | <p>This provision is simply being moved down to become section 8.02.6. It makes sense to have it appear after the disqualification criteria and procedure provisions.</p> <p>These provisions were originally listed in section 8.02.1 but were distinguished from the “automatic” disqualification provisions by being specifically carved out (by referring to the clause number). It is easier to understand if they are simply laid out in a separate section as criteria which “may” result in disqualification.</p> <p>These provisions result in automatic disqualification</p> |



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| | <p>has been reversed on appeal or judicial appeal) in respect of:</p> <ul style="list-style-type: none">i. a criminal offence;ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; oriii. any offence relevant to the Registrant's suitability to practise occupational therapy; <p>e. breach section 36 of the RHPA, in a manner that in the opinion of the Board, warrants disqualification;</p> <p>f. breaches the conflict of interest provision(s) of these bylaws in a manner that in the opinion of the Board warrants disqualification; or</p> <p>g. fails, in the opinion of the Board, to discharge properly or honestly any office to which they have been elected or appointed.</p> <p>h. become a director, owner, board member, officer, or employee of any professional</p> | <p>and so are found in the previous section.</p> <p>The provisions result in automatic disqualification</p> |



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| <p>8.02.3 If the Registrar receives information which suggests that a Director 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 the Board shall immediately disqualify the Elected Director or Academic Appointee, the Registrar shall follow the procedure set out in section</p> | <p>8.02.3 If the Registrar receives information which suggests that a Director meets one or more of the criteria for disqualification set out in section 8.02.21, other than paragraphs a, b, c, d, e, f, k o, p, q, or s in which case the Board shall immediately disqualify the Elected Director or Academic Appointee, the Registrar shall follow the procedure set out in section 8.02.5. Where the</p> <p>association; i. become a member of a Board of any other college regulated under the RHPA. j. ceases to hold a certificate of registration; k. remains, thirty days after notice, in default of providing any information required by the College; or l. initiates, joins, materially contributes or continues a legal proceeding against the College or any committee or representative of the College.</p> | <p>and so will be included in an earlier section.</p> <p>Rather than carving out these discretionary disqualification criteria by referring to the section numbers, they have been moved to a separate section of their own.</p> |



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| <p>8.02.4. Where the Registrar has reasonable and probable grounds to believe that a Director 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 Director is alleged to have contravened the duties of a Director 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> <p>8.02.5 Temporary Suspension (1) A Director who becomes the subject of a complaint,</p> | <p>Registrar has reasonable and probable grounds to believe that a Director 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 Director is alleged to have contravened the duties of a Director and is alleged to meet 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> <p>8.02.5 Temporary Suspension (1) A Director who becomes the</p> | <p>Now that the discretionary criteria are specifically listed above, it is not necessary to carve them out by referring to them here.</p> <p>The rest of section 8.02.4 (i.e., the procedure to follow in the case of disqualification for one of the discretionary criteria) does not change.</p> |



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| <p>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.</p> <p>(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.</p> <p>(The provision to the right (which will be 8.02.6) was originally located earlier in the bylaws as section 8.02.2 but will now be moved down to the end of the disqualification provisions. The substance of it does not change.)</p> | <p>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.</p> <p>(2) A Director who fails to pay any fees owing to the College or fails to provide any information required by the College 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.</p> <p>8.02.6 An Elected Director or Academic Appointee who is disqualified from sitting on the Board ceases to be a Director.</p> | <p>It is easier to understand this by actually saying what the substantive requirement is, rather than referring to the clause number.</p> <p>It makes most sense to include this after the provisions dealing with criteria and procedure.</p> |



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| <p>8.07 Accounts The Board 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 Board otherwise decides, be the responsibility of the Registrar.</p> <p>8.08 Financial Records 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 Finance, Audit and Risk Committee;b. presented annually to the Board;c. provided to the Minister of Health; andd. made available to the public in the College's annual report. <p>8.09 Auditor The Board 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>These provisions (sections 8.07 through 8.10) have all been moved up to Part 3 of the bylaws.</p> | <p>Putting all of the financial obligations in one place makes good sense.</p> |



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| <p>8.09.1 Audit The auditor shall make such examinations as will enable them to report to the Board as required by law and under these bylaws. Without limiting the generality of the foregoing, the auditor shall report to the Finance, Audit and Risk Committee before the Board meeting at which the financial statements of the College are to be submitted. The auditor of the College shall report in writing to the Board 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.</p> <p>8.10 Borrowing Funds The Chair or Vice-Chair, together with the Registrar and such other officer or person</p> | <p>PROPOSED</p> | |



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| <p>as may be authorized by resolution of the Board may:</p> <ul style="list-style-type: none">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; andc. 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. | <p>8.14 8.07 Compensation</p> <p>Elected Directors of the Board when attending Board or committee meetings or otherwise conducting the business of the Board or any of the committees, shall be paid a stipend at a daily rate and travelling</p> | |
| <p>8.11 Compensation</p> <p>Elected Directors of the Board when attending Board or committee meetings or otherwise conducting the business of the Board or any of the committees, shall be paid a stipend at a daily rate and travelling</p> | <p>8.14 8.07 Compensation</p> <p>Elected Directors of the Board when attending Board or committee meetings or otherwise conducting the business of the Board or any of the committees, shall be paid a stipend at a daily rate and travelling</p> | <p>The numbering of these provisions will change because sections 8.07 to 8.10 (which originally preceded these sections) have been moved up to section 3.</p> |



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| <p>and maintenance expenses necessarily incurred, in accordance with policies approved by the Board.</p> <p>8.12 Making, Amending and Revoking Bylaws 8.12.1 The bylaws of the College or any section thereof may be enacted, amended, or revoked by a two thirds majority affirmative vote of Board Directors present and voting at a meeting of the Board called for that purpose.</p> <p>8.12.1.1 The repeal of any bylaw in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such bylaw prior to such repeal. All Directors and other persons acting under any bylaw so repealed in</p> | <p>and maintenance expenses necessarily incurred, in accordance with policies approved by the Board.</p> <p>8.12 8.08 Making, Amending and Revoking Bylaws 8.12.1 8.08.1 The bylaws of the College or any section thereof may be enacted, amended, or revoked by a two thirds majority affirmative vote of Board Directors present and voting at a meeting of the Board called for that purpose.</p> <p>8.12.1.1 8.08.1.2 The repeal of any bylaw in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such bylaw prior to such repeal. All Directors and other persons acting under any bylaw so repealed in whole or in part shall continue to</p> | |



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| <p>whole or in part shall continue to act as if elected or appointed under the provisions of these bylaws.</p> | <p>act as if elected or appointed under the provisions of these bylaws.</p> | |
| <p>8.12.2 Every bylaw and every amendment and revocation thereof shall be maintained in the College's records.</p> | <p>8.12.2 8.08.2 Every bylaw and every amendment and revocation thereof shall be maintained in the College's records.</p> | |
| <p>8.12.3 Notice of any proposed addition, amendment, or revocation of a bylaw shall be provided to Directors at least one week prior to the date of the Board meeting at which these will be considered.</p> | <p>8.12.3 8.08.3 Notice of any proposed addition, amendment, or revocation of a bylaw shall be provided to Directors at least one week prior to the date of the Board meeting at which these will be considered, unless such notice is waived by unanimous vote of all the Board Directors.</p> | <p>Recommend that the text of the existing 8.12.4 below (which says notice can be waived) simply be moved into this section so that the provision can be understood on its own without having to read the next section.</p> |
| <p>8.12.4 The requirement for notice under paragraph 8.12.3 of this section may be waived by unanimous vote of all the Board Directors.</p> | <p>8.12.4 The requirement for notice under paragraph 8.12.3 of this section may be waived by unanimous vote of all the Board Directors.</p> | <p>The content of this section has been included in the provision immediately above.</p> |
| <p>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</p> | <p>8.12.5 8.08.4 A bylaw that is required under the Code to be circulated to the profession made pursuant to</p> | <p>Numbering changed, and to make it easier to</p> |



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| <p>be circulated to every Registrant at least 60 days before it is approved by the Board.</p> | <p>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 the Board.</p> | <p>understand, we can simply refer to a bylaw “that is required to be circulated under the Code” without referencing the clauses of the Code that require such circulation.</p> |
| <p>Part 9: Registrar and Interim Registrar</p> | <p>Part 9: Registrar, Interim Registrar and Deputy Registrar</p> | <p>Add reference to Deputy Registrar in title</p> |
| <p>9.01 Registrar</p> <p>9.01.1 The Board shall appoint one of its employees as a Registrar.</p> <p>9.01.2 The Registrar shall:</p> <ol style="list-style-type: none"> a. be responsible for the daily operations of the College including the management of all resources; b. keep the register in the form required by these bylaws and the Code; c. carry out such duties as authorized or required by the Code, including the appointment of investigators authorized | <p>9.01 Registrar</p> <p>9.01.1 The Board shall appoint one of its employees as a Registrar.</p> <p>9.01.2 The Registrar shall:</p> <ol style="list-style-type: none"> a. be responsible for the daily operations of the College including the management of all resources; b. keep the register in the form required by these bylaws and the Code; c. carry out such duties as authorized or required by the Code, including the appointment of investigators authorized under s. 75; | <p>No changes to the first part of this section.</p> |



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| <p>under s. 75;</p> <p>d. give all notices required to be given to Directors and Registrants;</p> <p>e. be the custodian of the seal of the College and of all books, papers, records, contracts and other documents belonging to the College;</p> <p>f. supervise the nomination and election of Directors and Professional Committee Appointees as described in these bylaws;</p> <p>g. represent the College and its positions to stakeholders;</p> <p>h. provide leadership to the Board and staff, related to College operations, Board directives and emerging issues in the practice and regulation of occupational therapy provincially, nationally and internationally; and</p> <p>i. perform such other duties as may be determined from time to time, by the Board.</p> | <p>d. give all notices required to be given by the Act, regulations or bylaws to Directors and Registrants;</p> <p>e. be the custodian of the seal of the College and of all books, papers, records, contracts and other documents belonging to the College;</p> <p>f. supervise the nomination and election of Directors and appointment of and Professional Committee Appointees as described in these bylaws;</p> <p>g. represent the College and its positions to stakeholders;</p> <p>h. provide leadership to the Board and staff, related to College operations, Board directives and emerging issues in the practice and regulation of occupational therapy provincially, nationally and internationally; and</p> <p>i. perform such other duties as may be determined from time</p> | <p>Reference to where the requirements come from is helpful.</p> <p>Professional appointees are not elected so making this clear is helpful.</p> |



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| <p>9.02 Interim Registrar The Board may appoint an interim Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar.</p> | <p style="text-align: right;">to time, by the Board.</p> <p>9.02 Interim Registrar The Board may appoint an interim Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar.</p> <p>9.03 Deputy Registrar The Deputy Registrar of the College may exercise the powers and perform the duties, powers and functions of the Registrar when delegated to the Deputy Registrar by the Registrar or Interim Registrar.</p> | <p>No change.</p> <p>Adding reference to Deputy Registrar to make it clear that this person has the powers of the Registrar or Interim Registrar when they are so delegated.</p> |
| Part 10: Communications | Part 10: Communications | Not required to be included in the by-laws and can be included in a policy |



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| <p>10.01 Media Contacts</p> <p>All media contact shall be channeled and coordinated through the Registrar's office. Any Director or Committee member being asked by media representatives to provide interviews, respond to inquiries or to comment on issues concerning the regulation of the profession or the operation of the College shall not provide any such communication and shall instead refer them to the Registrar's office.</p> <p>10.02 College Communications</p> <p>The Registrar, the Chair or, in the absence of the Chair, the Vice-Chair,</p> <ul style="list-style-type: none">i. are the authorized spokespersons of the College but either of them may request a Director, a College employee or a consultant to perform this function, as appropriate, under the circumstances; andii. may communicate with the media to provide interviews, respond to inquiries or | <p>10.01 Media Contacts</p> <p>All media contact shall be channeled and coordinated through the Registrar's office. Any Director or Committee member being asked by media representatives to provide interviews, respond to inquiries or to comment on issues concerning the regulation of the profession or the operation of the College shall not provide any such communication and shall instead refer them to the Registrar's office.</p> <p>10.02 College Communications</p> <p>The Registrar, the Chair or, in the absence of the Chair, the Vice-Chair,</p> <ul style="list-style-type: none">i. are the authorized spokespersons of the College but either of them may request a Director, a College employee or a consultant to perform this function, as appropriate, under the circumstances; andii. may communicate with the media to provide interviews, respond to inquiries or | <p>Not required to be included in the by-laws and can be included in a policy</p> |



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| <p>comment on issues concerning regulation of the profession or the operation of the College. A Director or a Committee member shall not perform such communications unless authorized by the Registrar, the Chair or, in the absence of the Chair, the Vice-Chair.</p> <p>10.03 Consistent Messaging All messages to the media and to the public must be consistent with the approved policies and positions of the College.</p> | <p>comment on issues concerning regulation of the profession or the operation of the College. A Director or a Committee member shall not perform such communications unless authorized by the Registrar, the Chair or, in the absence of the Chair, the Vice-Chair.</p> <p>10.03 Consistent Messaging All messages to the media and to the public must be consistent with the approved policies and positions of the College.</p> | |
| <p>Part 12: Professional Committee and Community Appointees</p> | <p>Part 12: Professional Committee and Community Appointees</p> | |
| <p>12.01 Professional Committee Appointees 12.01.1 A Professional Committee appointee is eligible for appointment to a committee of the College as a Professional Committee appointee or, subject to Bylaw 12.04.2, is</p> | <p>12.01 Professional Committee Appointees 12.01.1 A Professional Committee appointee is eligible for appointment to a committee of the College as a Professional Committee appointee or, subject to Bylaw 12.04.2, is eligible for re-</p> | |



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| <p>eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment:</p> <ul style="list-style-type: none"> a. the Registrant practises occupational therapy in Ontario or resides in Ontario; b. the Registrant is not in default of payment of any fees required under these bylaws; c. the Registrant is not the subject of any disciplinary or incapacity proceedings, by a body that governs a profession, inside or outside of Ontario; d. the Registrant's certificate of registration has not been revoked or suspended, inside or outside of Ontario, in the six years preceding the date of the appointment as a result of a professional misconduct, incompetence or incapacity proceeding; e. the Registrant's certificate of | <p>appointment to a committee of the College if, on the date of the appointment or re-appointment they meet the requirements of clauses (c) through (o) of Bylaw 5.03.1:</p> <ul style="list-style-type: none"> a. they Registrant practises occupational therapy in Ontario or resides s in Ontario; and b. they have completed the required orientation program. c. the Registrant is not in default of payment of any fees required under these bylaws; d. the Registrant is not the subject of any disciplinary or incapacity proceedings, by a body that governs a profession, inside or outside of Ontario; e. the Registrant's certificate of registration has not been revoked or suspended, inside or outside of Ontario, in the six years preceding the date of the appointment as a result of a professional misconduct, | <p>To reduce wordiness and duplication, instead of specifically re-listing all of the criteria that are necessary for reappointment, we can simply refer back to the requirements that now must be met by all Committee members.</p> <p>Add requirement to complete orientation program.</p> <p>These deleted provisions all appear in bylaw 5.03.1(c) through (o)</p> |



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| <p>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;</p> <p>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;</p> <p>g. the Registrant has not been disqualified from a Board or Committee in accordance with the bylaws in the six years preceding the date of the appointment;</p> <p>h. the Registrant is not at present nor has been at any time within the last three</p> | <p>incompetence or incapacity proceeding;</p> <p>f. 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;</p> <p>g. 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;</p> <p>h. the Registrant has not been disqualified from a Board or Committee in accordance with the bylaws in the six years preceding the date of the appointment;</p> <p>i. the Registrant is not at present nor has been at any time</p> | |



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| <p>years preceding the appointment a director, owner, board member, officer or employee of any voluntary professional association;</p> <p>i. the Registrant has not resigned from the Board or Committee in the three years preceding the date of appointment;</p> <p>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;</p> <p>k. 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:</p> <ul style="list-style-type: none">i. a criminal offence;ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of | <p>within the last three years preceding the appointment a director, owner, board member, officer or employee of any voluntary professional association;</p> <p>j. the Registrant has not resigned from the Board or Committee in the three years preceding the date of appointment;</p> <p>k. 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;</p> <p>l. 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:</p> <ul style="list-style-type: none">i. a criminal offence;ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of | |



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| <p>drugs; or</p> <p>iii. any offence relevant to the Registrant's suitability to practise occupational therapy;</p> <p>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;</p> <p>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</p> <p>n. the Registrant has not been an employee or paid consultant of the College in the six years preceding the appointment.</p> <p>12.02 Community Appointees 12.02.1 An individual is eligible for</p> | <p>drugs; or</p> <p>iii. any offence relevant to the Registrant's suitability to practise occupational therapy;</p> <p>m. 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;</p> <p>n. 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</p> <p>o. the Registrant has not been an employee or paid consultant of the College in the six years preceding the appointment.</p> <p>12.02 Community Appointees 12.02.1 An individual is eligible for</p> | |



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| <p>appointment to a committee of the College as a Community Appointee or, subject to Bylaw 12.04.2 is eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment:</p> <ul style="list-style-type: none"> a. the individual resides in Ontario; b. the individual has never been a registrant; 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; d. the individual has not been disqualified from serving on the Board or Committee in the six years preceding the appointment; 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; f. the individual is not present | <p>appointment to a committee of the College as a Community Appointee or, subject to Bylaw 12.04.2 is eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment they meet the requirements of clauses (c) through (o) of Bylaw 5.03.1 and:</p> <ul style="list-style-type: none"> a. they individual resides in Ontario; and b. they individual has have never been a registrant; e. the individual is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession inside or outside of Ontario; d. the individual has not been disqualified from serving on the Board or Committee in the six years preceding the appointment; e. the individual has not been found to have committed an act of professional misconduct or to be | <p>To reduce wordiness and duplication, instead of specifically listing all of the criteria that are necessary for reappointment, simply refer back to the provisions that all Committee members must meet.</p> |



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| <p>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;</p> <p>g. the individual has no direct or indirect ownership interest in an occupational therapy clinic or practice;</p> <p>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;</p> <p>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:</p> <ol style="list-style-type: none"> i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, | <p>incompetent by a body that governs a profession inside or outside of Ontario;</p> <p>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;</p> <p>c. they have individual has no direct or indirect ownership interest in an occupational therapy clinic or practice; and</p> <p>d. they have completed the College orientation program.</p> <p>e. 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;</p> <p>f. 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:</p> <ol style="list-style-type: none"> i. a criminal offence; | <p>Added reference to orientation program.</p> <p>These deleted provisions appear in bylaw 5.03.1(c) through (o)</p> |



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| <p>or administering of drugs; or</p> <p>iii. any offence relevant to their suitability to be licensed or registered with any professional regulatory body;</p> <p>j. the individual is not subject to any existing condition or restrictions (such as bail conditions) imposed by a court or other lawful authority;</p> <p>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</p> <p>l. the individual has not been an employee or paid consultant of the College in the six years preceding the date of the appointment.</p> | <p>ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or</p> <p>iii. any offence relevant to their suitability to be licensed or registered with any professional regulatory body;</p> <p>g. the individual is not subject to any existing condition or restrictions (such as bail conditions) imposed by a court or other lawful authority;</p> <p>h. 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</p> <p>i. the individual has not been an employee or paid consultant of the College in the six years preceding the date of the appointment.</p> | |



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| <p>12.05 Disqualification of Committee Members</p> <p>12.05.1 The Council Board shall disqualify a Professional Committee to a committee of the College if the person:</p> <ul style="list-style-type: none"> a. resigns from a committee; b. ceases to either practise or reside in Ontario; c. is in default of any fees prescribed by these bylaws for a period of more than 30 days; d. is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent; e. is found by a panel of the Fitness to Practise Committee to be incapacitated; f. is found by two-thirds majority of Board members to have breached the Code of Conduct; g. fails to attend a hearing or proceeding, or part | <p>12.05 Disqualification of Committee Members</p> <p>12.05.1 The Council Board shall disqualify A Professional Committee Appointee or Community Appointee to a committee of the College is automatically disqualified from being on a Committee if they the person:</p> <ul style="list-style-type: none"> a. resigns from a committee; b. ceases to either practise or reside in Ontario; b. is are in default of any fees prescribed by these bylaws for a period of more than 30 days; c. is are found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent; d. is are found by a panel of the Fitness to Practise Committee to be incapacitated; e. is are found by two-thirds majority of Board members to have breached the Code of Conduct; f. fails to attend a hearing or proceeding, or part thereof, of | <p>As with Board members, it is easier to understand if the automatic disqualification provisions are listed in a separate section from the discretionary disqualification sections.</p> <p>This provision (in clause (b)) is covered by the provision below that says they “no longer meet the eligibility requirements” so it can be removed from here.</p> |



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| <p>thereof, of a panel on which they sit;</p> <p>h. fails to attend without cause, Committee education hosted by the College from time to time;</p> <p>i. is found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:</p> <ul style="list-style-type: none"> 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; <p>j. breaches section 36 of the RHPA, in a manner that in the opinion of the Board warrants disqualification;</p> <p>k. breaches the conflict of interest provision(s) of</p> | <p>g. — a panel on which they sit; fails to attend without cause, Committee education hosted by the College from time to time;</p> <p>f. is are found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:</p> <ul style="list-style-type: none"> 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; <p>g. — breaches section 36 of the RHPA, in a manner that in the opinion of the Board warrants disqualification;</p> <p>h. — breaches the conflict of interest provision(s) of these bylaws which in a manner that in the opinion of the Board ——— warrants</p> | <p>These are discretionary criteria and will be moved to the section below.</p> <p>These are discretionary criteria and will be moved to the section below.</p> <p>These are discretionary criteria and will be moved to the section below.</p> |



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| <p>these bylaws which in a manner that in the opinion of the Board warrants disqualification;</p> <p>l. fails to discharge properly and honestly any office to which they have been appointed;</p> <p>m. becomes a director, owner, board member, officer or employee of any professional association.</p> <p>n. becomes a member of a Board of any other College regulated under the RHPA</p> <p>o. ceases to hold a certificate of registration;</p> <p>p. remains thirty days after notice, in default of providing any information required by the College;</p> <p>q. initiates, joins, materially contributes or continues a legal proceeding against the College or any Committee or representative of the College; or</p> <p>r. in the case of a Community Appointee, no</p> | <p>disqualification;</p> <p>i. fails to discharge properly and honestly any office to which they have been appointed;</p> <p>g. becomes a director, owner, board member, officer or employee of any professional association.</p> <p>h. becomes a member of a Board of any other College regulated under the RHPA</p> <p>i. ceases to hold a certificate of registration;</p> <p>j. remains thirty days after notice, in default of providing any information required by the College;</p> <p>k. initiates, joins, materially contributes or continues a legal proceeding against the College or any Committee or representative of the College; or</p> <p>l. in the case of a Community Appointee, no longer meets the eligibility requirements specified in section 12.02.1.</p> | <p>It is not necessary to refer to the section in which the eligibility requirements are found.</p> |



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| <p>longer meets the eligibility requirements specified in section 12.02.1.</p> | <p>12.06 The Board may disqualify a Professional Committee Appointee or Community Appointee if it is alleged that they contravened the duties of a Committee member or it is alleged that they:</p> <ul style="list-style-type: none"> a. Failed to attend a hearing, or proceeding, or part thereof, of a panel on which they sit; b. Failed to attend, without cause, Committee education hosted by the College from time to time; c. Breached section 36 of the RHPA, in a manner that in the opinion of the Board warrants disqualification; d. Breached the conflict of interest provisions of these bylaws in a manner that in the opinion of the Board warrants disqualification; or e. Failed to discharge properly and honestly any office to which they have been appointed. <p>12.07 The following procedure shall be followed in</p> | <p>These are the discretionary disqualification criteria, which have been moved out of the earlier section (that now only includes mandatory criteria) so that they are on their own.</p> |



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| <p>12.06 The following procedure shall be followed in the event that a Professional Committee Appointee is alleged to have contravened the duties of a Committee member or meets the criteria for disqualification set out in section 12.05 other than paragraphs a, b, d, k, o, p, s or t, in which case the Professional Committee Appointee shall be automatically disqualified.</p> <ul style="list-style-type: none"> i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Board or Professional Committee Appointee or the Registrar. If a member of the Board or a Professional Committee Appointee receives such a complaint, they shall immediately file it with the Registrar. ii. The Registrar shall report the complaint to the Chair or the Vice-Chair who shall bring the complaint to the Governance Committee if the Registrar believes that the complaint may warrant formal action. If the Governance Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this section. iii. If the Governance Committee or any Committee appointed by the | <p>the event that a Professional Committee Appointee or Community Appointee is alleged to have contravened the duties of a Committee member or is alleged to meet one of the criteria for disqualification set out in section 12.0605 other than paragraphs a, b, d, k, o, p, s or t, in which case the Professional Committee Appointee shall be automatically disqualified.</p> <ul style="list-style-type: none"> i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Board, or a Community Appointee or the Registrar. If a member of the Board or a Professional Committee Appointee receives such a complaint, they shall immediately file it with the Registrar. ii. The Registrar shall report the complaint to the Chair or the Vice-Chair who shall bring the complaint to the Governance Committee if the Registrar believes that the complaint may warrant formal action. If the Governance Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this section. iii. If the Governance Committee or any Committee appointed by the Governance Committee, after any | <p>Reference to Community Appointee necessary now.</p> <p>Rather than carving the discretionary criteria out by referring to them by clause number, they are now specifically listed in their own section.</p> <p>Changes to reflect new Community Appointee role.</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
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| <p>Governance Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall call a meeting of the Board. The Board 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 Professional Committee Appointee orally or in writing,b. removal of the Professional Committee Appointee from any Committee on which they serve,c. disqualification of the Professional Committee Appointee from serving on any committee. <p>iv. A decision finding that there has been a breach of duties or that a Professional Committee Appointee meets the criteria for disqualification set out in section 12.05.1, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of</p> | <p>investigation it deems appropriate, believes that the complaint may warrant formal action, it shall call a meeting of the Board. The Board 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 Professional Committee Appointee Member orally or in writing,b. removal of the Professional Committee Appointee Member from any Committee on which they serve,c. disqualification of the Professional Committee Appointee Member from serving on any committee. <p>iv. A decision finding that there has been a breach of duties or that a Professional Committee Appointee Member meets the criteria for disqualification set out in section 12.05.1, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of Directors present and</p> | <p>It is not necessary to refer to the actual clause number and will help with future drafting of the bylaws (because fewer references need to be checked).</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|---|---|---|
| <p>Directors present and voting.</p> <p>v. The Professional Committee Appointee whose conduct is the subject of concern shall not take part in the deliberation of the Board, however, they shall be given a reasonable opportunity to respond to the allegation.</p> <p>12.06.1 A Professional Committee Appointee who is disqualified under s. 12.05.1 from sitting on a committee of the College, ceases to be a member of the committee, and the Board shall appoint a successor as soon after the disqualification as feasible.</p> <p>12.06.2 The term of office of a person who is appointed as a successor under s. 12.06.1 shall be three years.</p> <p>12.06.3 Temporary Suspension (1) A Professional Committee Appointee who becomes the</p> | <p>voting.</p> <p>v. The Professional Committee Appointee Member whose conduct is the subject of concern shall not take part in the deliberation of the Board, however, they shall be given a reasonable opportunity to respond to the allegation.</p> <p>12.08 A Professional—Committee Appointee Member who is disqualified under the bylaws s. 12.05.1 from sitting on a committee of the College, ceases to be a member of the committee, and the Board shall appoint a successor as soon after the disqualification as feasible.</p> <p>12.08.1 The term of office of a person who is appointed as a successor to a disqualified Committee member under s. 12.06.1 shall be three years.</p> <p>12.09 Temporary Suspension (1) A Professional Committee Appointee who becomes the</p> | <p>This provision is important enough to have its own number rather than be a subclause under 12.07.</p> <p>It is sufficient to simply refer to the bylaws rather than the specific clause number of the bylaws.</p> <p>The numbering of this provision changes. It is not necessary to refer to the section under which the person was disqualified.</p> <p>This provision similarly is important enough to have its</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|--|--|---|
| <p>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.</p> <p>(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.</p> | <p>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.</p> <p>(2) A Professional Committee Appointee who fails to pay any fees owing to the College or fails to provide any information required by the College 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.</p> | <p>own clause number, so should be renumbered.</p> <p>Articulating the substance of the requirement is more helpful than just referring to the clause number.</p> |
| Part 13: Committees | Part 13: Committees | |
| <p>13.02 Registration Committee</p> <p>13.02.1 The Registration Committee shall be composed of:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. one or more Professional Committee Appointee(s); | <p>13.02 Registration Committee</p> <p>13.02.1 The Registration Committee shall be composed of at least:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. one or more Professional Committee Appointee(s); and. | <p>The addition of “at least” allows for more flexibility if the Board wishes to appoint more appointees</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|---|--|---|
| <p style="text-align: right;">and. d. at the discretion of the Board, one or more Community Appointee(s).</p> <p>13.03 Inquiries, Complaints and Reports Committee</p> <p>13.03.1 The Inquiries, Complaints and Reports Committee shall be composed of:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. four or more Professional Committee Appointees; and d. at the discretion of the Board, one or more Community Appointee(s). <p>13.04 Discipline Committee</p> <p>13.04.1 The Discipline Committee shall be composed of:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. one or more Professional Committee Appointee(s); and. d. at the discretion of the Board, one or more Community Appointee(s). | <p style="text-align: right;">d. at the discretion of the Board, one or more Community Appointee(s).</p> <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; b. two Public Directors; c. four or more Professional Committee Appointees; and d. at the discretion of the Board, one or more Community Appointee(s). <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 Elected Directors; b. two Public Directors; c. one or more Professional Committee Appointee(s); and. d. at the discretion of the Board, one or more Community Appointee(s). | <p>The addition of “at least” allows for more flexibility if the Board wishes to appoint more appointees</p> <p>The addition of “at least” allows for more flexibility if the Board wishes to appoint more appointees</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|---|---|--|
| <p>13.05 Fitness to Practise Committee</p> <p>13.05.1 The Fitness to Practise Committee shall be composed of,</p> <ul style="list-style-type: none">a. two Elected Directors;b. two Public Directors;c. one or more Professional Committee Appointee(s); andd. at the discretion of the Board, one or more Community Appointee(s). | <p>13.05 Fitness to Practise Committee</p> <p>13.05.1 The Fitness to Practise Committee shall be composed of at least,</p> <ul style="list-style-type: none">a. two Elected Directors;b. two Public Directors;c. one or more Professional Committee Appointee(s); andd. at the discretion of the Board, one or more Community Appointee(s). | <p>The addition of “at least” allows for more flexibility if the Board wishes to appoint more appointees</p> |
| <p>13.07 Quality Assurance Committee</p> <p>13.07.1 The Quality Assurance Committee shall be composed of:</p> <ul style="list-style-type: none">a. two Elected Directors;b. two Public Directors;c. one or more Professional Committee Appointee(s); andd. at the discretion of the Board, one or more Community Appointee(s). | <p>13.07 Quality Assurance Committee</p> <p>13.07.1 The Quality Assurance Committee shall be composed of at least:</p> <ul style="list-style-type: none">a. two Elected Directors;b. two Public Directors;c. one or more Professional Committee Appointee(s); andd. at the discretion of the Board, one or more Community Appointee(s). | <p>The addition of “at least” allows for more flexibility if the Board wishes to appoint more appointees</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|--|--|--|
| <p>13.08 Patient Relations Committee</p> <p>13.08.1 The Patient Relations Committee shall be composed of:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. one or more Professional Committee Appointee(s); and d. at the discretion of the Board, one or more Community Appointee(s). <p>13.09 Governance Committee</p> <p>13.09.1 The Governance Committee shall be composed of:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. and at the discretion of the Board, one or more Community Appointee(s). <p>13.10 Finance, Audit and Risk Committee</p> <p>13.10.1 The Finance, Audit and Risk Committee shall be composed of:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. and at the discretion of the Board, one or more | <p>13.08 Patient Relations Committee</p> <p>13.08.1 The Patient Relations Committee shall be composed of at least:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. one or more Professional Committee Appointee(s); and d. at the discretion of the Board, one or more Community Appointee(s). <p>13.09 Governance Committee</p> <p>13.09.1 The Governance Committee shall be composed of at least:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. and at the discretion of the Board, one or more Community Appointee(s). <p>13.10 Finance, Audit and Risk Committee</p> <p>13.10.1 The Finance, Audit and Risk Committee shall be composed of at least:</p> <ul style="list-style-type: none"> a. two Elected Directors; b. two Public Directors; c. and at the discretion of the Board, one or more | <p>The addition of “at least” allows for more flexibility if the Board wishes to appoint more appointees</p> <p>The addition of “at least” allows for more flexibility if the Board wishes to appoint more appointees</p> <p>The addition of “at least” allows for more flexibility if the Board wishes to appoint more appointees</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|--|--|---|
| Community Appointee(s). | Community Appointee(s). | |
| Part 17: Public Register | Part 17: Public Register | |
| <p>17.02 Providing Information to the Public 17.02.1 The Registrar shall give any information contained in the register which is designated as public to any person in printed, oral or electronic form unless the information is subject to nondisclosure under either subsection 23(2) of the Code, or section 17.04.</p> <p>17.03 Fees 17.03.1 The Registrar may set and charge a fee for obtaining such information.</p> <p>17.04 Non-Disclosure 17.04.1 The Registrar may refuse to disclose information that is available to the public under</p> | <p>17.02 Providing Information to the Public 17.02.1 The Registrar shall give any information contained in the register which is designated as public to any person in printed, oral or electronic form unless the information shall not be disclosed by virtue of section 23 of the Code is subject to nondisclosure under either subsection 23(2) of the Code, or section 17.04.</p> <p>17.03 Fees 17.03.1 The Registrar may set and charge a fee for obtaining such information.</p> <p>17.04 Non-Disclosure 17.04.1 The Registrar may refuse to disclose by virtue of section 23(7) of the Code information that is</p> | <p>This should refer to section 23 generally, because it is the various subsections in section 23 that indicates what may not be disclosed.</p> <p>No change.</p> <p>This refers to the statutory authority</p> |



| Current Bylaw | Proposed Bylaw All changes marked in red | Rationale |
|---|--|--|
| <p>these bylaws if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual or the information is subject to a publication ban.</p> | <p>available to the public under these bylaws if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual or the information is subject to a publication ban or in the opinion of the Registrar the information is obsolete and no longer relevant to the member's suitability to practise.</p> | <p>of the Registrar to refuse to post information on the register. The additional wording articulates the actual authority under 23(7) of the statute to withhold information.</p> |

Proposed



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Governance Committee
Subject: Skills & Diversity Matrix

Recommendation:

THAT the Board adopt the Skills and Diversity Matrix Tool as shown on Attachment 1.

Issue:

The Governance Committee is asked to provide initial feedback on the development of the College's own Skills and Diversity Matrix tool.

Link to Strategic Plan:

This aligns under Public Confidence:

1.3 College governance is responsive, effective, competency-based and accountable.

Why this is in the Public Interest:

The Skills and Diversity Matrix tool contributes to effective governance and Board development, and to governance succession planning. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system through transparency and accountability.

Background:

- The College's [Competency Framework](#) was approved by the Board at the March 25, 2021, meeting. The framework defines the knowledge, skill & abilities, and personal qualities of members of the Board. Competencies are overarching standards of behaviour expected of the Board. They provide the structure that helps identify, assess, and develop the behaviours and skills that contribute to and ensure effective governance. The competencies support and facilitate the College's vision and mission and are aligned with its strategic plan.
- The Ministry of Health's College Performance Measurement Framework requires that health regulatory colleges have a pre-defined set of skills and competencies for Board members, and a process for ensuring that directors wishing to stand for election meet these pre-defined skills and competencies.
- To enable the College meets this requirement, staff have developed, and Governance Committee approved, the Skills and Diversity Matrix tool (see attachment 1).
- The Skills and Diversity Matrix is a multi-faceted tool and a good governance practice used by boards and can provide a comprehensive snapshot of the current Board, as well as to assess the overall composition of the Board related to diversity. The Board is being asked to adopt it.

Discussion:

- The Skills and Diversity Matrix assists the College to map a Director's self-reported skills and levels of expertise, ensuring a balance of key governance roles and assisting to highlight areas of strength and identify gaps to be supported through continuing education.
- A review of other College's competency frameworks and additional research on emerging governance practices has showed that some Colleges include a wide range of diversity indicators e.g., professional, regional, age, and gender diversity. We have included diversity in our competency framework as well as build in diversity in the matrix (see attachment 2).
- In addition to collecting personal information – i.e., electoral district, age, and practice setting, the Identity/background component of the Skills and Diversity Matrix aims to gather information on a Director's cultural background or lived experiences through the optional self-identification categories.
- The proposed tool will primarily be used internally for staff and the Governance Committee to help identify gaps among the current Board composition and allow the College to target outreach for applicants interested in running for election or being appointed to committees to better represent those areas. In this way, a matrix is an initial first step towards creating a culture of inclusion.

Next Steps (if approved):

- Should the Board approve the adoption of the Skills and Diversity Matrix, a survey will be sent to all Directors to gather the required information.
- A summary of responses will be first reported to the Governance Committee and to the Board at its January 2022 meeting. To ensure confidentiality, all individual Director names will be removed in the tool.

Questions for the Board:

- Are there any additional diversity, equity, or inclusion issues to consider that have not been addressed?
- What feedback does the Board have regarding next steps?
- Does the Board support the adoption of the proposed Skills and Diversity Matrix?

Attachments:

1. Proposed Skills and Diversity Matrix
2. Sample Matrix tool



Proposed Board Skills and Diversity Matrix

The following provides a baseline of information to understand the skills and competencies of the Board of Directors of the College of Occupational Therapists of Ontario.

The definition for each individual competency is structured on a proficiency scale (from “entry”, though “foundational”, to “advanced” levels), along with which competencies increase in scope and complexity, building on the level before.

The following chart describes criteria board directors should consider when determining their level of skill for each competency.

Competency Criteria

The following chart describes criteria that the Board and/or Committee candidates should consider when determining their level of skill for each competency.

| Rating | Competency Level | Description (Experience/Qualifications) |
|--------|------------------|---|
| 0 | None | <ul style="list-style-type: none">No formal education, experience, or competency in the area |
| 1 | Entry | <ul style="list-style-type: none">Very basic knowledge of competencyUnderstands terminology and can identify skills and attributes associated with the competency |
| 2 | Foundational | <ul style="list-style-type: none">Good general understanding of the fundamentals of the competency gained through an appropriate combination of education, working knowledge, previous board experience and training.Sufficient knowledge and experience to apply concepts to less complex issues |
| 3 | Advanced | <ul style="list-style-type: none">Significant advanced understanding and expertise of the competency gained through appropriate combination of education, practical work experience, previous board experience, professional designation or degree in the subject matter or completion and accreditation of a training program.Participates fully in board analysis, discussion and debate on more complex issues. |

Leadership: Demonstrates confidence and good judgement in inspiring, motivating, and offering direction and leadership to others. Conveys knowledge and understanding of consensus-building and uses effective facilitation techniques. Fosters the values and commitments of COTO.

Entry:

- Embraces change and innovation
- Demonstrates a commitment to learning and seeks out opportunities to improve
- Can contribute to group discussions

Foundational:

- Understands the importance of the College's vision and methods/processes for developing a collective vision
- Knowledge and understanding of consensus-building and use of effective facilitation techniques

Advanced:

- Provides leadership and support through organizational change
- Communicates vision and priorities with clarity and conviction
- Ensures change contributes to strategic priorities
- Is inclusive and respectful

Evaluate your level of competence in leadership:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Board and Governance: Has experience with, or can demonstrate knowledge or expertise in, board governance in the private, public, or non-profit sector, through Board or committee service. Clearly understands the distinction between the roles of the Board versus the role of management. Understanding the role of the regulator versus a professional association.

Entry:

- Knows where to obtain further guidance
- Can explain governance concepts to colleagues
- Can identify potential issues and escalate where appropriate
- Understands the distinction between the role of the board versus the role of management

Foundational:

- Understands the purpose and regulatory function of the College regarding its governing legislation and regulations, objects, policies, and bylaws of the College
- Fundamental understanding of fiduciary duty as it applies to COTO and its Board
- Ability to exercise impartial decision-making

Advanced:

- Experience leading or serving on public, private, or non-profit boards operating with strong governance policies and practices
- Understanding of administrative law principles, working knowledge of relevant legislation, regulation, and College governance documents
- Experience in areas related to Ontario health regulatory colleges and regulated health professions

Evaluate your level of competence in board and governance:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Regulatory Understanding: Knowledgeable and understanding of the regulatory environment required to meet legal, regulatory and governance requirements. Understands the public protection mandate of the College. Familiarity with the oversight of the occupational therapy profession in accordance with applicable legislation, regulations, bylaws, and policies.

Entry:

- Is aware of legislation, regulations, standards, and bylaws that govern health care professionals
- Aware of the College's role in the health care system
- Can contribute to group discussions

Foundational:

- Awareness or knowledge of regulatory climate and evolving regulatory issues, regulated industries and their oversight systems

Advanced:

- Understanding of the regulatory environment and knowledge of evolving regulatory issues
- Knowledge of College functions and issues facing the Board
- Identifies when to seek legal advice on statutory and legal responsibilities and ethical aspects of Board's decision-making

Evaluate your level of competence in regulatory understanding:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Knowledge of Occupational Therapy: Has knowledge and understanding of the occupational therapy profession including scope of practice and the standards of practice of the profession. Clearly understands key trends/developments in the profession and an understanding of legislation and regulation governing the profession.

Entry:

- Basic understanding of key trends and developments in the occupational therapy profession
- Basic understanding of legislation and regulation governing the profession.
- Can contribute to group discussions

Foundational:

- Understanding of the roles and responsibilities of occupational therapy profession, and their scopes of practice.

Advanced:

- Clinician, professor, manager, administrator, or researcher in the field of occupational therapy; or
- Registered professional (practice in Canada)
- Understanding of the relationship of occupational therapists with other professions, particularly those involved in rehabilitation and as part of multidisciplinary teams.

Evaluate your level of competence in occupational therapy:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Risk Management: Experience with, or able to demonstrate knowledge and understanding of the risk management framework for identifying, measuring, and managing significant risks and events that may impact the College's objectives.

Entry:

- Can explain basic risk management concepts to colleagues
- Can identify potential issues and escalate where appropriate
- Can contribute to group discussions

Foundational:

- Understands the principles of risk management and the issues surrounding the identification, management, and reporting of risks
- Can identify organizational risks and its impact on the public

Advanced:

- Identifies and prioritizes risk
- Can articulate how risk should be managed and how to achieve the right balance of risk

Evaluate your level of competence in risk management:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Stakeholder Relations: An understanding of the concept of public interest and how decisions that are made in the public interest may be viewed by stakeholders. Board members willing to see things from a variety of perspectives, and can listen, understand, and respond to others.

Entry:

- Basic understanding of COTO stakeholders, including the public, and their perspectives

Foundational:

- Ability to keep the public interest central when reviewing stakeholder relations
- Well-informed on views and needs of key stakeholders
- Works in partnership with stakeholders in ways that contribute to achieving the goals of the College

Advanced:

- Considers the impact of the Board's decisions and the effect they will have on key stakeholder groups
- Articulate techniques to better engage with stakeholders
- Understanding of how key messages may be received by various stakeholder groups

Evaluate your level of competence in stakeholder relations:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Strategic Planning: Understands the importance of an organizational vision and the methods/processes for developing a collective vision. Ability to recognize the issues facing the College and set long term goals and identify a process to achieving objectives, ensures risks are assessed and monitored. Experience leading a team to articulate a vision, identify strategic priorities, and oversee organizational performance.

Entry:

- Can explain basic strategic planning concepts to colleagues
- Knows when to obtain further guidance
- Can identify potential issues and escalate when appropriate
- Can contribute to group discussions

Foundational:

- Familiarity with strategic planning processes and tools
- Ability to champion the reasons for, and benefits of strategy and change to COTO, to the public, registrants, and other stakeholders.

Advanced:

- Experience with strategic planning, process implementation and review
- Anticipates issues or trends as they may affect COTO
- Based on experience and knowledge, has ability to add new insight in the ongoing process of creating an inspiring vision for COTO

Evaluate your level of competence in strategic planning:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Financial Literacy: Experience with, or is able to demonstrate knowledge or expertise in, accounting or financial management. This may include analyzing and interpreting financial statements, evaluating organizational budgets, and/or understanding of finance and generally accepted accounting principles: can read, interpret, and ask questions about financial statements, applies a basic understanding of financial management to ensure integrity of financial information received by the Board.

Entry:

- Can explain basic finance concepts to colleagues
- Knows when to obtain further guidance
- Can identify potential issues and escalate when appropriate
- Can contribute to group discussions

Foundational:

- Basic financial literacy, including financial concepts and how they relate to the organization and how they should inform the Board's decision-making
- Basic understanding of financial statements, operational plans, business plans and budgets as presented by management and auditors

Advanced:

- Understanding of basic financial analysis of concepts and tools
- Professional designation or equivalent
- Experienced in forecasting, business planning
- Ability to make recommendations based on longer term trends

Evaluate your level of competence in financial literacy:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Technological Competence: Be able to work electronically in order to uphold security, privacy, and efficiency of the College's work.

Entry:

- Knows when to obtain further guidance
- Understands how to keep information secure and confidential in an electronic or online environment
- Basic internet skills, including email, downloading, and uploading, using secure Wi-Fi connection
- Experience downloading, installing, and using videoconference software

Foundational:

- Possesses basic computer skills, including daily work processing tasks – editing, printing, formatting
- Possesses basic internet skills – navigate using links, compose, send, open, read, reply to, and forward messages; attach a file and open an attachment

Advanced:

- Experience using presentation slides, including graphics and multimedia components
- Can identify how technology impacts risk and strategy
- Ability to troubleshoot and resolve issues

Evaluate your level of competence in technology:

- I have this competency at ENTRY level
- I have this competency at FOUNDATIONAL level
- I have this competency at ADVANCED level
- I do not have this competency

Briefly describe how you gained this competency:

Demographic Background:

Tenure on the Board

- 1-3 years
- 3-6 years
- 6+ years

Gender and Sexual Orientation

- Male
- Female
- Non-Binary
- LGBTTIQQIP2SAA
- Prefer not to say

Age

- 18-29
- 30-39
- 40-49
- 50-59
- 60+

Ethnic/Culture Identity (click on all that apply)

- Black
- East/Southeast Asian
- Indigenous (First Nations, Metis, Inuit)
- Latino
- Middle Eastern
- South Asian
- White
- Other (please specify)

Board Competency Matrix

| | | Director 1 | Director 2 | Director 3 | Director 4 | + | + | + | + | + | + | + | + | + | + | | |
|----------------------------------|-------------------------------------|------------|------------|------------|-------------|---|---|---|---|---|---|---|---|---|---|--|--|
| Competencies | Leadership | 0 | 2 | 3 | 2 | | | | | | | | | | | | |
| | Board & Governance Experience | 1 | 2 | 3 | 1 | | | | | | | | | | | | |
| | Regulatory Understanding | 2 | 1 | 2 | 2 | | | | | | | | | | | | |
| | Knowledge of Occupational Therapy | 3 | 3 | 0 | 1 | | | | | | | | | | | | |
| | Risk Management | 0 | 0 | 2 | 1 | | | | | | | | | | | | |
| | Stakeholder Relations/Communication | 1 | 2 | 0 | 2 | | | | | | | | | | | | |
| | Strategic Planning | 2 | 0 | 1 | 2 | | | | | | | | | | | | |
| | Financial Literacy | 3 | 1 | 0 | 0 | | | | | | | | | | | | |
| | Technological Competence | 2 | 2 | 2 | 2 | | | | | | | | | | | | |
| Professional Information | COTO Electoral District | 1 | 2 | 3 | 4 | | | | | | | | | | | | |
| | Tenure (years) | 6-9 | 3-6 | 1-3 | 6-9 | | | | | | | | | | | | |
| | Practice Settings | Hospital | Clinic | | Community | | | | | | | | | | | | |
| Identity & Background | Gender Identity | Male | Female | Female | LGBTQ+ | | | | | | | | | | | | |
| | Age | 50-59 | 40-49 | 40-49 | 60+ | | | | | | | | | | | | |
| | Ethnic/Cultural Identity | White | White | White | South Asian | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| Legend | |
|--------|--------------------|
| 0 | None |
| 1 | Entry level |
| 2 | Foundational level |
| 3 | Advanced level |



MEMO

Date: October 28, 2021
To: Board
From: Elinor Larney, Registrar
Subject: *In Camera* Session

As per section 7(2) of the Health Professions Procedural Code provides for limited circumstances where the public may be excluded from a Board meeting. This includes issues of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel.



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Julie Entwistle, Deputy Registrar
Subject: Policy to Approve Agents of the College

Recommendation:

THAT the Board approves the updated Policy to Approve Agents of the College

Issue:

Currently, the policy on the Approval of Supervisors and Other Agents of the College is outdated (2014). When the College is required to approve College agents such as practice supervisors, mentors, monitors, peer assessors and experts to support College committees in their work, this policy is used to make decisions about eligible candidates. The policy is referenced in program documents and is posted on the College website.

While the College is undergoing its governance modernization now is an opportune time to update the policy to reflect best-practice.

Link to Strategic Plan:

- Public Confidence: The public trusts occupational therapy regulation.
- Quality Practice: Occupational therapists are competent, safe, effective, and accountable.

Why this is in the Public Interest:

The public we serve trusts the College to ensure that the agents we use to deliver our mandate are appropriate to do so. These agents need to be of professional standing worthy of making important decisions around a registrant's eligibility to practice, quality of service delivery, or to support committee process (i.e., experts).

Background:

Since the Policy became effective in 2014, changes to the internal and external regulatory landscape have rendered the policy outdated. Not only has the language around Council and non-Council Committee members been modernized, but the College has adopted a more risk-based approach to outcomes as indicated on the website and provided to committees in decision-making frameworks. Aligning the Policy with current language reduces confusion for registrants and the public. Further, in the last 7 years committee and program outcomes have shifted, changing the standard by which agents and future agents need to be measured. The updated Policy includes:

- Legal review from Julie Maciura, College legal counsel.
- Updated to reflect current governance language.

BOARD MEETING BRIEFING NOTE

Policy to Approve Agents of the College

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- Removal of non-Council Committee members as their eligibility is outlined in bylaw.
- Updating the language around decision outcomes to be consistent with the decision-making frameworks used by Committees.
- Have streamlined the requirements to make these easier to interpret for registrants, staff, and the public.

Implications:

All College programs use this policy when retaining agents and thus this update applies to all. The College bylaws on eligibility for Board and Professional Committee Appointee members has different criteria for appointment and this may need to be updated to align with this policy in the next round of bylaw changes.

Attachments:

1. Proposed Policy to Approve Agents of the College
2. Current Approval of Supervisors and Other Agents of the College



Policy to Approve Agents of the College

| | |
|--------------------------|---|
| Section: | Deputy Registrar |
| Applicable to: | All registrants who may want or need to become an agent of the College. |
| Approved by: | Board |
| Date Established: | October 22, 2014 |
| Date Updated: | October 2021 |

Purpose:

The College regularly retains registrants (termed agents) to assist with work that cannot be performed by staff. This policy sets out the objective criteria for the approval of agents.

Principles:

The criteria herein will be applied across all College areas. The Board believes these criteria represent the public's best interest and will help the College meet its mandate. The Board authorizes the applicable decision makers to exercise their discretion when applying these criteria. This will promote fairness by ensuring consideration is given to individual circumstances when appropriate.

Policy Content:

Agents of the College have significant roles and responsibilities. They are called upon to dedicate time, effort, and attention to their roles and are expected to represent the highest levels of leadership and professionalism. They may be retained to do any of the following:

- experts in discipline hearings;
- practice supervisors, monitors, or mentors, or;
- peer assessors.



Policy to Approve Agents of the College

Eligibility criteria for approval of agents is listed as follows:

| Decision Outcome | Practice Supervisor, Monitors, or Mentors | Peer Assessor | Expert Opinion |
|--|--|---------------|----------------|
| Current College proceeding or investigation | Not eligible until the outcome is determined | | |
| No Risk Take No Action, Frivolous or Vexatious, Complaint Withdrawn | No restrictions | | |
| Low Risk Administrative suspensions and revocations Advice and Guidance Written Caution Terms, Conditions, Limitations Administrative Undertakings | 1 Year | | Indefinite |
| Moderate Risk Undertakings Specified Continuing Education and Remedial / Remediation Program (SCERP) Verbal Caution Terms, Conditions, Limitations | 6 Years | | |
| High Risk Undertaking with Restrictions Terms, Conditions, Limitations All other Suspensions / Revocations Discipline Hearing with Findings | | Indefinite | |



College Policy

Policy on the Approval of Supervisors and Other Agents of the College

Effective: October 22, 2014

The College regularly retains members of the profession to assist with work that cannot be performed by staff of the College. These members, when called upon to assist the College, act as 'agents' of the College. The work of these agents may include:

- acting as experts in discipline hearings
- acting as practice supervisors
- acting as peer assessors, or
- acting as non-Council Committee members.

Agents of the College often have significant roles and responsibilities. For instance, they may evaluate or mentor another occupational therapist's practice. Acting in these capacities, agents are called upon to dedicate a lot of time, effort and attention to their roles. Agents are also expected to represent the highest levels of leadership and professionalism.

It is for these reasons that the College Council believes it is in the best interest of the members and the College to:

- not retain, as agent, a member who is in the midst of a College proceeding (including an investigation).
- not retain, as agent, a member who has (within the previous year or more) been through a formal College process that resulted in any decision other than to take no further action.

On October 22, 2014, College Council decided to adopt a policy setting out objective criteria for the approval of agents. These criteria will be applied, as consistently as possible, across all College areas. The Council believes these criteria are in the public's best interest and will help the College continue to meet its mandate of public protection.

Eligibility criteria for approval of agents is listed on the attached chart. Please contact the College if you have any questions.

Example: a member of the profession who had previously received a caution may only be appointed to a non-Council Committee (such as the Registration Committee) if at least six years have passed since the caution. In the case of less serious decisions, such as a Committee's decision to issue guidance, an agent would be able to fulfill the role of non-Council Committee member one year after receiving the Committee's guidance.



College Policy

Policy on the Approval of Supervisors and Other Agents of the College

Eligibility Criteria for the Approval of Agents

This chart lists the potential “agent” roles at the College and the relevant College process and time period after which the prospective agent will be permitted to fill each role. This chart is not exhaustive and may be added to as additional roles are identified. The College and its Committees may use discretion in the application of the criteria.

| | Practice Supervisor Provisional Practice | Practice Supervisor – all other programs | Expert Opinion | Peer Assessors | Non-Council Committee Members |
|---|---|---|--|-----------------------|--------------------------------------|
| Guidance/ Recommendation | 1 year | 1 year | Indefinite – will depend on the facts of each case | 1 year | 1 year |
| Undertaking | 2 years | 2 years | Indefinite | 2 years | 2 years |
| SCERP | 2 years | 6 years | Indefinite | 6 years | 6 years |
| Written Caution | 2 years | 6 years | Indefinite | 6 years | 6 years |
| Verbal Caution | 3 years | 6 years | Indefinite | 6 years | 6 years |
| Terms/conditions/limitations | 6 years | 6 years | Indefinite | 6 years | 6 years |
| Suspension* / revocation *excludes administrative suspensions & revocations | 6 years | 6 years | Indefinite | 6 years | 6 years |



BOARD MEETING BRIEFING NOTE

Date: October 28, 2021
From: Julie Entwistle, Deputy Registrar
Subject: Culture, Equity, and Justice Document

Request:

THAT the Board approves the new document on Culture, Equity, and Justice in Occupational Therapy Practice for posting.

Issue:

Currently, the Code of Ethics, Practice Standards, and the Essential Competencies of the Profession act as guideposts for expected behavior of occupational therapists. The new Competencies (release pending) include a section titled “Culture, Equity, & Justice”, which encourages occupational therapists to practice in ways that are equitable, anti-oppressive, culturally safer, and inclusive. As discussed before, Practice and the Board identified the need to develop a new resource that guides occupational therapists to operationalize these Competencies into their practices.

Link to Strategic Plan:

- Public Confidence: The public trusts occupational therapy regulation.
- Quality Practice: Occupational therapists are competent, safe, effective, and accountable. Professional standards are up-to-date and reflect evolving practice.
- College Values: Treating everyone with dignity and respect. We respect and support equity, diversity, and inclusion.
- System Impact: Collaboration supports the College’s effectiveness and impact as a regulator. Collaboration promotes systems alignment to support quality practice by occupational therapists.

Why this is in the Public Interest:

The public we serve is diverse, each bringing their own culture, experience, and uniqueness to their interaction with healthcare providers. Occupational therapists need to serve the public in a way that is fair and equitable while ensuring that all people are respected and treated with dignity. This is essential for occupational therapists to practice safely, competently, and ethically.

Background:

The College recognizes that the sheer nature of regulation places us in a position of considerable power, privilege, and influence over others. Likewise, occupational therapists maintain similar positions over the clients they serve, as they work with people of all backgrounds, ethnicities, and experiences in the work they do. All of us working in different systems need to acknowledge our contributions to inequities, discrimination, and social injustices and must commit to reducing and/or eliminating them.

The College's values include language that we "respect and support equity, diversity, and inclusion." The importance of this statement was heightened by some highly public (and ongoing) racial events of 2020, and the resulting outcry, shifting the public to intolerance for systemic discrimination and social injustices. In Spring 2021, four student occupational therapists from McMaster University completed a literature search, analyzed survey data, and reviewed the updated Competencies* to assist in the development of a future diversity, equity, and inclusion document. The student project was then used to inform the following key messages for the document:

- Understand the terms, concepts, and language that shape expectations regarding equitable, just, and rights-based practice.
- How occupational therapy overtly and covertly perpetuates and reinforces systemic injustices and inequities as a profession grounded in Western, colonial theories and ideologies.
- How anti-colonial, anti-racist and culturally safer practice protects the public and benefits recipients of occupational therapy service through the forming of collaborative relationships.
- How cultural humility requires a life-long commitment to recognizing and combating the personal biases and prejudices we all carry.
- How occupational therapists resist systems of oppression and promote equity and justice through their practice.

*Note: the Competencies have yet to be released, but we will ensure they map over to the content of this document before posting.

Two McMaster students continued their work on this project throughout July and August 2021 as part of a clinical placement with the College. Through this work, language has moved from focusing on "diversity, equity, and inclusion" to include topics such as justice, occupational rights, and anti-oppression. These additional topics name and centre the systemic and structural foundations of inequities and injustices and are better aligned with the language used in the "Culture, Equity and Justice" section of the Competencies.

Indigenous and Equity Panel Reviews

In August and September, the draft document was reviewed by Indigenous and Equity panels of registrants and by Practice Subcommittee. Feedback from these consultations and resulting changes included:

Communication plan: How to launch this document and to cast a wide net over those that need to know this information who are at varying stages of learning, knowing, and doing?

Communications conversations have included:

- posting this information on a website versus just having "words on paper"
- providing a way for registrants to navigate the content in more manageable chunks
- creating a short introduction video to help orient people to the content
- having a resource list for future learning
- hosting a webinar to discuss the content and its development with registrants.

BOARD MEETING BRIEFING NOTE

Culture, Equity, and Justice Document

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Updated concepts: Include trauma and intergenerational trauma, and add stronger language about human rights, White supremacy, patriarchy, neoliberalism and microaggressions.

Consider the registrant experience: Consider that OTs should also not experience racism or discrimination at work, and that equity-deserving registrants should not be tasked with explaining these concepts to others. Include that OTs are expected to model appropriate behavior.

Practice examples: Can these be added to the document or glossary to help bridge concepts to practice?

Following these panel meetings, the above were considered and added. Practice examples were developed and added to areas of the glossary where it was determined they would be most helpful at clarifying concepts.

Citizen's Advisory Group Review

In October, the document was provided to the Citizen's Advisory Group for review. Feedback from this group included:

Praise: The content was said to be thorough and educational, covering a lot of important content. It was felt to be a document that could help to improve care for clients if the principles are applied correctly.

Criticism: Some people did not "see themselves" in the document but saw other representation (such as Indigenous people). Was this exclusive to other groups? Some felt it was "divisive," assumes bias and is too academic. Some felt it was not general enough. Ageism and ableism were said to be missing.

What is the expectation on OTs to apply this material: Many members of the CAG wanted to know how the College would know that OT's read, understood, and are applying the material? They want this to be mandatory education.

Following this meeting, some elements of the original content that were felt to be "divisive" and perhaps "too strong" were removed. The introduction was reworked to "set the stage" for registrants. An attempt a providing more general content was made, recognizing that Indigenous considerations need to remain considering the Competency C sections that include this. Some practice examples were removed or streamlined into other concepts.

The work thus far and planned next steps are summarized below:

| Date | Action | Outcome |
|--------------|---------------------------|---|
| October 2019 | Strategic Planning | Inclusion of Value Statement <i>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</i> |
| July 6, 2020 | College Statement | College commitment to Anti-Racism |

October 28, 2021

BOARD MEETING BRIEFING NOTE

| Date | Action | Outcome |
|--------------------|--|---|
| December 2020 | OTs on Equity Advancement (OTEA) | Consultation and discussion to obtain feedback on proposed questions and approach to DEI survey to registrants. |
| January 2021 | DEI Survey Circulated | Survey launched. |
| April and May 2021 | Conversations with OTs who identify as Indigenous | Listening and learning about the experience of OTs who are Indigenous and developing next steps for their input and consultation on Practice documents and College materials. |
| March 2021 | DEI Survey Results | Students assisted in data analysis, results presented to Practice Subcommittee and Senior Leadership. |
| April 2021 | Development of Key Messages | McMaster Research students have been completing a literature review on DEI and occupational therapy practice and are preparing content to support a future document. |
| May 2021 | Practice Subcommittee | Review updated work on DEI document creation and decide if key messages can be provided to Executive for review and for Board approval. |
| June 2021 | Executive/Board | Key messages were presented and approved for development. |
| July 2021 | Practice Subcommittee | Review updated work on DEI document creation and determine areas for further development and next steps. |
| August 2021 | Consultation with Indigenous Insights Panel | Few document changes were recommended but talk at this group centered around how to communicate this content to registrants. |
| September 2021 | Consultation with Equity Perspectives Panel | Many updates were made after this consultation, and some considerations have been included in other program areas (QA) and in the communication plan. |
| September 2021 | Practice Subcommittee | Review of document by Subcommittee. Changes have been incorporated. |
| October 2021 | Edit Phase | Reviewed by legal counsel, an editor, and provided to translation to ensure ease of translation into French. |
| October 2021 | Executive Committee | Recommended this be provided to the Board for review and approval. |
| October 2021 | Citizen's Advisory Group | Provided this document and a plain language version to this Patient Panel for input and suggestions on creating a public resource to support this content. |
| October 2021 | Board | Presented October 28, 2021 |

BOARD MEETING BRIEFING NOTE

Culture, Equity, and Justice Document

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| Date | Action | Outcome |
|--------------------------|---|---|
| November – December 2021 | Translation Communication Planning | Planned: translation, Plain Language accompanying resource, communication updating to proper template and planning for release. |
| January – February 2022 | Launch | Planned: post website and video, notify registrants in an eblast, webinar scheduling. |
| Mid-2022 | Feedback Survey | Ask registrants for feedback on the information, format of the materials and review for any needed changes. |

Discussion:

A draft copy of the practice resource is attached to this briefing note. We are asking the Board to provide input on the following:

Does the document meet the key messages?

Are there other steps or input the Board would like us to take or consider to further develop this document?

This document is intended to be a starting point to assist occupational therapists in applying Competency C to their current practice. Do any gaps, in your opinion, remain?

Do you have any additional comments regarding the communications plan?

Do you approve this document to be posted?

Implications:

Other College programs, including Quality Assurance and Investigations and Resolutions, may use this resource in the future to inform decision-making, resource development, and program planning (including the PREP).

Attachments:

1. Draft Culture, Equity, and Justice Document with associated resources (Glossary with Practice Examples and Reflective Questions).

Culture, Equity, and Justice in Occupational Therapy Practice

Acknowledgements: The College is grateful to the time and heart that was put into this document by 2021 McMaster students Eden Barrow, Kaitlin Haffner, Sophie Stasyna, and Victoria Krayzman. The College also recognizes the contribution of registrants through survey responses, and those that participated in our Indigenous and Equity panels. Lastly, the Citizen's Advisory Group, as users of healthcare services including occupational therapy, also provided valuable input and feedback.

Note to Reader: This document is written to complement the *Competencies for Occupational Therapists in Canada* (CORECOM, 2021), Section C: Culture, Equity, and Justice. It serves to outline specific expectations for how occupational therapists can provide services that are **culturally safer** while upholding the **human rights** of all clients and the people that occupational therapists work with. These expectations are not restricted to registrants in clinical roles; they apply to all occupational therapists, regardless of practice area, setting, or job title. Those in macro-level roles, such as leading and teaching, will be especially influential in actioning this work.

This document is a starting point for the College as it begins to help occupational therapists to best apply principles of **culture**, **equity**, and **justice** in practice. Because occupational therapists in Ontario serve diverse populations, it is not possible to outline specifically how registrants should approach every practice situation. Instead, the College has created this document to educate and empower occupational therapists to develop the knowledge and tools to move toward culturally safer, **anti-oppressive** work. The glossary in Appendix A provides definitions of the bolded terms used, but it in no way represents every concept, definition, or group that deserves mention and understanding.

The content of this document can be heavy. Some may read it all at once, and others may come back several times as the concepts are digested. As they read, occupational therapists are encouraged to think about how the concepts relate to clients and colleagues in their practice, and where change can begin or continue to evolve. Appendix B has some questions to help structure this self-reflection.

Introduction

Clients benefit when their healthcare providers are sensitive to their unique needs and experiences. The process of deepening our understanding of how to best to provide service to clients requires the hard work of self-reflection, insight, and learning about the emerging trends in practice that are driving change. This document is intended to explain to occupational therapists how culture, equity, and justice impact practice, and to inform registrants about what they can do to provide culturally safer practices. The College recognizes that the process of questioning personal and professional views can be difficult, but also knows that occupational therapists can be champions of this work.

Background

Like most Western healthcare, the profession of occupational therapy was founded on, and remains grounded in, White, Western ideologies. It continues to include mainly female-identifying clinicians and students. This has resulted in historically excluded **equity-deserving groups** being unintentionally and unknowingly disadvantaged and discriminated against when receiving services.

Changing the reality that equity and justice are not always present in practice is the responsibility of us all. The College, in its own position of power and **privilege**, has the important role of protecting the public from injustices by setting the expectations for competent, safe, and ethical occupational therapy practice in Ontario.

While data is lacking to indicate the type of **diversity** that may exist amongst those practising the profession, the College acknowledges that diversity does exist. A survey and conversations with self-identified Indigenous and equity-informed registrants revealed that occupational therapists are at different stages of learning, understanding, and applying the concepts of this document. Those with lived/living experience as members of equity-deserving groups may be more knowledgeable than others about injustices in practice, but they should not be tasked with explaining or having to “fix” them. If real change is to be made, the responsibility of learning and growing must be shared amongst us.

Intersectionality as a Guiding Framework

The framework of **intersectionality** is a useful foundation for understanding culture, equity, and justice, and how these concepts can be applied to practice. Intersectionality explains that people view and experience the world from unique **social locations** (that is, social positions, positionalities). Social locations are shaped by both the identities an individual holds and the contexts in which they live. These are intersecting and interdependent identities, outlined as follows. When practising, occupational therapists should be aware of the positionality, values, and beliefs both they and their clients hold, as these will influence a client’s experience with the therapeutic process.

What Occupational Therapists Need to Know

Oppression Is Systemic and Is Reinforced and Challenged in Everyday Practice

The dynamic intersections between social identities and contexts over time compound to create systems of privilege and **systems of oppression**. Institutions may uphold and perpetuate systems of oppression, including **White supremacy, patriarchy, and neoliberalism**. There are many examples of how these systems may influence an individual’s experiences with health and occupation. For example,

the **social determinants of health** are intrinsically linked to social identities and positionalities. Lower socioeconomic status is correlated with many social identities due to systems that create privilege and disadvantage through law, policy, and other institutions. Importantly, occupational therapists working in Canada must recognize that ongoing legacies of “colonization and **colonialism** cross-cut and influence all other social determinants of health of First Nations, Inuit and Métis individuals, families and communities” (National Collaborating Centre for Indigenous Health, 2021, para. 2, emphasis added).

Occupational therapists have an opportunity to model the change needed in systems of oppression where a power imbalance exists. Occupational therapists should be mindful that practice tools reflect the worldviews of those that developed them and that these tools are not always normalized with a representative sample. Therefore, it would be incorrect to assume that all practice theories, assessment tools, and therapeutic approaches are applicable to all clients.

Further, occupational therapists are to understand that language used in practice and the workplace can also affect oppression. When talking to or about their clients and colleagues, occupational therapists should refer to others respectfully. This includes learning about, avoiding, and not silently condoning **microaggressions** in the workplace.

Bias Is Inevitable and Harmful

Biases refer to the views that individuals consciously and/or unconsciously hold toward diverse groups of people because of their own unique social location. Biases can be emotional (causing prejudice), cognitive (causing stereotypes), and behavioural (causing discrimination). **Implicit biases** are views that an individual holds unconsciously, whereas **explicit biases** are views that an individual is aware they hold. All people, including occupational therapists, have biases that inform their actions, behaviours, and judgements. Occupational therapists’ biases can intentionally and/or unintentionally impact clinical decision-making and client interactions, at times perpetuating discrimination. While it is difficult to completely remove all biases, occupational therapists can take steps to identify and challenge their biases to reduce the impact these have on their practice.

“Available” and “Accessible” Are Not Synonymous

The World Federation of Occupational Therapists (2019) has clearly articulated that **occupational rights** are human rights. Specifically, all people have the right to participate in occupations that are meaningful, necessary for survival, and contribute to personal and community well-being; to “[c]hoose **occupations** without pressure, force, coercion, or threats”; and to “[f]reely engage in necessary and **chosen occupations** without risk to safety, human dignity, or equity” (p. 1, emphasis in original).

Occupational therapists can promote occupational rights by facilitating equitable access to both participation and services. But practitioners must understand that the availability of occupational opportunities and services does not guarantee accessibility for all clients. Barriers to access may be systemic (for example, affordability of services) or practical (for example, culturally insensitive or inappropriate). Considering the barriers that may impact access and taking steps to mitigate or alleviate them contributes to improved client outcomes.

Trauma Is Prevalent

Occupational therapists in Ontario should have a basic understanding of the prevalence of trauma and its potential effects on the clients and communities they work with. Research demonstrates that individuals of equity-deserving groups are more likely to experience both interpersonal and systemic trauma and violence. This can affect the services they require and receive, and occupational therapists need to know how to properly manage client trauma experiences and responses.

Occupational Therapists Have Human Rights Too

It is important to remember that just as the College expects occupational therapists to provide culturally safe and justice-oriented services to the public they serve, registrants also have the human right to work in environments and with clients and colleagues that are not racist or discriminatory. If an occupational therapist experiences unsafe or inappropriate behaviour from a client, they may choose to transition services to another provider. If the workplace or those in it are creating an unsafe situation, the employer should be informed, and solutions developed and implemented.

What Occupational Therapists Can Do

The College recognizes the practice challenges of delivering services in ways that are culturally safer and anti-oppressive. There is immense diversity within the population served by occupational therapists in Ontario, and all clinical situations are different. However, occupational therapists can employ several tools and strategies in their practice, including the following:

Critical Reflexivity

- Employ **critical reflexivity** to bring awareness to positionality and the perspectives brought into each therapeutic relationship.
- Recognize and respect that clients enter the therapeutic relationship from their own social location and may have worldviews, values, beliefs, and traditions that differ from those of the occupational therapist.
- Critically examine the traditions and knowledge they have, and the tools and approaches used.
- Use the list of reflective questions in Appendix B to support their process.

Relational Accountability

- Consider how their practice embodies (or could embody) the four Rs of **relational accountability**: respect, relevance, reciprocity, and responsibility (see the glossary for an example).
- Recognize that they are accountable to the people they work with, including individuals, families, communities, groups, and populations.
- Avoid making assumptions that a client will or will not benefit from a given tool or approach based on presumptions about the client's social identities and contexts.
- Strive to create **ethical spaces** and collaborative dialogue when determining which approaches and tools are appropriate for a given client.
- Strive to foster a culture of belonging when working with clients, communities, and colleagues, as true **inclusion** can occur only when the people they are working with feel valued, seen, and heard.

- Speak and write about clients as they wish to be described and referred to. When completing documentation, write notes with the assumption that clients will read them. Reflect on how notes might make them feel.

Consider What It Means to Be Evidence Informed

- Recognize that tools and approaches found in scholarly literature are not normalized or validated with a sample that represents the diverse clientele served.
- Understand that scholarly evidence, while valuable in many contexts, is only one type of evidence, and it usually reflects Western knowledge and methodologies.
- Respect and continue to learn about different ways of knowing, including Eastern, Global Southern, and Indigenous perspectives on health and occupation.
- Be mindful of **cultural appropriation** when integrating knowledge and traditions from cultures that are not their own.

Strive for Cultural Humility and Culturally Safer Practices

- Recognize that **cultural competency** is unattainable as no one can fully be “competent” in the culture of another. Instead, strive to have **cultural humility** and culturally safer practices.
- Commit to learning about the historical and ongoing social and political contexts that affect clients’ experiences with health, healthcare, well-being, and healthcare professionals.
- Understand the ongoing legacies of colonialism and its impact on Indigenous Peoples. This includes how colonialism, including the residential school system, has systematically disadvantaged Indigenous Peoples and resulted in **intergenerational trauma**, creating ongoing barriers to health, well-being, and access to health services and occupational participation. Know that intergenerational trauma has been experienced by many other groups and cultures as well.
- Recognize and honour the resiliency of equity-deserving groups, and commit to amplifying their voices and undertaking actions that promote **reconciliation** and **self-determination**.
- Understand that while culturally safer experiences for clients are obtainable, it is the clients who ultimately determine whether a setting or experience is comfortable and safe for them. Be prepared to open this dialogue and respond sensitively to feedback.
- Expand awareness and understanding of trauma and violence, including historical and ongoing contexts, consequences of trauma across lifespans and generations, and the relationship of trauma with other physical and mental health concerns. This may require obtaining additional information on **trauma- and violence-informed approaches** in service delivery.

Commit to Lifelong Learning

- Recognize that the information presented in this document is far from exhaustive and the process in learning about culture, equity, and justice will be different for everyone.
- Identify learning and knowledge gaps and commit to addressing them as part of Professional Development Plans, workplace goals, and personal commitment to improving knowledge and understanding about anti-oppressive and culturally safer practices.

Summary

Culture, equity, and justice are represented in occupational therapy practice in ways that are complex and varied by settings and roles. Navigating this requires openness, reflection, and flexibility.

Successfully handling the challenges of practice and meeting the needs of the diverse public seen in practice will require occupational therapists to critically and continuously reflect on how to provide equitable access to their services. Occupational therapists can create inclusive and welcoming environments for clients, and in workplaces that promote belonging and respect for all human rights. Despite the changing conversations and language used around culture, equity, and justice, occupational therapists should view this learning as an ongoing process. Unlearning biases while relearning how to be truly open to the uniqueness of the client in front of them will contribute to safe, effective, and ethical care.

Appendix A: Glossary With Practice Examples

Note: This glossary is intended to provide education and information on the terms used in this document. The descriptions listed may not fully explain all concepts and ideas, and language use is likely to change in time. Practice examples have been added where most appropriate to contribute to understanding, but these do not represent all situations or scenarios that may apply.

Anti-oppressive practice: Behaviours and actions in practice that challenge oppression and discrimination against equity-seeking and deserving groups (groups that have been historically and systematically excluded and/or marginalized because of their social, cultural, economic, or political identities). This may include anti-ableism, anti-colonialism, and anti-racism and anti-racist and anti-hate movements.

Example of anti-ableism: Finding solutions for client participation if the client cannot follow certain policies or complete activities necessary to receive services (for example, they cannot complete an online screen or sign a document digitally).

Example of anti-colonialism: Modifying consent processes for an Indigenous person who indicates that consent for services must involve a Band Leader, Elder, or Knowledge Keeper.

Example of anti-racism: Holding colleagues accountable if bias, racist language, and/or stereotypes are used within the workplace and welcoming ongoing critical dialogue.

Biases: Views, beliefs, and attitudes that individuals consciously and/or unconsciously hold toward diverse groups of people and which are informed by the unique experiences and worldviews that an individual holds because of their unique social location. Bias can be divided into explicit (views that an individual is aware they hold) and implicit (views that they are unaware they hold).

Examples of explicit bias: Assuming some clients will have more supports available at discharge because of their culture or described living situation (for example, a multifamily home). Or assuming a client of a visible minority may have a language barrier.

Example of implicit bias: Hiring males to complete roles or tasks that may require more physical demands, such as lifting or transfers.

Colonialism: According to the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019),

the attempted or actual imposition of policies, laws, mores, economics, cultures, or systems and institutions put in place by the settle governments to support and continue the occupation of

Indigenous territories, the subjugation of Indigenous individuals, communities, and Nations, and the resulting internalized and externalized ways of thinking and knowing that support this occupational and subjugation. These impositions are race-and gender-based. (p. 77)

Of note, colonial violence stems from colonialism

and relies on the dehumanization of Indigenous Peoples [...] perpetuated through a variety of different strategies, including depriving people of the necessities of life, using public institutions and laws to reassert colonial norms, ignoring the knowledge and capacity of Indigenous Peoples, and using constructs that deny the ongoing presence and dignity of Indigenous Peoples. It is also linked to racism. (p. 76)

Example: Government laws and policies determine who is eligible to receive “status” as an Indigenous person.

Critical Reflexivity: The process of reflecting on, questioning, and challenging socially constructed identities and personal assumptions and beliefs.

Examples: Challenging the assumption of the clinical team that certain people will have access to specific resources even if not yet known (for example, assuming that insurance funding will be available when it is not in place yet, or that someone of a certain age does not need assessments for returning to work or would not fit into a group made up of younger participants). Or reflecting on standardized assessment tools or initial assessment forms created by institutions, to ensure that the content is relevant in the current context and inclusive in language (for example, if gender is to be specified on the form, are the only options male and female?).

Cultural Appropriation: “The unacknowledged or inappropriate adoption of the customs, practices, ideas, etc. of one people or society by members of another and typically more dominant people or society.” (Lexico, n.d.)

Examples: Wearing clothing, jewellery, or symbols without knowing or understanding the meaning and significance of these for the culture from which they originated. Or a non-Indigenous occupational therapist working in mental health using “spirit animals” as part of a therapeutic exercise while disregarding their significance and sacredness to many Indigenous cultures.

Cultural Competency: The ability to interact with and understand people of all cultures. This concept has been criticized through the growing understanding that it is not possible to be competent in the experiences and worldviews of another person or community.

Example: Understanding a culture or group may extend beyond taking a course or travelling to work in another country.

Cultural Humility: A lifelong commitment grounded in empathy and respect in which individuals are conscious of their own culture and positionality, and are open to others’ preferences, experiences, and worldviews.

Examples: Asking questions about the culture and experience of others to gain knowledge and understanding. If a colleague tells you they are fasting, asking them about this to learn about their belief system. Sometimes, simply saying, “Can you tell me more about that?” Or during a kitchen assessment,

asking a client about the type of food they typically eat or prepare at home without making assumptions about what they eat based on culture or race, or assuming they eat a standard Western diet.

Culturally Safer Practice: A form of practice that involves acknowledging that as healthcare providers, occupational therapists hold a position of power in therapeutic relationships. Culturally safer practice also recognizes that due to historical and ongoing mistreatment within healthcare systems, individuals from marginalized groups may never feel safe in therapeutic spaces. Occupational therapists must continuously work toward practising in culturally safer ways, but it is ultimately the individual or group receiving services that determines what they consider to be safe.

Example: Recognizing that culturally safer practice is a process, not necessarily a destination. It may include the following: creating an environment of comfort for clients based on their preferences; seeking feedback on ways to improve the services or the environment where they are provided; having a gender-neutral washroom, prayer room, or adequate seating in the waiting and treatment rooms for a client who brings others to appointments; and adding other, non-Western materials, images, or decor to service spaces.

Culture: A collection of beliefs and behaviours shared by a group of people and that are influenced by languages, values, institutions, and customs.

Example: A workplace may set expectations that work is only to be completed during certain days or hours. This is an element of workplace culture.

Diversity: Differences amongst individuals in a variety of visible and non-visible areas which may include culture, gender, race, sex, and socioeconomic status. These areas intersect with broader contexts and influence an individual's beliefs, experiences, and values.

Equity: The process of ensuring fair access to resources and services for all people based on diverse factors and circumstances. While "equality" refers to providing everyone with the same resources, "equity" involves giving people what they need to reach the same benchmarks. Equitable distribution involves removing avoidable or remediable differences between groups and providing fair and just access to resources.

Examples: Advocating early for more visits or more time than typically provided or allowed to address a client-specific need that falls outside of a typical service criterion. Or if three people have a mobility impairment, not suggesting that they all purchase the same single-point cane because it is inexpensive and easily accessible. Or being up to date on alternative resources and funding sources for people to access therapy.

Equity-Deserving Groups: Those who have been historically excluded, marginalized, or "constrained by existing structures and practices [...] who [...] are made to feel that they do not belong" (Tettey, 2019, para. 38) Equity-deserving groups include Black, disabled, and Indigenous peoples, and racialized, religious, and sexual minorities. The term "equity-deserving" is preferred to "equity-seeking" because [t]hose on the margins of our community, who feel or are made to feel that they do not belong, deserve equity as a right. They should not be given the burden of seeking it and they should not be made to feel that they get it as a privilege from the generosity of those who have the power to give it, and hence the power to take it back. (Tettey, 2019, para. 39)

Ethical Spaces: A concept developed by Indigenous researcher Willie Ermine (2007) and that describes the process of individuals or groups who hold different worldviews coming together to create a space that promotes an openness to learning from one another.

Example: Hosting webinars or learning experiences with content experts about how to include and encourage comfortable conversations about culture, diversity, privilege, race, and social locations with colleagues to promote sharing and understanding.

Human Rights: The United Nations Universal Declaration of Human Rights (1948) states that “[a]ll human beings are born free and equal in dignity and rights” (Article 1) and outlines 30 articles that apply to all people around the world “without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status” (Article 2).

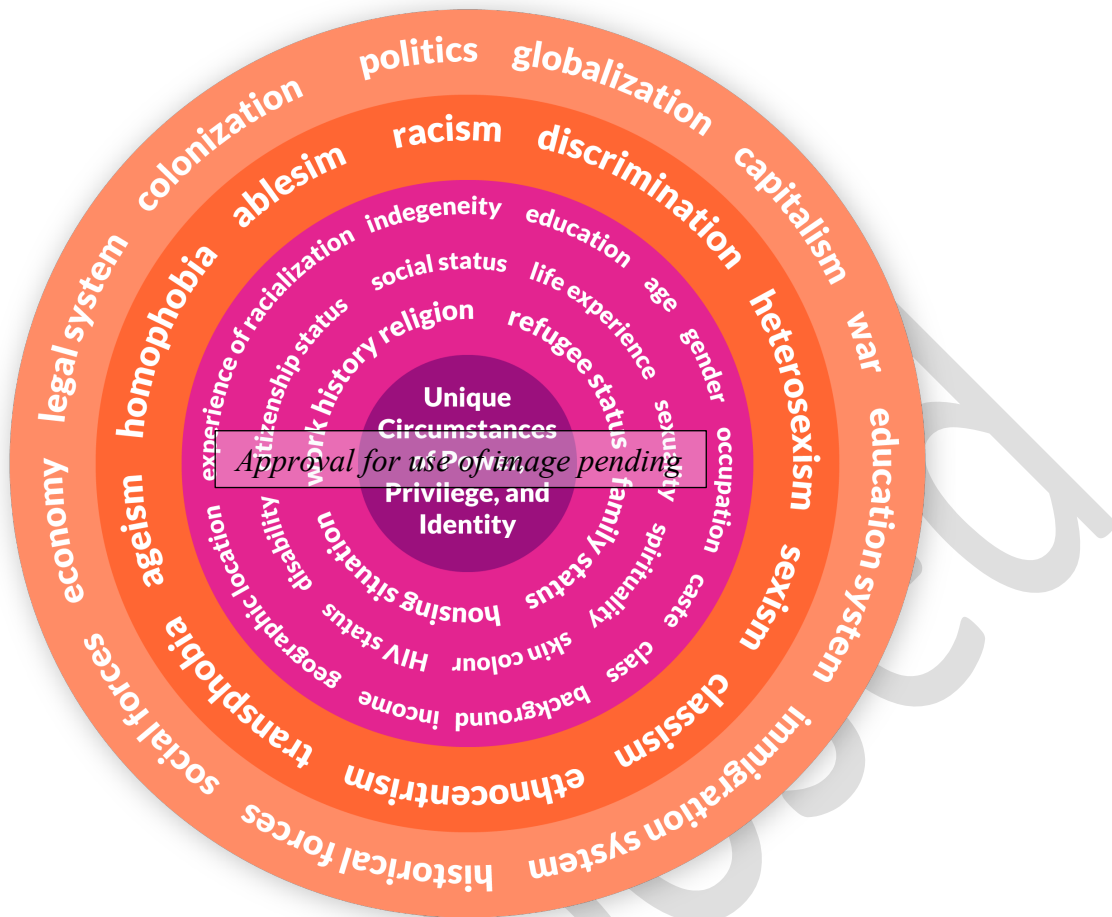
Examples: Recognizing that all clients have the right to healthcare, and no person can be denied services because of their identities. Or recognizing that all clients have the right to be able to physically access services.

Inclusion: Providing all people with access to the same rights, resources, services, and opportunities regardless of their social identities. The creation of inclusive environments promotes a sense of value and belonging for all individuals.

Example: Providing options for group sessions to be at different times or locations, or delivered virtually if appropriate, to accommodate those that may not be able to participate if only one option exists.

Intergenerational Trauma: Shared trauma experienced by members of an identifiable group over multiple generations and that “incorporates the psychological and social aspects of historical oppression” (Aguiar & Halseth, 2015, p. 9) in addition to other biological and psychological processes. The term is often used to describe the trauma experienced by Indigenous Peoples because of colonial policies and processes, including the residential school system. It is imperative to recognize both the historic and ongoing legacies of colonialism that reinforce and perpetuate intergenerational trauma. Notably, Mitchell et al. (2019) have also coined the term “colonial trauma” to describe the “complex, continuous, cumulative, and compounding interaction of impacts related to the imposition of colonial policies and practices which continue to separate Indigenous Peoples from their land, languages, cultural practices, and one another” (p. 75). Notably, other racialized groups are also subjected to intergenerational trauma. For example, Black communities may experience intergenerational trauma from slavery and racist post-slavery policies; likewise, asylum seekers, immigrants, and refugees may experience intergenerational trauma associated with forced migration. See also **trauma- and violence-informed care**.

Intersectionality: A framework developed by Kimberlé Crenshaw (1989) and that describes how all people have multiple, connected social identities that interact with broader contexts to create privileges and/or disadvantages. The Canadian Research Institute for the Advancement of Women has developed a visual aid depicting intersectionality. In this diagram, “the innermost circle represents a person’s unique circumstances, the second circle aspects of the individual identity, the third different types of discrimination and attitudes that affect identity, and the outer circle larger forces and structures that work to reinforce exclusion” (Women Friendly Cities Challenge, n.d.).



Approval for use of image pending

Intersectionality Displayed in a Wheel Diagram [Digital Image]. Women Friendly Cities Challenge. <https://womenfriendlycitieschallenge.org/intersectionality/> (adapted from the Canadian Research Institute for the Advancement of Women, 2009). Pending: reprinted with permission.

Justice: The principle that individuals should be treated fairly and equitably and receive what they deserve. It involves altering, replacing, and/or disposing of policies and practices that systematically disadvantage certain groups.

Examples: Promoting justice may involve changing consent forms or clinical record templates to allow for people to use a preferred name (when legally able) instead of a birth/legal name that they may no longer identify with. Or advocating for adapting policies for late or missed visits to accommodate clients who have circumstances that make their attendance unpredictable.

Microaggressions: Verbal or behavioural indignities, comments, slights, and slurs aimed at historically excluded, equity-deserving groups in everyday life. Although microaggressions are often thought of as harmless comments or even jokes, they are not, and they contribute to hostile, unsafe, and oppressive environments.

Example: Making comments like the following: “You are so well spoken / articulate for a [insert racialized group].” “I am not racist. I have a [insert racialized group] friend.” Another example is saying “All Lives Matter.” This is a microaggression to the Black Lives Matter movement, which is trying to communicate until Black lives matter, all lives can’t matter.

Neoliberalism: An economic ideology that prioritizes individualism, competition, and productivity above all else.

Example: An organization that prioritizes productivity and profits over the individual needs and capacities of their clinicians is operating under a neoliberal ideology.

Occupational Rights: The rights that all individuals have to freely choose, participate in, and engage in occupations that are meaningful, and contribute to personal and community well-being.

Examples: Not having only predetermined benchmarks of function (for example, full range of motion) when the client's preference may be to do other things regardless of full physical capability. Or advocating for a client with multiple sclerosis or a spinal cord injury to receive care for their morning routine (even if they can perform this routine themselves), because they would prefer to save their energy to be used throughout the day for other meaningful activities (for example, work or childcare).

Patriarchy: A concept concerning the power relations between men and women and that maintains that men are superior to and more powerful than women. Patriarchy also perpetuates traditional gender norms and reinforces binary views of gender, sex, and sexuality.

Example: Men receiving promotions or higher wages disproportionately over equally skilled female counterparts.

Privilege: An advantage or right that is enjoyed by people of some groups but not others.

Examples: Some people can afford things that others cannot, such as better or more equipment, a private room, specialized services or treatments after public funding ends, or items or services not available to others. Or some occupational therapists may advance in their career more quickly based on financial privilege that provides them access to additional education and training.

Reconciliation: An ongoing individual and collective process of establishing and maintaining respectful relationships (Truth and Reconciliation Commission of Canada, 2015). Reconciliation requires commitment from all parties and may occur between any of the following groups: First Nations, Inuit, and Métis former Indian Residential School students, their families, their communities, religious entities, former school employees, governments, and the people of Canada.

Example: The first National Day for Truth and Reconciliation on September 30, 2021, was a government initiative to continue the process of publicly recognizing the tragic and painful history that residential schools had on Indigenous culture, Indigenous children, their families, and their communities.

Relational Accountability: A principle in ethical Indigenous research methodologies which states that people are dependent on and related to everyone around them. All people have a responsibility to nurture and maintain relationships with their collaborators and are accountable to the communities they live and work in. Relational accountability is demonstrated by practising the four Rs: respect, relevance, reciprocity, and responsibility.

Example: When working with Indigenous people, occupational therapists can keep the four Rs at the forefront of their practice by, for example, doing the following: *respecting* the need to cocreate a service plan with the client, codeveloping service plans that are *relevant* to the client's culture, recognizing and

acknowledging clients and communities as equal partners in the therapeutic relationship, creating space for continued open and *reciprocal* dialogue about the nature of services, and taking *responsibility* by following through on promises and commitments made to the client and community.

Self-Determination: The right to self-governance and autonomy amongst Indigenous populations. It is important to recognize that the process of self-determination will be different across Indigenous communities.

Example: While occupational therapists are self-regulated and govern their own profession, Indigenous populations and communities also have the right to self-govern and be autonomous in the decisions they make, especially those related to the delivery of healthcare services.

Social Determinants of Health: Defined by the World Health Organization (2021) as the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. (para. 1)

Commonly cited social determinants of health can include childhood development, culture, dis/ability, education, employment status, gender, geographic location and origin, housing, income, living and working conditions, migration status, natural and built environments, quality and accessibility of health and social services, race/ethnicity, social inclusion, social safety nets, and transportation.

Social Location: A position that one holds within society based on factors that include dis/ability, gender, race, sex, and socioeconomic status. An individual's social location affects their experiences and can create certain privileges and/or disadvantages.

Systemic Oppression: The cultural, economic, political, and social structures (for example, policies, legislation, or institutional practices) that deny one or more groups equitable, barrier-free access to certain rights and privileges that are afforded to other groups based on one or more social identities. To illustrate, people of many equity-deserving groups, including Indigenous, LGBTQ2S+, and racialized people, are less likely to receive or have access to quality healthcare services than are those with higher degrees of privilege. Examples of systemic oppression include ableism, ageism, classism, heterosexism, and sexism.

Examples of ableism: Assuming disability is inherently negative and/or that all disabled people want to or would be better off if they did not have a disability. Or unconditionally promoting "independence" as part of occupational goals or treatment plans.

Examples of ageism: Dismissing the COVID-19 pandemic as something that affects only older adults who are already unwell or otherwise nearing the end of their lives. Or limiting occupational opportunities based on age (for example, assuming that older adult clients are unwilling or unable to participate in activities such as recreational sport leagues).

Example of classism: Assuming everyone has the social and economic means to participate in certain occupations (for example, survival occupations like obtaining and consuming healthy foods, obtaining and paying for medications, or purchasing equipment).

Trauma- and Violence-Informed Care (TVIC): A therapeutic approach that aims to reduce the potential for harm and traumatization. The high prevalence of trauma in historically marginalized groups warrants the use of TVIC when required.

Example: Learning about the high prevalence of trauma and its biological, economic, psychological, and social impacts on individuals and communities, to provide appropriate and responsive care to clients who may have a trauma history.

White Supremacy: The deeply rooted belief in society that White people are superior to people of other races. White supremacy is systemic and present in most, if not all, social structures, and institutions. It operates on the belief that White people know best and are the best and should be in control over all other people. It maintains systems of privilege and oppression and causes racialized people to face harm, discrimination, inequity, and injustice. White supremacy is reinforced and perpetuated through many concepts, including tone policing, and White exceptionalism, fragility, silence, and superiority.

Example: If questioned or challenged about a micro aggressive statement, a White person overreacting or handling the feedback dismissively or poorly (White fragility). Or a White person not speaking up when overhearing the use of stereotypes or microaggressions (White silence).

Proposed

Appendix B: Reflective Questions

Positioning Yourself as a Citizen & Clinician

Who am I? What identities do I hold, and how do these affect my personal values, beliefs, and experiences?

What cultural, economic, historical, political, and social contexts am I embedded in? How do these **intersect** with my identities to shape my worldviews?

What is my **social location**? How does it differ from those of my clients?

What systems of **privilege** and **oppression** do I simultaneously experience?

Identifying & Challenging Personal Biases

How might the **biases** I hold affect my interactions with clients and the services that I provide?

Am I prepared to challenge my biases? What are some steps I can take to do so?

Do I view alternative perspectives, **cultures**, and worldviews as equally valid to my own?

What positive and/or negative assumptions do I make about specific groups? What stereotypes do I subscribe to? What informs these assumptions and stereotypes?

Critically Analyzing Evidence & Practice Tools

Where does my prior learning about health and occupation originate from? How is this reflected in the practice tools and approaches I use?

What do I consider to be evidence? Do I privilege Western knowledge over other ways of knowing?

Do I consider my client's experiences, worldviews, contexts, and beliefs about health and occupation when selecting practice tools and approaches?

Do I use assessments in my practice that have relevant items, norms, and purposes for the clients that I service? Do I provide a rationale for the assessments and interventions that I use?

Creating Culturally Safer & Accessible Practice Environments

Who is likely to feel welcome in my practice setting? Do the values, philosophies, and goals of my practice setting align with those of the current population that I am providing service to?

How do I determine whether my clients feel welcomed, valued, safe, and comfortable?

In what ways do I create **ethical spaces** in my practice? How can I use ethical spaces to better understand my client as a person, including their unique social location, worldviews, beliefs, and values?

What barriers exist to accessing the services I provide? Are there cultural, economic, physical, political, or social obstacles that should be addressed? How can I help to make available services more accessible?

Is my employer/organization committed to providing **culturally safer, anti-oppressive, equitable**, and accessible services? How can I work with my colleagues to foster a workplace culture that values **diversity, equity, inclusion**, and belonging?

Based on my own experiences, do I feel culturally safe at work? Have I experienced discrimination, inequity, or oppression because of my social identities? Do I have a plan to manage these experiences if they occur with my clients, workplace, or colleagues?

Will my workplace support me in standing up for my **human rights** and those of my clients?

Facilitating Collaborative, Relationship-Focused Practice

Have I created time and space to understand my clients' lived experiences, values, beliefs, preferences, and worldviews?

How can I work with my clients to develop a service plan that is meaningful and relevant to them?

Do I practise **relational accountability** in my record keeping? Do I write my reports and notes with the assumption that my clients will read them? Have I unintentionally created or reinforced barriers/inequities through what I have written or not written?

How do my clients want to be addressed and described (for example, name, gender, pronouns, and ethnic group)? Do I honour their identities and rights to **self-determination** in all aspects of my practice?

Do I model culturally safer, anti-oppressive, and equitable practices for others in my workplace, including colleagues and students?

Have I witnessed or participated in **microaggressions**? Do I know that these are harmful, and am I prepared to identify and rectify these in myself and others when they occur?

Navigating Systemic Barriers

What are the broader cultural, economic, historical, political, and social factors that may be creating inequitable barriers to health and occupation for my clients?

How might I unintentionally be reinforcing or perpetuating systemic barriers in my practice? What steps can I take within my practice to mitigate and/or alleviate these barriers?

What community stakeholders and partners can I engage to address barriers and inequities in health and occupation? How can I build and/or strengthen these relationships?

How can I use my knowledge, skills, and partnerships to advocate at systems levels for equitable and sustainable access to occupational opportunities and participation?

Commitment to Lifelong Learning

What are my learning and knowledge gaps? What strategies and resources can I use to address these gaps?

Do I understand that promoting anti-oppressive, culturally safer practices is a career-long commitment?

Do I appreciate that I will never fully understand or become “**culturally competent**” in the experiences of another person?

Do I understand that I will always hold biases and it is my responsibility to challenge them to mitigate their impacts on my practice?

Am I willing to or can I create space to diversify and contribute to the current body of practice knowledge for the profession? If not, can I commit to the ongoing personal learning that is required?

Proposed

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FYI SECTION

This section includes:

1. *Ministry of Health, Summary Report 2020 - College Performance Measurement Framework (CPMF)*
2. *2020 Annual Report - Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)*
3. Office of the Fairness Commissioner (OFC) re: Risk-Informed Compliance Framework
 - *Registration Committee Briefing Note*
 - *Compliance Category Letter*
 - *FAQs*

Summary Report: College Performance Measurement Framework

Ministry of Health

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Introduction

Self-Regulation of Health Professions in Ontario

In Ontario, the primary model for regulation of health professions is based on self-governance¹. The Regulated Health Professions Act, 1991 (RHPA) establishes 26 health regulatory Colleges (Colleges) that govern 28 professions in the public interest. Under the RHPA and profession specific Acts, Colleges are responsible for ensuring their respective professions provide health services in a safe, professional and ethical manner. In order to practice in Ontario, regulated health professionals must be registered with a College.

Central to their mandate, Colleges ensure that their registrants are skilled, qualified to practice, maintain their competence, comply with standards of practice and are disciplined, where necessary. They vary widely in size and resources, as well as in the scope of practice and controlled acts that registrants are authorized to perform.

The Colleges are structured like corporations, with councils that function as a Board of Directors. College councils are comprised of members of the profession, who are elected by their peers, and lay persons who are appointed by the Lieutenant Governor in Council. Professional members make up 51% of the council with public appointees comprising 49%. Councils meet quarterly and meetings are open to the public.

Each council appoints a Registrar who is an employee of the College and functions as a Chief Executive Officer. The Registrar performs statutory duties outlined in the RHPA and is also responsible for managing the operations and overseeing College staff.

Colleges are financially independent from government and are financed through fees collected from their membership bases.

What is the College Performance Measurement Framework?

The College Performance Measurement Framework (CPMF), was developed collaboratively by the ministry, health regulatory colleges, members of the public and subject matter experts. It is intended to strengthen the accountability and oversight of

¹ Ontario has recently adopted an additional model of oversight under the Health and Supportive Care Providers Oversight Authority Act, 2021 (HSCPOAA) which received Royal Assent on June 3, 2021. The HSCPOAA will implement a new regulatory framework for the oversight of individuals providing health and supportive care services, beginning with Personal Support Workers (PSWs) in Ontario. The framework would create a new designated administrative authority-type entity named the "Health and Supportive Care Provider Oversight Authority" (the 'Authority') for the purpose of overseeing individuals providing supporting care and services. This approach is distinct from the existing self-regulatory college model under the Regulated Health Professions Act, 1991 (RHPA). At this time, the CPMF does not apply to the Authority. Any future application of the CPMF to this new oversight body would need to consider how the role of the Authority differs from a health regulatory college.

Ontario's health regulatory Colleges by providing publicly reported information that is transparent, consistent and aligned across all 26 regulators. Reporting performance on a standardized set of measures also enables Ontario's health regulatory colleges to continuously improve performance by identifying and reporting on commendable practices among peers.

Colleges also report specifically on their registration processes through an annual Fair Registration Practices Report submitted to the Office of the Fairness Commissioner². Additionally, Colleges are required by legislation to publish annual reports that highlight their activities over the previous year. The only mandatory information that must be included in the annual report is an audited financial statement and the content of the reports vary from College to College. The CPMF is distinct from these reports and unique in that it provides a broad overview of the Colleges' governance and operations.

The CPMF has the following components:

- Measurement domains: Critical attributes of an excellent health regulator in Ontario.
- Standards: Performance-based activities that a College is expected to achieve and against which a College will be measured.
- Measures: More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
- Evidence: Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
- Context Measures: Statistical data Colleges report that will provide context about a College's performance related to a Standard.
- Planned Improvement Activities: Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

The CPMF has seven Measurement Domains that contribute to a College effectively serving and protecting the public interest. The Measurement Domains are Governance, Resources, System Partner, Information Management, Regulatory Policies, Suitability to Practice, and Measurement, Reporting and Improvement. The 2020 reporting period is the first year Colleges have completed a report. During initial reporting cycles a College's regulatory performance will not be assessed or ranked.

² The Office the Fairness Commissioner works with the regulated professions and compulsory trades in Ontario to ensure that they have registration practices that are transparent, objective, impartial and fair. The Office is independent of the Ontario government and regulated professions and compulsory trades.

The full 2020 CPMF is located here:

https://health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx. Each College has posted its completed 2020 CPMF Reporting Tool on its website.

What is the Ministry's Summary Report?

This Summary Report (Report) provides a system level overview of all 26 Colleges' self-reported results organized by Measurement Domain. The Report highlights some commendable College practices, areas where Colleges are collectively performing well, potential areas for system improvements, and the various commitments Colleges have made to improve their performance.

The commendable practices included in this Report were identified by a Working Group comprised of representatives from the Colleges, the public and experts in performance measurement. For the purposes of this Report, a commendable practice is defined as a system, tool or method intended to improve a regulatory practice. The Working Group reviewed all 26 reports against selection criteria to identify 52 commendable practices across all Measurement Domains. Selection criteria considered the following:

- importance to regulating in the public interest,
- the flexibility/adaptability of the commendable practice,
- the effectiveness/applicability to all health regulatory Colleges, and
- the efficiency of the practice.

This Report highlights the top six commendable practices identified by the Working Group. The Collective Strength sections of the Report will also identify notable practices where Colleges reported performing well.

Key Observations from the 2020 CPMF

The ministry recognizes and would like to thank the Colleges for the significant effort required to complete the CPMF reporting tool, particularly given the disruptive impact of COVID-19 on College operations during the 2020 calendar year. Many Colleges needed to reallocate resources to support health professionals in providing safe, competent and ethical care to their patients throughout the pandemic. The ministry notes that COVID may have caused variation in some of the information reported when compared with other operating years.

All of Ontario's 26 health regulatory Colleges completed and posted their Reports on their websites. Collectively, they have demonstrated a strong commitment to transparency regarding how they operate and make decisions, and to improving their performance.

On a system-wide basis, Colleges reported:

- A commitment to strengthening and modernizing governance structures. This included ensuring that their Councils and Committees have the knowledge and skills necessary to strategically guide them and ensure they are meeting their public interest mandate.
- Strong performance related to the administration of their registration and complaints and discipline processes, as well as those related to the provision of guidance to the professions they regulate.
- That they have implemented processes and policies to protect information that they collect from unauthorized disclosure.

The ministry would like to commend the Colleges on their efforts to collaborate as broader health system partners. This helps support alignment of practice expectations across the health system and ensures that Colleges can respond to changing public expectations in a timely manner.

Potential areas for system improvement include enhancing how Colleges measure their performance and use that information to better ensure public protection. Colleges can also continue to build on the significant work underway to modernize governance. This will ensure consistency with respect to competency-based selection of Council members, transparent and accessible communications about conflict of interest and how Council decisions reflect the public interest, among other things. Formalizing policies and processes for the review and development of guidance to registrants will also support the delivery of quality care. Further, the integration of “right touch regulation” in the administration of Quality Assurance Programs and their complaints and discipline processes will help ensure that regulators use effective and efficient processes that are proportionate to the level of risk to the public. Lastly, clearer linkages between a College’s budget and actions/deliverables in their strategic plan could help increase transparency, and formal policies regarding financial reserves will ensure the sustainability of the College.

During initial reporting cycles, a College’s regulatory performance will not be assessed or ranked. The CPMF is a journey towards the assessment of regulatory excellence where, in future reporting cycles, Colleges will be assessed and scored based on established performance benchmarks. The baseline data that is being collected over the initial reporting cycles will be used to set benchmarks. The ministry looks forward to receiving the Colleges’ 2021 reports in March 2022.

Domain 1: Governance

Effective governance is essential for a College to meet its public interest mandate. A College's Council and its Statutory Committees are responsible to determine the strategic direction of the College and to ensure the overall financial stability of a College. Furthermore, Council and Statutory Committee members must have the required knowledge and skills to provide informed contributions for effective oversight.

Commendable Practices

The Working Group identified two commendable practices that are included in this Report.

1. Ensuring Council and Statutory Committee members have the knowledge, skill and judgement to effectively meet their fiduciary duties.
 - Competency of Council and committee members is a critical part of any high performing organization. For Colleges, it ensures that public interest questions brought before the Council are considered by individuals who have the knowledge and skills to determine the best solutions to serve the public.
 - The Royal College of Dental Surgeons of Ontario (RCDSO) has established a set of competencies for its Council and Statutory Committees against which professionals wishing to serve are assessed by an independent committee. Additionally, these individuals must complete an eligibility course and a 21-question assessment. This is followed by an orientation for those elected to Council or appointed to Committees.
 - The Working Group felt this model supports improved decision-making.
2. Transparently communicating the public interest rationale and evidence supporting Council decision-making.
 - Council and Committees are expected to make decisions in the public interest, free from influence by professional or other interests.
 - The College of Midwives of Ontario's Council meeting materials are publicly available on its website and clearly identify the public interest rationale and evidence supporting each topic brought to Council. In addition, topics are accompanied by a regulatory impact assessment that identifies risks and assesses potential impacts and regulatory options to mitigate those risks.
 - The Working Group felt this practice supports transparency in the College's decision-making processes and clearly connects decisions to the public interest.

Collective Strengths

In 2014, the College of Nurses of Ontario (CNO) initiated an extensive review of all aspects of its governance. In 2016, it published its vision for governance in a report called “Final Report: A vision for the future”. Since this time, numerous Colleges have dedicated significant time and resources to strengthening their governance structures. For example, the Working Group identified notable practices by the Ontario College of Pharmacists, the College of Physicians and Surgeons of Ontario, the College of Medical Radiation and Imaging Technologists of Ontario, the CNO and the RCDSO, who have taken steps to modernize and improve their governance structures.

All Colleges reported initiating work on governance modernization, including developing and implementing core competencies for Council and Committee members, strengthening training and orientation for Council and Committee members, and evaluating the effectiveness of Council meetings and Council itself.

Colleges collectively self-reported strong performance in transparently communicating their strategic plans or objectives, as well as policies and procedures regarding Council conduct and conflict of interest. The majority of Colleges also reported they provide information about Council meetings and discipline hearings in a timely manner.

System Improvement

Even though multiple commendable practices were identified in this Domain, there is still an opportunity to drive consistency and improved governance structures across all colleges. The Working Group noted that the commendable practice regarding Council and Committee competencies is adaptable and could be expanded across most, if not all, Colleges.

Additionally, ministry review of College reports identified that the process used by Colleges to identify, monitor and make public declarations of conflict of interest could be strengthened. Conflict of interest processes may benefit from continued work to increase the transparency and accessibility of this information across the system of regulators as a whole.

Lastly, while significant work is underway already, the review also identified that Colleges can continue to strengthen methods to:

- clearly communicate how Council decisions reflect the public interest,
- provide updates on the College’s process in implementing Council decisions, and
- identify the activities and/or projects that support its strategic plan and how these are linked to the College’s financial plan and budget.

Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Implementation of competencies for professional Council and Committee members,
- Evaluation of Council meetings and Council itself, including a third-party assessment at a minimum of every three years,
- Transparent identification of the public interest rationale in Council meeting materials, and
- Transparent and accessible communication of Council member's conflict of interest declarations.

Domain 2: Resources

For a College to be able to meet its statutory objects and regulatory mandate, now and in the future, it requires effective planning and management of its financial and human resources. It is important to demonstrate that appropriate financial management policies are in place and followed, including a plan to meet unanticipated financial demands. Furthermore, the CPMF asks Colleges to demonstrate how their strategic plan and budget complement and support each other. Lastly, recognizing that staff is a key resource for effective College operations, Colleges are asked to show how they maintain their workforce now and for the future.

Collective Strengths

The majority of Colleges reported that their strategic plan was costed with resources allocated accordingly. The most common evidence provided included a copy of the College's budget, along with its strategic plan, and confirmation that the strategic plan is considered in the annual budget planning process.

While none of the top commendable practices identified by the Working Group in this Domain are included in this report, the Working Group highlighted a notable practice by the College of Massage Therapists of Ontario (CMTO) related to learning development processes for College staff. The CMTO reported that it uses an internal learning management system to ensure it has a capable and competent staff complement. The CMTO's learning management system provides a curated and self-directed learning program to all staff on administrative and management topics to ensure skill development and the development of a shared leadership culture. The Working Group noted that human resources are central to day to day operations and managing an organization's workforce is required to support organizational success.

System Improvement

Colleges' self-reported results identified two main areas for continued growth related to financial reserves, and support of a sustainable workforce.

Many Colleges reported that they allocated financial reserves as part of the budget planning process and that the reserve amounts were approved by an external auditor. There is an opportunity to strengthen transparency of these processes and enhance consistency across Colleges by encouraging the development and implementation of formal financial reserve policies. Policies should identify the amount of financial reserves the College should hold and criteria for how the reserves would be used.

Additionally, many Colleges reported that Council approved staff resources through budget planning. However, few Colleges provided detail regarding Council's role in

ensuring that there is a formal process for professional learning and development for staff and succession planning for senior leadership.

Lastly, clearer linkages between a College's budget and actions/deliverables in the strategic plan could help increase transparency.

Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Development of formal reserve fund policies that are validated by a financial auditor,
- Establishment of robust reserve funds,
- Development of policies and processes to address succession planning, and
- Consultation amongst Colleges to identify best practices in human resource planning.

Domain 3: System Partner

Colleges are one of several actors that oversee Ontario's regulated health workforce. By partnering with other health regulatory Colleges and system partners, such as hospitals, and educational institutions, a College can:

- align practice expectations across practice settings and professions (where relevant),
- address issues proactively, and
- support continuous improvement in the quality of care.

To effectively respond to changing public expectations, a College must be informed by, and partner with, the broader health system, including patients and their families.

Commendable Practices

The Working Group identified three commendable practices that are included in this Report.

1. Responding to changing public expectations.
 - A College's regulatory activities need to be in-step with changing public expectations, population health needs, and models of care, as well as evolving clinical evidence and advances in technology.
 - The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) implemented several initiatives in response to changing public expectations. This includes Trust Matters and Patient Rights campaigns to build public confidence and awareness when receiving care from a CASLPO professional. It also includes developing an internal Diversity, Equity and Inclusion (DEI) strategy and initiating an anti-BIPOC racism working group with other regulatory partners to influence a broader anti-BIPOC approach across all Colleges. CASLPO's strategy is diverse and includes a dedicated webpage, appointment of a DEI Officer, training for all Council and staff, and an e-forum for registrants.
 - The Working Group identified this commendable practice as critical to the public interest mandate of Colleges.
2. Establishing system focused quality indicators for the profession.
 - Collaborating with system partners enables Colleges to be sensitive to changing patient and system needs, and positively impacts a College's ability to plan for the future.

- In 2018, the Ontario College of Pharmacists (OCP), in partnership with Ontario Health (Quality), started developing quality indicators for the profession that are aligned with Ontario health system indicators. The goal of this work is to focus on the impacts of health care on patient and system outcomes and provide the public and stakeholders with a clearer picture of the overall quality of care being provided by pharmacists. Partners from across the health system were engaged, and included academia, the Ministry of Health, physicians, registrants of the OCP, professional associations, data and analytics experts, and patients.
- The Working Group noted that collaboration and development of well-defined partnerships can produce positive results in terms of public protection and health system planning.

3. Notification tool on the Public Register.

- Engaging collaboratively with system partners enables Colleges to identify initiatives that support continuous performance improvements and meeting changing public expectations.
- The College of Dental Hygienists of Ontario has implemented a notification tool that will allow a member of the public, or an employer, to sign up to receive notifications about changes to information posted on the Register for specific dental hygienists. This initiative was started as a result of collaboration with the public via a Citizen Advisory Group (CAG), that identified an interest in the ability to find current information about their practitioner. The CAG noted that information on a website was only current as of the day you accessed the register. The College has developed a video that provides information about what the tool is and how to use it. Notifications are sent by email and include changes to information relating to a registrant's registration status and conduct.
- The Working Group noted that this feature is the first of its kind for a regulator in Ontario and a commendable practice that improves transparency and timely communication of information about registrants to the public.

Collective Strengths

Colleges provided diverse examples of how they collaborate with system partners to improve the alignment of practice expectations and to respond to changing public expectations. Many Colleges identified broad and targeted stakeholder engagement strategies to respond to changing system and public needs in a timely manner.

Throughout the COVID-19 pandemic Ontario's health regulatory colleges have worked to ensure that regulated health professionals have the information they need to provide competent and safe care during the pandemic. A notable practice identified by the Working Group was the collaborative effort to create return to practice guidance

between the College of Kinesiologists of Ontario, the College of Occupational Therapists of Ontario, the College of Massage Therapists of Ontario and the College of Physiotherapists of Ontario.

The Working Group also identified a notable practice by the College of Opticians of Ontario. The College is working with several other Colleges to build joint resources related to procurement and shared data collection and analysis services. This will address challenges faced by small and medium-sized Colleges.

Lastly, the Working Group identified notable practices related to public safety by the College of Nurses of Ontario (CNO). The CNO has worked to implement the recommendations of the 2018 Long-term Care Homes Public Inquiry, developing and sharing multiple resources on preventing intentional patient harm that are relevant to all regulated health professionals. Additionally, the CNO is collaborating on the development of a national database for sharing nurse registration and discipline information. The database will enable proactive sharing of information about nurses across jurisdictions and will enhance public safety in a time of increasing labour mobility.

System Improvement

Colleges are encouraged to continue to build upon the system partnerships they have established and to use examples reported by other regulators to identify new relevant opportunities.

The Working Group noted that the commendable practices identified above are applicable to all Colleges. The Working group also highlighted that the necessary resources and tools for patients are well defined on the CASLPO's website to support adaptation and implementation in other Colleges. Additionally, Colleges are encouraged to continue to find ways to incorporate patient and public perspectives and feedback into their work.

Improvement Commitments by Colleges

The System Partner Domain did not request Colleges to provide specific evidence to demonstrate how they met a Standard, given that all Colleges interact with the health system differently based on the profession they regulate. Many Colleges provided information about projects that were in the process of being implemented. Where a College provided an example of work that was underway, they have been asked to provide an update on their progress in future reports.

Domain 4: Information Management

Colleges collect and hold confidential information that must be retained securely and used appropriately in the course of administering their regulatory activities and legislative duties and objects. Colleges must ensure that they have policies and processes in place to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature.

Collective Strengths

The majority of Colleges reported that they have policies and processes to govern the collection, use, disclosure, and protection of sensitive information. Colleges used a variety of methods to achieve this, including the use of Privacy Codes, confidentiality undertakings signed by staff, data protection policies for information collected through websites, and data retention and safeguarding. The majority of Colleges noted that the disclosure of data was done in accordance with requirements set out in the Regulated Health Professions Act, 1991 (RHPA) and was limited to the information posted on the Public Register.

The Working Group noted the Royal College of Dental Surgeons of Ontario (RCDSO) had a notable practice regarding its implementation of a range of privacy and confidentiality policies intended to ensure the College's legal obligations are met. Policies include a focus on information security, acceptable use of systems and related services, records management, and workplace social media conduct. The College also provides information technology (IT) security awareness training for staff and planning for the possibility of IT security breaches. Lastly, the RCDSO has a designated Privacy Officer and privacy lead who consults with staff regarding the management and disclosure of confidential and private information.

System Improvement

Disclosure of information by Colleges, within the existing legal framework, is a potential area of improvement for Colleges. Since Colleges are not subject to privacy legislation, it is important that they have formal and transparent policies and processes governing the disclosure of information. This includes the development of criteria for disclosure and actions in response to unauthorized disclosure. The development of robust formal policies regarding the disclosure of information is important to support public accountability.

Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Development and implementation of formal policies and processes related to the collection, use, retention and disclosure of data where Colleges reported informal policies and processes,
- Development and implementation of formal policies and processes for managing any unauthorized disclosure of confidential or private information, and
- Processes for the regular collection of statistics regarding any unauthorized disclosure to support identification of patterns can be used to prevent further incidents wherever possible.

Domain 5: Regulatory Policies

Colleges are required to develop and maintain practice expectations for registrants. This enables the public and patients to be aware of what behaviours they should expect when receiving high quality care from a regulated health professional. In order to keep expectations current and up-to-date, Colleges must have a process in place to identify when standards of practice, policies or guidelines need to be updated or when new guidance is required. When updating expectations, Colleges should consider relevant evidence, changing public expectations, risks to the public, and alignment with other relevant health professions. This process should include consideration of feedback from relevant stakeholders, including patients and their families.

Collective Strengths

All Colleges reported that they regularly monitor the broader health and regulatory environment to assess the need to develop or revise their policies, standards of practice, and practice guidelines. Additionally, the majority of Colleges reported using a variety of sources of evidence to inform the development and revision of practice guidance.

The Working Group identified the principle-based policy development process by the College of Midwives of Ontario (CMO) as a notable practice. The CMO uses a rigorous and structured process for the development and revision of guidance that is based on the principles of good regulation. This ensures that:

1. Regulation is proportionate to the risk of harm being managed,
2. Regulation is evidence-based and reflects current best practice, and
3. Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policy making process.

The process is intended to encourage use of regulatory tools to mitigate risk only when other non-regulatory options are not able to produce the desired results.

System Improvement

All Colleges reported that they have processes to develop or update guidance that they provide registrants. In some instances, these processes were formal, whereas in others they were informal. There is opportunity to improve transparency across all Colleges by formalizing policies and processes for the review and development of guidance.

There was variability in the process used by Colleges to identify the need to revise or develop guidance. Colleges are encouraged to implement a variety of methods, in addition to a regular review cycle, to monitor whether revisions or new guidance is necessary. This would help Colleges to provide their registrants with timely, up-to-date and relevant guidance.

Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Formalizing policies and processes for policy, standard and guideline review and development, where processes are currently informal,
- Incorporation of a risk assessment in the development of standards, guidelines and policies, and
- Updating review processes to enable timely review of all standards, guidelines and policies to ensure relevancy to current and evolving professional practice, as well as changing public expectations.

Domain 6: Suitability to Practice

Colleges strive to ensure that those who practice the profession are qualified, skilled and competent to practice. Colleges achieve this by registering qualified practitioners, setting requirements for continuing education and professional development, supporting registrants in meeting practice expectations and investigating complaints and disciplining registrants where necessary. Colleges should apply a “right touch regulation” to its registration, quality assurance, and complaints and discipline processes to ensure that the regulatory activity undertaken is proportionate to the risk to patients and the public posed by the registrant.

Commendable Practices

The Working Group identified one commendable practice that is included in this Report.

1. Transparency of the complaints process.

- A College must ensure that all complaints, reports and investigations are conducted in a timely manner and that necessary actions are taken to protect the public. When a complaint about a regulated health professional is received, a College should ensure all parties receive timely communication to support both the registrant’s and the complainant’s ability to participate effectively in the process, increase transparency and improve procedural fairness.
- The College of Physiotherapists of Ontario (CPO) transparently outlines the different stages of its complaints process on its complaints webpage. Information on how to submit a complaint is clearly identified and accessible in 10 different languages. This includes information about how to apply for funding for therapy and counselling for patients who have been sexually abused by a physiotherapist. Complaints can be submitted by mail, electronically (through the website or by email) or by phone if accommodations are required.
- The Working Group noted that the practice of providing information about the complaints process in several languages shows a willingness to tailor its complaints process to accommodate a diverse population and ensure confidence in the process.

Collective Strengths

All Colleges reported having processes in place to ensure that those who are registered meet applicable registration requirements. This includes processes to review and validate documents and confirm information submitted by third parties on behalf of an applicant. Additionally, the majority of Colleges have processes in place to ensure that the assessment of registration requirements is periodically reviewed against best practices. The Working Group identified a notable practice by the College of Medical

Radiation and Imaging Technologists of Ontario (CMRITO). The CMRITO has developed a career map for international applicants that provides step by step instructions on the application process, the evaluation process and sets out what documentation is required to support an application for registration. This career map also provides the timing associated with registration and what is required of applicants at each stage of registration.

The majority of Colleges identified that they have processes to assess ongoing competency of registrants who are practicing the profession. The processes also ensure that registrants who required remediation after participating in the College's Quality Assurance (QA) Program subsequently demonstrate the required knowledge, skill and judgement.

The Working Group identified multiple notable practices related to the delivery of College's QA Programs. These included the College of Occupational Therapists of Ontario's (COTO) and the College of Optometrists of Ontario's (CoptO) risk-based processes for selecting registrants to undergo a continuing competency assessment as part of the QA Program. The Working Group noted that these processes are aligned with the principles of right touch regulation and identify higher risk registrants. The COTO's process includes categorizing risks into four categories, assigning a risk rating to registrants and using this data as a basis for selection of registrants who will undergo a competency assessment. The CoptO uses its complaints data to identify areas of practice that may pose a higher risk and incorporates this into how it selects registrants to participate in the QA Program. Additionally, QA activities focus on areas of practice that provide the most accurate picture of a registrant's practice and allow for less intensive reviews unless an assessment identifies a comprehensive review is needed. The College of Dietitians of Ontario and the RCDSO have incorporated methods for registrants to self-assess risk and follow up on areas that need improvement into their QA processes.

The majority of Colleges reported robust processes that ensure that individuals involved in complaints processes are supported and receive regular updates on the progress of their complaint or discipline case. Colleges also reported that they transparently and clearly communicate about the stages of the complaints process and the supports available to complainants. The Working Group identified a notable practice by the College of Massage Therapists of Ontario (CMTO). The CMTO makes information about the complaints process available in multiple languages, and also provides information in an audio format. The College of Naturopaths of Ontario (CONO) publishes anonymous complaint information on its website, including the date when the complaint was filed, the issues or concerns included in the complaint and the current stage of the complaints process. When a complaint is closed, the College provides the outcome of each matter and the date of closure.

System Improvement

Colleges are encouraged to continue integrating a “right touch regulation” approach to their QA Programs, as well as to aspects of their complaints and discipline processes. Increased consistency in the use and development of policies and processes that support the identification of higher risk practice areas and proportionate remediation will support Colleges in improving their performance. Additionally, while many colleges communicate changes to standards of practice or practice guidelines to registrants, many do not provide additional tools or advice to support them in implementing required changes or expectations in their practice. To support the delivery of up-to-date, safe, effective, efficient and patient-centered care, registrants must be able to apply relevant guidance provided by Colleges to real-life practice and issues within their individual practice.³

The Working Group noted that the commendable practice related to provision of information about the complaints process in multiple different languages is applicable, and could be implemented, across all Colleges. There is also opportunity to improve consistency amongst Colleges in providing responses to inquiries about the complaints processes within 5 business days. Colleges could also provide additional transparency about how they assess risk and prioritize investigations, complaints, and reports. Lastly, greater consistency can be achieved regarding Colleges’ collaboration with other relevant regulators and external system partners (e.g. law enforcement, other governments, etc.) where concerns about a registrant are identified. To support robust public protection, Colleges are encouraged to develop formal policies outlining criteria for sharing this information with other relevant regulators and external system partners, within the existing legal framework.

Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Development of policies and processes regarding the education and support provided to registrants in applying standards of practice and practice guidelines,
- Revising QA Programs to incorporate a “right touch” and risk-based approach,
- Improving processes to track response times to inquiries about the complaints process, and

³ Cornelissen, E, Mitton, C, Sheps, S. Knowledge translation in the discourse of professional practice. *International Journal of Evidence-Based Healthcare* 2011 June; 9(2): 184-188. Published online 2011 May 23. Doi: <https://doi.org/10.1111/j.1744-1609.2011.00215.x>. Retrieved at <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1744-1609.2011.00215.x> on August 7, 2019.

- Development of policies and consistent criteria for sharing concerns about a registrant with relevant regulators and external system partners, within the legal framework.

7. Measurement, Reporting and Improvement

Performance measurement and evaluation are vital concepts of regulatory excellence. This includes how a College measures, analyzes and reports its performance against its strategic goals and regulatory activities. Additionally, it includes how a College identifies and assesses risks and how it uses the information to continuously improve its regulatory performance.

Collective Strengths

Colleges reported that they are dedicated to transparently reporting on their performance against their strategic objectives and regulatory activities. Many Colleges provide regular updates at Council meetings using a variety of tools to communicate their progress (e.g. briefing notes, balanced score cards, dashboards, etc.).

The Working group identified a notable practice by the College of Medical Laboratory Technologists of Ontario (CMLTO) regarding the use of a publicly available governance risk register. Approximately every two years the CMLTO's Council reviews risk trends to update its governance risk register and to ensure there are no key gaps in its policy parameters or in actions Council should be taking. The Working Group noted that the use of a risk-based approach drives regulatory effectiveness by clearly articulating the College's role in understanding and addressing the current and emerging risks to clients/patients. Additionally, it was noted that regular review of regulatory and profession-specific risks can be done using both internal and system-level data and allows Colleges to identify and proactively respond to risks to the organization.

System Improvement

While the majority of Colleges report performance outcomes, there is opportunity for greater consistency in how Colleges communicate how regulatory performance is measured and how results are used to drive improvement. Key performance indicators can be more consistently identified, including why those particular indicators are important. Additionally, it is possible to better communicate how performance and risk review findings have translated into improvement activities.

Improvement Commitments by Colleges

Colleges made commitments to improve in the following areas:

- Development of and implementation of key performance indicators to measure performance against the strategic plan, for Colleges using informal measures,
- Implementation of a formalized approach to risk, as well as the use of risk-based data, and

- Development of formal processes for using the key performance indicator data to identify areas for improvement.

ACOTRO

ASSOCIATION OF CANADIAN OCCUPATIONAL
THERAPY REGULATORY ORGANIZATIONS



ACORE

ASSOCIATION CANADIENNE DES ORGANISMES
DE RÉGLEMENTATION EN ERGOTHÉRAPIE

2020 Annual Report



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PRESIDENT'S MESSAGE

People have an impressive ability to adapt to environments and learn new ways of doing things. Occupational therapists (OTs) know that well. Adaptation was ACOTRO's challenge, too—as it was for all of us—during a pandemic year.

COVID-19 interrupted us in some respects, but it did not stop us. We continued to meet as usual, albeit virtually. One silver lining, perhaps, is that the platform for these meetings forced us to be very focused and productive.

CORECOM was one initiative that continued to have a high priority this year. CORECOM is an effort to develop a single set of core competencies for all OTs in Canada. We are working on it with the Association of Canadian Occupational Therapy University Programs (ACOTUP) and the Canadian Association of Occupational Therapists (CAOT). (See more on this initiative later in this report.)

One area where the pandemic caused us to switch gears quickly was SEAS, the Substantial Equivalency Assessment System. SEAS harmonizes the process across the country for assessing internationally educated OTs (IEOTs). Previously, the Competency Assessment (CA) portion of the process was face to face, which became impossible during a pandemic.

When the outbreak began, we started planning immediately for virtual assessments. We were up and running with all of our assessments even before the end of the year. Although there is a bit of backlog of assessments now, we expect to catch up soon. Thank you to our SEAS staff for their diligence in ensuring that the modified process continues to be something of which we can be proud. Once the pandemic ends, we will likely continue with virtual CAs. Applicants can complete them wherever they are in the world, which will lead to long-term efficiencies.

Throughout the year, we collaborated with our stakeholders on a few other key efforts. We worked in tandem with our educator partners to produce shared messages and support throughout the pandemic. That allowed processes for student OTs to proceed in the best way possible and in a way that continued to safeguard the public.

ACOTRO also worked with our member regulators to support the delivery of virtual occupational therapy services across jurisdictions. If an OT worked in one jurisdiction and had to follow up with a client in another, we enabled a temporary registration with the normal fee waived. That helped to support safe and timely care.

This was an unprecedented year, and I am glad that our Board works so well together to share ideas and support one another to ensure excellence in occupational therapy regulation.

I want to thank ACOTRO's staff and our Board for their commitment, energy, and ideas throughout 2020. While this was a challenging year, we stayed focused on providing the leadership needed for effective regulation and strong public protection.

Elinor Larney
President, ACOTRO
Registrar, College of Occupational Therapists of Ontario

WHO WE ARE

The Association of Canadian Occupational Therapy Regulatory Organizations—or ACOTRO—is the national organization of occupational therapy regulators in Canada. Our goal is to promote consistency and excellence in regulating occupational therapy across Canada.

ACOTRO’s 10 provincial members protect the public by regulating the practice of occupational therapy in their respective provinces. We also provide guidance to OTs seeking information on how to register in Canada.

Through ACOTRO, regulators collaborate to promote the best regulatory practices, enhance public accountability, build consistency across the country, and support each other in our efforts to respond to changes in occupational therapy practice and regulation.

We bring leadership to our profession by

- advancing best practices in occupational therapy regulation,
- developing and promoting a national strategy for consistent regulatory practices,
- promoting interprovincial and international mobility among OTs, and
- strengthening national and international networking and information-sharing.

In practical terms, this means that we work together to streamline processes, advocate, and facilitate change in the regulatory environment.

ACOTRO also administers the assessment process for IEOs. This process assesses the extent to which an OT’s education obtained internationally is substantially equivalent to the education and competencies obtained by OTs educated in Canada.

The ACOTRO Board is appointed by the occupational therapy regulatory organization in each province (see Figure 1). Therefore, each Canadian province has one representative on the ACOTRO Board.

Figure 1: ACOTRO Member Organizations





HISTORY

ACOTRO was established in 1989 and incorporated in 2011. The following sections detail our vision, mission, and values.

VISION

Courageous Unified Regulatory Leadership

MISSION

Working together for public protection by advancing effective regulation of occupational therapists in Canada

VALUES

ACOTRO embraces the following values:

- **Mutual respect:** We recognize all members as equal partners, and we welcome and honour diverse opinions, perspectives, and contributions.
 - **Mentoring and support:** We believe that shared ideas and expertise, reciprocal consultation, and new leader orientation facilitate leadership development and capacity-building.
 - **Trust:** We respect confidences and confidentiality. Decisions are made by consensus, and members speak with one voice publicly.
 - **Excellence:** We use best practices and evidence-based decision-making to support effective leadership and continuous improvement.
 - **Collaboration:** We access collective wisdom by working in partnership with each other and with stakeholders. We create positive relationships and accepting environments that facilitate communication and goal achievement.
 - **Commitment:** We dedicate time and energy to fulfill ACOTRO's goals and objectives. When members cannot fulfill promises, we communicate this and support each other.
 - **Accountability:** We are responsible to each other, to the boards and members of our organizations, and to the public for setting and achieving realistic goals and activities, and for functioning in a transparent manner.
-



GOVERNANCE

All occupational therapy regulatory organizations across Canada belong to ACOTRO and contribute to its activities. The organization is governed by a Board of Directors composed of the registrars or ACOTRO representatives from each of our 10 provincial regulators.

ACOTRO MEMBERS 2020

President: Elinor Larney

Registrar, College of Occupational Therapists of Ontario

Vice-President: Heather Cutcliffe

Registrar, Prince Edward Island College of Occupational Therapists

Treasurer: Sharon Eadie

Executive Director, College of Occupational Therapists of Manitoba

Marianne Baird

CEO and Registrar, Alberta College of Occupational Therapists

Philippe Boudreau

Directeur général et secrétaire, Ordre des ergothérapeutes du Québec

Kathy Corbett

Registrar and CEO, College of Occupational Therapists of British Columbia

Kim Doyle

Executive Director, Newfoundland and Labrador Occupational Therapy Board

Sherry Just

Executive Director, Saskatchewan Society of Occupational Therapists

Catherine Pente

Registrar, New Brunswick Association of Occupational Therapists

Kevin Wong

Registrar, College of Occupational Therapists of Nova Scotia

There is no regulatory organization in Yukon, Nunavut, or the Northwest Territories. OTs in these regions may be registered by regulatory organizations in other provinces.



STAFF

Susan Domanski, SEAS Manager

Suzanne Cunningham, SEAS Associate

ACTIVITIES IN 2020

During 2020, ACOTRO members embraced the challenges and opportunities of collaboration brought about by the COVID-19 pandemic. ACOTRO continued to actively engage with stakeholders and work towards implementing and improving processes aligned with current strategic initiatives.

Strategic Plan Initiatives

ACOTRO members collaborated and engaged in discussions to increase the consistency of occupational therapy regulatory processes across Canada. Important topics included CORECOM, the effects of the pandemic, interjurisdictional practice, telepractice, and Truth and Reconciliation.

Presentations

- On May 5, Nigel Lloyd and John O’Sullivan of CamProf presented on the process and status of CORECOM.
- ACOTRO colleagues provided a risk register metrics presentation to fellow Board members on November 16.
- On November 17, representatives from the Canadian Institute of Health Information provided a presentation and welcomed a discussion on current initiatives.
- ACOTRO’s president gave an update on the strategic plan and progress to all the regulatory body presidents and board chairs during a teleconference on November 25.

Governance

Over the past year, the Governance Committee expanded the governance policies to increase ACOTRO’s organizational efficiencies and effectiveness. The Committee also refreshed selected existing policies to ensure consistency and developed a risk management framework.



CORECOM

ACOTRO, the CAOT, and ACOTUP continued to work on a collaborative initiative to develop a single competency document that will outline entry-to-practice competencies and describe competencies used throughout occupational therapy practice. Table 1 provides details on this initiative.

Table 1: 2020 CORECOM Accomplishments

| | |
|--|--|
| The year 2020 saw tremendous activity on the development of national competencies for occupational therapy. | 2020 était une formidable année d'activité pour le développement des compétences nationales en ergothérapie. |
| ACOTRO was pleased to be working with the Association of Occupational Therapy University Programs (ACOTUP) and the Canadian Association of Occupational Therapists (CAOT) to move this project forward in spite of the global pandemic. | L'ACORE a eu le plaisir de travailler avec l'Association canadienne des programmes universitaires en ergothérapie (ACPUE) et l'Association canadienne des ergothérapeutes (ACE) pour faire avancer ce projet malgré la pandémie mondiale. |
| This CORECOM project, which is funded in part by the Government of Canada's Foreign Credential Recognition Program, will be the first set of competencies to be used by educators of occupational therapists, for the national certification exam to assess entry-to-practice competencies, and by the regulators to assess and monitor practice expectations for internationally educated occupational therapists upon entry and all occupational therapists throughout their career. | Ce projet de CANCOM, financé par le Programme de reconnaissance des titres de compétences étrangers du gouvernement du Canada, sera le premier ensemble de compétences à être utilisé par les éducateurs des ergothérapeutes, pour l'examen de certification nationale afin d'évaluer les compétences d'accès à la profession, et pour les organismes de réglementation pour évaluer et suivre de près les attentes de la pratique des ergothérapeutes formés à l'étranger une fois qu'ils sont au Canada ainsi que pour tout ergothérapeute le long de sa carrière. |
| A lot of progress was made in 2020 despite our need to move all of our work together to a virtual platform instead of in-person meetings. | Nous avons fait beaucoup de progrès en 2020 malgré la nécessité de nous réorganiser pour travailler virtuellement au lieu de nous réunir en personne. |
| While our project was delayed a few months due to the pandemic, the Steering Committee worked well together to make this project happen despite representation from across multiple time zones. | Bien que notre projet ait subi un délai de plusieurs mois à cause de la pandémie, le Comité de Pilotage a bien collaboré pour que ce projet se réalise malgré les multiples fuseaux horaires où se trouvaient ses membres. |
| Our first draft was informed by a group of dedicated and talented occupational therapists from across Canada—a group of thoughtful and diverse occupational therapists who helped us understand cultural competence and the need for this competency to be strengthened in the | Notre première ébauche était basée sur le travail d'un groupe d'ergothérapeutes dévoués et talentueux à travers tout le Canada ; un groupe d'ergothérapeutes réfléchis et divers qui nous a aidé à mieux comprendre la compétence culturelle et le besoin de la renforcer dans notre |



| | |
|---|---|
| document; the members of the boards of ACOTRO, ACOTUP, and CAOT; and key stakeholders. | document; les membres des conseils d'administration ACORE, ACPUE, et ACE ; et les parties prenantes. |
| We received a lot of valuable feedback, and working with our consultants, were proud to produce a final draft document ready for national consultation in early 2021. | Nous avons reçu beaucoup de commentaires constructifs et, en travaillant avec nos consultants, nous avons produit une version préliminaire finale prête pour une consultation nationale début 2021. |
| The goal of the project is to have the final competencies in both French and English available by fall 2021. | L'objectif du projet est de pouvoir présenter les compétences finales, aussi bien en Français qu'en Anglais, d'ici l'automne 2021. |
| While all members of the Steering Committee were hard working and committed, Kathy Corbett and Philippe Boudreau of ACOTRO were invaluable. | Tous les membres du Comité de Pilotage ont travaillé de manière consciencieuse et dédiée, l'apport de Kathy Corbett and Philippe Boudreau de l'ACORE a été inestimable. |

National Exam Oversight

To fulfill part of the regulatory role in overseeing activities used to assess entry-to-practice requirements, one ACOTRO representative attends the Certification Exam Committee business meetings of the CAOT and ensures that the exam report is distributed to all ACOTRO members.

The Exam Oversight Committee, first established in 2017, is made up of a representative from each regulatory organization, CAOT's director of standards, a CAOT Board member, and members of the Certification Exam Committee. The Exam Oversight Committee met four times this year by teleconference to discuss and approve guidelines and policies related to the exam and its administration. A provincial regulator (member of ACOTRO) chairs this committee.

Due to the pandemic, the two annual sittings of the National Occupational Therapy Certification Examination were postponed this year by the exam provider (CAOT) until September 2020 and January 2021. The January 2021 exam was online with virtual proctoring. In future, the exam will be computer based. The Exam Oversight Committee reviewed and approved the necessary policies to facilitate this transition.



SEAS: Substantial Equivalency Assessment System

SEAS is the first step in the assessment process for all IETs applying to register anywhere in Canada outside of Quebec.¹ SEAS is a program operated by ACOTRO and used by 9 of the 10 occupational therapy regulators to confirm that an applicant in a specific province meets substantial equivalence, and as such, is eligible to apply for registration or licensure in that jurisdiction. SEAS assesses the extent to which an IET's education and competencies are substantially equivalent to those of Canadian-educated OTs. Its components address both qualification recognition and competence verification:

- Academic Credential Assessment;
- Profession-Specific Credential Assessment;
- Competency Assessment (CA);
- Jurisprudence Knowledge Assessment Test (JKAT); and
- Language Readiness Assessment.

SEAS is funded through applicant fees. Reporting to the ACOTRO Board, the SEAS Oversight Committee is responsible for managing the program.

2020 Program Highlights

The number of IET applicants in 2020 remained relatively steady at 110 compared with 113 in 2019, with applicant numbers just under the 10 per month forecast for the program.

Moving to Remote Delivery of CA: The pandemic significantly impacted the SEAS program. Following the decision in mid-March 2020 to cancel all scheduled CAs, the only in-person assessment component of SEAS, COVID-19 contingency planning was put in place. As the pandemic progressed, it became clear that returning to in-person administration would not be feasible. The CA was transitioned to remote delivery and was launched on November 16, just eight months after the cancellation of the assessments originally scheduled in March.

The move to successful remote delivery of the CA was the focus of the SEAS operations and oversight team for most of 2020. Activities included the selection and testing of a secure delivery platform and proctoring services. Psychometric support for the planning, implementation, and evaluation of the shift to remote delivery was put in place. All SEAS assessors received training on the delivery of the assessment in the remote environment. An applicant guidebook and orientation sessions helped applicants learn about the virtual delivery format and requirements.

Enterprise Systems Project: SEAS staff, with the assistance of a project consultant, initiated a project to secure a new online registration and payment system that can better manage the application process. This project got underway on November 1, 2020 and is expected to be concluded in 2021.

¹ As a full member of ACOTRO, Quebec's regulatory organization, Ordre des ergothérapeutes du Québec, has fully endorsed SEAS and participated in its development. However, Quebec employs its own assessment system for the evaluation of IETs registering to practise in that province, according to the specific regulations and competencies set out by the Ordre des ergothérapeutes du Québec. There is no regulation of OTs in the territories.

JKAT: The resource links on the JKAT documents including the test forms and learning module were updated. Copy edits were also cross-checked in the French version.

Gap-Filling Project: With funding from the BC Ministry of Jobs, Trade and Technology, the College of Occupational Therapists of British Columbia is leading a project to enhance decision-making processes when gaps are identified and address the need for expanding gap-filling options. The project is aimed at creating a “right-touch” approach when knowledge and skill gaps need to be filled before an IEOT can proceed to registration or licensure. The project is nearing completion, and results are expected by April 2021.

Annual SEAS Update for Canadian Occupational Therapy Regulators: The Annual SEAS Update webinar was held on September 29 to provide provincial occupational therapy regulators and their registration committees and staff with an update on the program. This update focused on the shift to remote delivery of the CA and the plan for monitoring the impact of this change.

SEAS Applicant Statistics for January 1 to December 31, 2020

As mentioned, the pandemic resulted in the cancellation of the in-person CAs scheduled from mid-March 2020 onward. With the launch of the remote delivery of the CA on November 16, the timelines for completion of SEAS were affected. The number of IEOTs completing SEAS in 2020 was 25 (Figure 2), down significantly from 92 in the previous year. A plan for fairly addressing the backlog of cancelled assessments as quickly as possible was implemented. Figure 3 lists the countries where the 25 IEOTs completed their occupational therapy education. Applicant numbers remained steady for 2020 (see Figure 4).

Figure 2: Number of Applicants Completing SEAS in 2020 and Intended Province of Practice

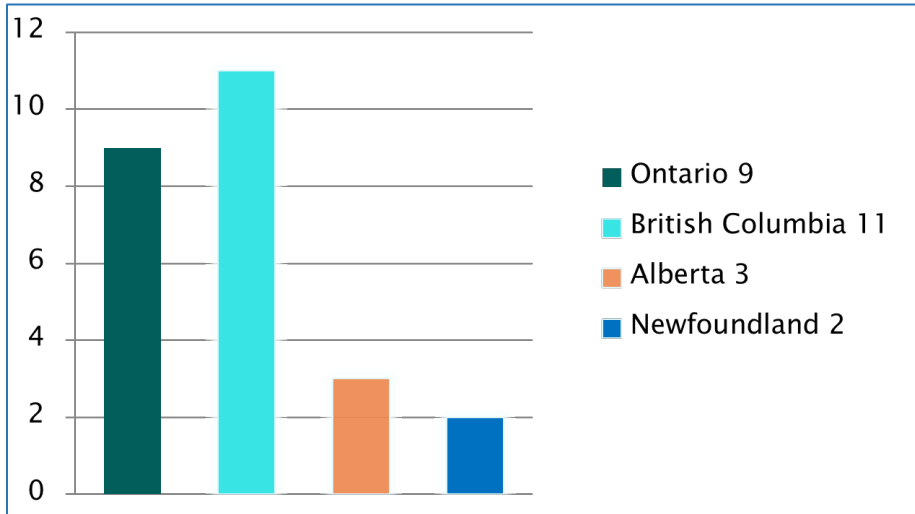


Figure 3: Country of Occupational Therapy Education for Applicants Completing SEAS in 2020

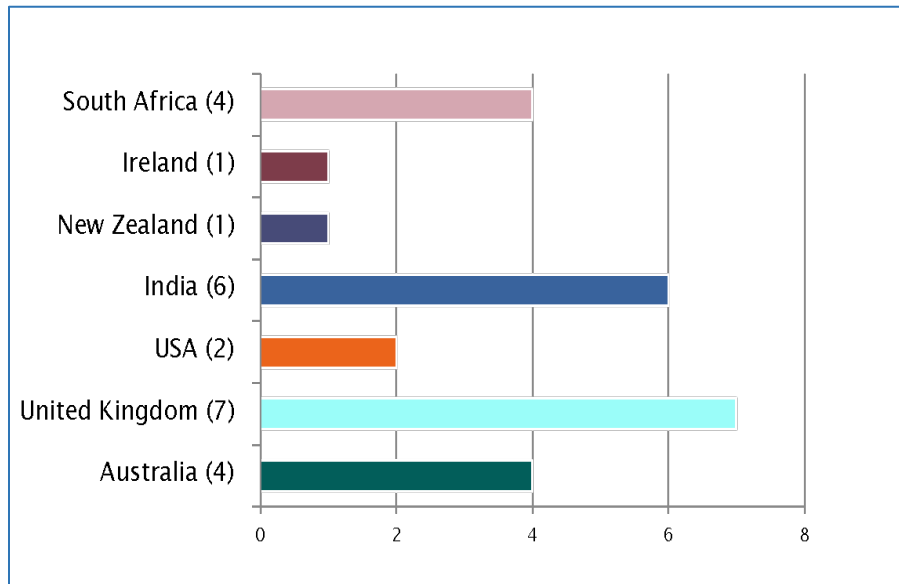
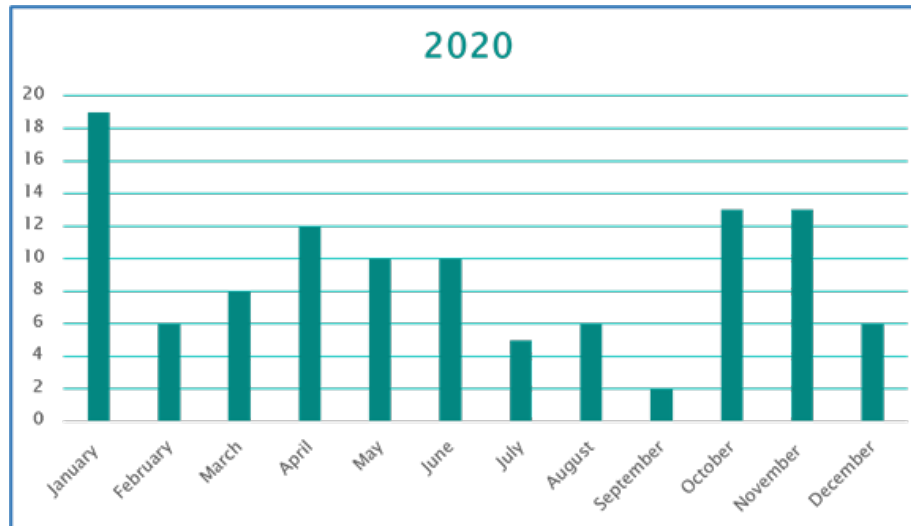


Figure 4: Number of New SEAS Applicants per Month in 2020



OT Canada Reflection Day 2020

The OT Canada Reflection Day once again focused on the vision of the Truth and Reconciliation Commission (TRC) Report.

The pandemic prevented participants from meeting in person. Nevertheless, meetings went ahead in late May, several weeks after the originally scheduled date, which would have been just prior to the virtual CAOT conference.

These were the objectives for Reflection Day:

1. To develop an understanding of historical, political, and moral systems of inequality, and what they have to do with health equity, occupational therapy, and ourselves, including
 - a. the relationship of positions of privilege and oppression to systems of inequality
 - b. the value of intersectionality in helping us think about action on health inequities, and
 - c. principles of practising critical allyship for guiding action within occupational therapy
2. To identify actions for creating ethical space for systemic change by
 - a. examining how systems of racism and colonization affect occupational therapy organizations using an ethical space lens,
 - b. understanding how a systemic change model can be helpful in coconstructing anti-racist and decolonizing approaches in occupational therapy, and
 - c. identifying circles of influence for individuals and organizations within systemic change
3. To outline our commitments and actions as individual organizations (ACOTRO, ACOTUP, Alliance of Canadian Occupational Therapy Provincial Associations, CAOT, and Canadian Occupational



Therapy Foundation [COTF]) and as a collective, using coconstruction, to address the TRC Calls to Action.

Once again, Reflection Day was graciously facilitated by occupational therapists Angie Phenix and Kaarina Valavaara, with the support of Elder Albert McLeod, Gayle Restall, and Janna MacLachlan. They worked with over 25 representatives from each of the five national occupational therapy organizations in Canada.

Truth and Reconciliation Commission of Canada: Calls to Action

The ACOTRO Board's strategic priorities include influencing systemic change. Hence, ACOTRO has created the goal of establishing principles and strategies to integrate Indigenous cultural safety into the organization, influence regulatory organizations, engage with stakeholders, and determine a potential regulatory impact on occupational therapy practice.

Key objectives in the ACOTRO Strategic Plan include the following:

- reviewing and revising regulatory processes to support Indigenous cultural safety and humility;
- participating in efforts regarding TRC recommendations and Calls to Action, recognizing that learning is essential to understanding the truth of the Indigenous experience and that education about the consequences of potential actions is paramount;
- influencing occupational therapy practice;
- providing regulatory leadership and perspectives to assist OTs in working with other partners;
- revisiting the Calls to Action to confirm alignment of ACOTRO priorities; and
- integrating Indigenous cultural safety and humility into the CORECOM initiative.

Activities undertaken in 2020 included

- reviewing potential initiatives that can be undertaken at the personal, Board, and organizational levels;
- participating in Reflection Day;
- exploring ACOTRO's potential involvement with the CAOT TRC Task Force; and
- participating in the OT Position Statement on Diversity (this work is just beginning).

ACOTRO members recognize that demonstrating our commitment to Indigenous cultural safety and humility is a journey—one that needs attention to continuous learning, reflection, and deliberate steps to improve integration of culturally safe practices within occupational therapy regulation. Our activities planned for 2021 will ensure we stay focused on that journey. Some of these planned efforts include attending an education session with other health regulators scheduled for February 2021; considering the Canadian Institute of Health Information *Proposed Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada* as we begin work to reform the OT Database Manual; incorporating Essential Competencies related to supporting culturally safe practice; and undertaking more work with the other national organizations as the profession broadens the work of the CAOT TRC Task Force.



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REGISTRATION COMMITTEE BRIEFING NOTE

Date: September 15, 2021
From: Brandi Park, Manager, Registration
Subject: Office of the Fairness Commissioner - Compliance

Recommendation:

Information only.

Issue:

The Office of the Fairness Commissioner (OFC) launched its new Risk-Informed Compliance Framework (RICF) on April 1, 2021, for an initial 12-month transition period. The RICF will fully come into effect on April 1, 2022. The College has been assigned a provisional rating.

Background:

The RICF considers a regulator's historical performance as well as forward-looking risk factors that could impact a regulator's ability to achieve better registration outcomes for applicants.

Historical indicators include:

- The nature and extent of material compliance recommendations that the OFC has issued to the regulator in the last compliance cycle.
- The extent to which the regulator has complied with these recommendations and avoided new issues.
- The regulator's observed motivation to work with the OFC on defined compliance objectives.
- The content of decisions issued by the courts or tribunals that discuss the regulator's registration practices.
- The degree to which the regulator's registration processes exhibit the attributes of transparency, objectivity, impartiality, and fairness, as demonstrated, for example, by the number of OFC recognized "commendable practices" and/or other best practices and innovations that the regulator has instituted over time.

Forward-looking risk factors include:

- Organizational capacity
- Overall control that a regulator exerts over its assessment and registration processes.
- Response to emergency situations, such as the Covid-19 pandemic
- Over-reliance on Canadian experience requirements
- Public policy considerations

Discussion:

Based on the OFC's review of how the College has performed against the **historical indicators**, the OFC has assigned the College a "full compliance" provisional rating.

REGISTRATION COMMITTEE BRIEFING NOTE

Office of the Fairness Commissioner - Compliance

Page 2 of 2

In the Fall 2021, the OFC we will contact the College to gather information about **forward-looking risk factors** pertaining to the conduct of our registration processes.

Implications:

When the RICF is fully implemented (April 1, 2022), the College will be assigned a risk category (low, moderately low, or moderate to high) based on forward-looking risk factors and historical performance assessment. The assigned risk category will determine the degree required activities of the College. Activities may range from an annual meeting and completion of the annual Fair Registration Practice report (low) to audits, compliance orders, and publicizing non-compliance issues/opportunities for improvement (high).

Attachments:

1. Compliance category letter
2. Frequently asked questions and answers



August 24, 2021

Dear Elinor Larney,

On April 1, 2021, the Office of the Fairness Commissioner (OFC) launched its new Risk-informed Compliance Framework (RICF). As we have communicated to regulators previously, the first year of the framework will serve as a transitional period during which the OFC will review the historical performance of each regulator and place them in a provisional compliance category. The next phase will involve the assignment of risk categories based on a more detailed analysis.

For your information, the five historical performance indicators that we will consider for the transitional period are:

- 1- The nature and extent of material compliance recommendations that the OFC has issued to the regulator in the last compliance cycle.
- 2- The extent to which the regulator has completed these recommendations and avoided new issues.
- 3- The regulator's observed motivation to work with the OFC on defined compliance objectives.
- 4- The content of decisions issued by the courts or tribunals that discuss the regulator's registration practices.
- 5- The degree to which the regulator's registration processes exhibit the attributes of transparency, objectivity, impartiality and fairness, as demonstrated, for example, by the number of OFC



recognized “commendable practices” and/or best practices and innovations that the regulator has instituted over time.

Based on our review of how your organization has performed against these indicators, the OFC has determined that the College of Occupational Therapists of Ontario should be assigned a “full compliance” provisional rating.

This means that the regulator has successfully implemented each of the compliance recommendations that the OFC has issued, additional recommendations were not identified, and other criteria have been met.

For your information, and for comparative purposes, the provisional compliance categories that the OFC has allocated to the 39 regulators over which it has jurisdiction are as follows:

Distribution of Compliance Categories among Regulators

| Compliance Category | Number of Regulators in Category |
|---------------------------|----------------------------------|
| Full Compliance | 32 |
| Substantial Compliance | 4 |
| Falls Short of Compliance | 3 |
| Totals | 39 |

In the Fall of this year, we will contact you again to gather information about forward-looking risk factors pertaining to the conduct of your registration processes. This information will allow us to allocate a risk



category to your organization once our Risk Informed Compliance Framework is fully in place.

If you have any questions about the contents of this communication, please contact me at mercy.barzallo@ontario.ca or at 437-777-2926.

Sincerely,

Mercy Barzallo
Compliance Analyst at the Office of the Fairness Commissioner



RISK-INFORMED COMPLIANCE FRAMEWORK

FREQUENTLY ASKED QUESTIONS AND ANSWERS

1. What is the effective date of the new Risk-informed Compliance Framework (RICF) and will there be a transition period to help regulators adjust?

The Office of the Fairness Commissioner (OFC) will launch its new RICF on April 1, 2021, for an initial 12-month transition period. The new scheme will fully come into effect on April 1, 2022.

During the transition period, the OFC's assessment of a regulator's risk profile will be based predominantly on its historical performance. Individual regulators will then be placed in provisional risk categories.

The transition period will also provide an opportunity for those regulators with outstanding OFC recommendations to complete the changes necessary to meet these requirements. Finally, during this time frame, OFC staff will obtain information from regulators on how the forward-looking risk factors, identified in the RICF, apply to their situations.

2. Why is the OFC implementing a new regulatory compliance framework?

For the last few years, the OFC has signaled its intent to develop a RICF. A key objective underlying this scheme is to ensure that the Office's finite compliance resources are focused on those regulators that have not advanced as far as others in developing fair registration practices. To achieve this objective, the OFC has incorporated a number of modern regulator principles into its new compliance framework.

The RICF has been specifically designed to achieve the following three outcomes:

- To enable regulators to more effectively comply with their legal obligations, and to adopt associated best practices, in order to achieve better registration outcomes for all applicants.



- To promote the identification of targeted risk factors to enable necessary mitigation and remediation efforts.
 - To reduce unnecessary burdens on regulators and OFC staff, recognizing that all public sector organizations operate with constrained resources.
3. How did the OFC select the historical performance indicators and forward-looking risk factors that will apply to regulators?

The OFC selected these factors based on the experience that it has garnered since Ontario's fair access legislation was introduced in 2006, advice from subject-matter experts in the spheres of immigration, regulatory compliance and risk management, and the collective input received from regulators.

The OFC has identified five specific measures to serve as historical performance indicators. These are:

1. The nature and extent of material compliance recommendations that the OFC has issued to the regulator in the last compliance cycle.
2. The extent to which the regulator has complied with these recommendations and avoided new issues.
3. The regulator's observed motivation to work with the OFC on defined compliance objectives.
4. The content of decisions issued by the courts or tribunals that discuss the regulator's registration practices.
5. The degree to which the regulator's registration processes exhibit the attributes of transparency objectivity, impartiality and fairness, as demonstrated, for example, by the number of OFC recognized "commendable practices" and/or other best practices and innovations that the regulator has instituted over time.

The five forward-looking risk factors focus on a regulator's operating environment, stability, overall reliance on third party-service providers and policy considerations.



These factors pertain to:

1. Organizational Capacity.
2. The overall control that a regulator exerts over its assessment and registration processes.
3. The response to emergency situations, such as the Covid-19 pandemic.
4. Over-reliance on Canadian experience requirements.
5. Public policy considerations, specifically:
 - a. critical labour shortages of professionals or tradespersons that involve the regulator, and
 - b. the need to apply inclusion and anti-racism approaches to the regulator's assessment and registration processes.

4. What are the risk categories under the new compliance framework?

There are three risk categories into which a regulator may be placed according to its performance and risk profile.

- *Low* – those regulators whose performance constitutes full compliance with the objectives of fair access legislation and that exhibit a low risk profile.
 - *Moderately Low* – those regulators whose performance constitutes substantial compliance with the objectives of fair access legislation and that exhibit a moderately low risk profile.
 - *Moderate to High* – those regulators whose performance falls short of compliance with the objectives of fair access legislation and that exhibit a medium to high risk profile.
5. What methodology will the OFC employ to place regulators into discrete risk categories?

In determining a regulator's risk category, the OFC will employ a three-step process. It will:

Step 1: Assess the historical performance of a regulator using the five indicators described above.



Step 2: Assess the forward-looking risk factors by determining the likelihood that each risk would occur and the impact of that risk.

Step 3: Determine the cumulative risk category by aggregating the results of the historical performance and forward-looking risk assessments.

6. How will the OFC ensure consistency in the application of risk categories, given the diverse mandates and circumstances of regulators?

While the OFC will refine its risk assessment methodology over time, notably during the first year of operation, the Office will strive to implement a consistent approach. This objective will be achieved by relying on evidence, focusing on relative performance across regulators and by instituting an internal review process.

7. What are the implications to a regulator if it is placed in the moderate to high compliance category?

The risk category attributed to a regulator will determine the relative degree of attention that the OFC applies to the regulator and the appropriate compliance activity or tools used to either monitor the regulator's compliance or bring it to compliance.

The nature and extent of these activities will be based on a compliance continuum. Those regulators that are in the low risk category will receive a "light touch". The OFC will reserve its more focused compliance processes (e.g., more frequent meetings, completion of an action plan, reports and/or audits) for those regulators that are placed in the moderate to high risk category.

8. How does a regulator move out of the moderate to high risk category into a lower one?

The OFC's ultimate goal is for regulators to establish registration practices and processes that are transparent, objective, impartial and fair. The historical performance and forward-looking risk components of the framework provide insight on how regulators are meeting this general duty. Therefore, where a regulator makes progress in addressing its forward-looking risks, the OFC would consider whether the steps taken were sufficient to move the regulator down one or two risk categories. During the transition year, the OFC will further refine this process and provide further information to regulators.



9. Will the regulator have the opportunity to dispute the risk category in which it is placed? How would that work?

The OFC's approach to regulatory compliance will be based on transparency, professionalism and collaboration. The OFC welcomes collaborative dialogue with regulators on issues or concerns about their specific risk category. The OFC will consult with the regulators on a defining such a process. More information will be shared with the regulators at a future date.

10. What are the implications for a regulator that is unable to implement its outstanding OFC recommendations during the transition period?

During the transition period, the OFC's Compliance Analysts will work with their regulators towards implementing any outstanding compliance recommendations. This period will provide the affected regulators with an opportunity to move to a different risk category.

Towards the end of the transition period, the Compliance Analyst will re-assess the risk categorization, in discussion with the regulator. This re-assessment would turn, to a large degree, on the extent to which the regulator has made progress in implementing any outstanding compliance recommendations. On this basis, if a regulator is unable to make any meaningful changes, then the provisional performance compliance category ascribed to a regulator would be confirmed.

11. Will the OFC publicly disclose the risk categories of individual regulators in its annual report or otherwise?

One of the OFC's modern regulator principles is that the office strives to be an accountable regulator that it is prepared to justify its decisions and is open to public scrutiny. The OFC may, therefore, decide to publicly disclose the risk categories of individual regulators, subject to any obligations contained in the *Freedom of Information and Protection of Privacy Act*. If such a decision is subsequently made, the OFC will notify the regulators in question in advance of disclosure. It would not be the OFC's intention to provide such disclosures in the transitional phase of the scheme.

12. Will the OFC exercise its audit powers under this new framework?

The province's fair access legislation affords the OFC with the authority to require a regulator to undergo an audit. The audit process is analogous to an independent investigation conducted by a qualified third-party service provider that the OFC approves.



Typically, such a process would constitute a defined and targeted review of material and persistent deficiencies in a regulator's registration processes. The audit would yield a report with findings and recommendations. Under the legislation, the cost of the audit is borne by the regulator and the final report must be filed with the minister.

Given the significant nature of the audit authority, and consistent with past practice, the OFC will employ this tool only when necessary.

13. Will the OFC modify its risk factors in the future?

The OFC will review the relevance and appropriateness of its forward-looking risk factors on an annual basis. Any decision to modify the risk factors will go through a thoughtful analysis with appropriate consultation.

14. How will the OFC collect the information that it needs to populate its RICF? In particular, will it need to modify the information that it now requests in its Fair Registration Practices Report (RPF)?

Under its current compliance framework, the OFC collects relevant information/data about a regulator's registration practices, challenges and accomplishments through various mechanisms, including the Fair Registration Practices (FRP) report, periodic meetings, the regulator's annual report, council minutes and a review of the organization's website.

During the transition period, the OFC will review these processes to ensure that they align with the RICF. The OFC will then make appropriate modifications to the type and breadth of the data collected and the frequency of the process. These adjustments will be made to:

- ensure that the assessment of regulator risk categories is accurate,
- inform the Office's strategic planning process and priorities, and
- facilitate the evaluation of program efficiency and effectiveness.

15. How will the OFC and Ministry of Health (MOH) ensure that their respective reporting requirements are complementary and do not overlap?

The MOH has recently launched its College Performance Measurement Framework (CPMF), which is a new reporting requirement for health colleges. The MOH and OFC are currently reviewing the parameters of their respective reporting requirements to identify any overlaps and to develop strategies to mitigate any unnecessary administrative burdens.



College of Occupational Therapists of Ontario

Proposed Conflict of Interest Policy for Directors and Committee Members

Purpose

1. This document defines conflict of interest as it relates to College work and provides guidance to Directors and Committee Members with respect to their duties relating to conflicts of interest.

Application

2. The policy applies to all Directors and Committee Members.

Policy

3. All Directors and Committee Members have a duty to act solely in the best interest of the College, consistent with the mandate of the College to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board and College committees.

To this end, they must avoid or resolve conflicts of interest while performing their duties for the College. Even if there is no actual conflict of interest, they must make best efforts to avoid situations that a member of the public or a registrant might consider or perceive as a conflict of interest.

4. Directors and Committee Members recognize that a conflict of interest or an appearance of a conflict of interest by a Director or a Committee Member:
 - a. Could bring discredit to the College;
 - b. Could amount to a breach of the fiduciary obligation of the person to the College; or
 - c. Could create liability for either the College and/or the person involved.
5. Both prior to serving on the Board or Committee, and annually during a Director or Committee Member's term of office, each Director or Committee Member shall disclose in writing to the Registrar any professional, business or personal interests, and aside from this, are required to notify the Registrar as soon as possible of any changes to this information.

Interests that Require Declaration

6. Each Director and Committee Member should declare any of the following interests that relate to them or a connected person:
 - a. Any paid or unpaid employment or professional practice;
 - b. Ownership of any company, business or consultancy;
 - c. Appointments, offices and memberships of other professional bodies or associations, voluntary or otherwise;

- d. Any close personal ties with other College Directors, Committee Members or College employees; and
- e. Any other interest which may be relevant and not covered above.

Definition and Description of Conflict of Interest

- 7. A conflict of interest exists where a reasonable member of the public would conclude that a Director or Committee Member's personal, professional or financial interest, relationship or affiliation may affect their judgement or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.
- 8. For the purposes of this policy, a connected person could be a spouse, partner, family member or anyone with whom they have a direct financial relationship such as a business partner, employer or employee.
- 9. Directors and Committee Members must disclose all involvements with other organizations, vendors, or associations that might give rise to, or might reasonably be seen as giving rise to, a conflict of interest.
- 10. The situations in which a potential conflict of interest may arise cannot be exhaustively set out. Conflicts of interest generally arise in the following situations:
 - a. **Director or Committee Member self-interest** – when a Director or Committee Member enters into any business arrangements either directly or indirectly with the College, or has a significant interest in a transaction or contract with the College;
 - b. **Interest of a connected person or association** – when a Director or Committee Member's family member or practice/business partner(s) enter into any business arrangement with the College;
 - c. **Gifts** – when a Director or Committee Member or a family member or any other person, company or organization chosen by the Director or Committee Member, accepts gifts, credits, payments services or anything else of more than a token or nominal value (\$50 or less) from a party with whom the College may enter into a business arrangement (including a supplier of goods or services).
 - d. **Competing Interests** – when a Director or Committee Member owes obligations (including fiduciary obligations) to another organization that are competing or inconsistent with those of the College and its duty to act in the public interest.
 - e. **Failure to Disclose Information** – when a Director or Committee Member fails to disclose information that is relevant to the affairs of the College.

Process for Resolution of Conflicts of Interest

- 11. As a standard agenda item, all Directors and Committee Members will be invited to declare at the beginning of each meeting any conflict of interests they have in relation to items on the agenda. The declared interests will be recorded in the Board's/Committee's minutes.

12. Where a Director or Committee Member believes that they have a conflict of interest in a particular matter, they shall:
 - a. Prior to any consideration of the matter, declare to the Board or the Committee that they have a conflict of interest that prevents them from participating;
 - b. Not take part in the discussion of or vote on any question in respect of the matter;
 - c. Leave the room (or if held virtually, log out) for the portion of the meeting relating to the matter even when the meeting is open to the public; and
 - d. Not attempt in any way to influence the voting or do anything which might reasonably be perceived as an attempt to influence other Directors or Committee Members or the decision relating to the matter.
13. Where a Director or Committee Member is in doubt as to whether they have a conflict of interest, they shall consult with an appropriate person, such as the Board Chair, the relevant Committee Chair, the Registrar, a designated member of staff, or independent legal counsel in a hearing.
14. Where a Director or Committee Member believes that another Director or Committee Member has a conflict of interest that has not been formally declared, the first Director or Committee Member shall advise an appropriate person, such as the Board Chair, the relevant Committee Chair, the Registrar, a designated member of staff, or independent legal counsel in a hearing. The person who is suggested as having a conflict of interest is entitled to address the matter before any decision is made by the Board or relevant Committee, as appropriate.
15. Where the Board or Committee concludes that one of its members has a conflict of interest that has not been declared, it can direct that the Director or Committee Member not participate in the discussion or decision, leave the room (or if held virtual log out) for the portion of the meeting, and not try to otherwise exert influence in the matter.
16. Every declaration or finding of conflict of interest, as well as any consequent action, shall be recorded in the minutes of the meeting.